

**District Clinic Holdings, Inc.**  
**d.b.a. C.L. Brumback Primary Care Clinics**  
**Board of Directors Meeting**  
**Summary Minutes**  
**08/26/2020**

**Present:** Mike Smith, Chairperson; Melissa Mastrangelo, Vice-Chairperson; Irene Figueroa, Secretary; Tammy Jackson-Moore, Treasurer; James Elder; John Casey Mullen; Julia Bullard; Marjorie Etienne

**Excused:** Lisa Strickland

**Absent:**

**Staff:** Darcy Davis, Chief Executive Officer; Dr. Belma Andric, CMO, VP & Executive Director of Clinical Services; Valerie Shahriari, General Counsel; Joel Snook, VP & Chief Financial Officer; Dr. Hyla Fritsch, Executive Director of FQHC Practice Operations and Pharmacy Services; Shauniel Brown, Risk Manager; Dr. Ana Ferwerda, Medical Director; Thomas Cleare, Assistant Vice President, Planning & Community Engagement; Robin Kish, Director of Community Engagement; Andrea Steele, Director of Corporate Quality ; Lisa Hogans, Director of Nursing; Joshua Burrill, Director of Compliance and Internal Audit; Dominique Domond, Operations Process Manager.

**Minutes Transcribed By:** Jonathan Dominique

**Meeting Scheduled For** 12:45 PM

**Meeting Began at** 12:47PM

| AGENDA ITEM                                   | DISCUSSION  | ACTION  |
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| <b>1. Call to Order</b>                       | Mr. Smith called the meeting to order.                  | <b>The meeting was called to order at 12:47pm</b>   |
| <b>1A. Roll Call</b>                          | Roll call was taken.                                    |   |
| <b>1B. Affirmation of Mission</b>             | Mr. Smith read the affirmation of mission.              |   |
| <b>2. Agenda Approval</b>                     | Mr. Smith called for an approval of the meeting agenda. | <b>VOTE TAKEN: Mr. Mullen made a motion to approve the agenda. The motion was duly seconded by Ms. Mastrangelo. A vote was called, and the motion passed unanimously.</b> |
| <b>2A. Additions/Deletions/ Substitutions</b> |   |   |

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| <b>2B. Motion to Approve Agenda Items</b>  | The agenda for the August 2020 meeting was approved.   |  |
| <b>3. Awards, Introductions and Presentations</b>  | None.  | <b>No action necessary.</b>  |
| <b>4. Disclosure of Voting Conflict</b>  | None.  | <b>No action necessary.</b>  |
| <b>5. Public Comment</b>   | None.  | <b>No action necessary.</b>  |
| <b>6. Meeting Minutes</b><br><br><b>6A-1 Staff Recommends a MOTION TO APPROVE:</b><br>Board meeting minutes of July 29, 2020 | There were no changes or comments to the minutes dated July 29, 2020   | <b>VOTE TAKEN: Ms. Jackson-Moore made a motion to approve the Board meeting minutes of July 29, 2020 as presented. The motion was duly seconded by Mr. Mullen. A vote was called, and the motion passed unanimously.</b> |
| <b>7. Consent Agenda – Motion to Approve Consent Agenda Items</b>  |  | <b>VOTE TAKEN: Ms. Bullard made a motion to approve the consent agenda as presented. The motion was duly seconded by Mr. Mullen. A vote was called, and the motion passed unanimously.</b>                               |
| <b>7A. ADMINISTRATION</b>  |  |  |
| <b>7A-1. Receive &amp; File:</b><br>August 2020 Internet Posting of District Public Meeting                                  | The meeting notice was posted.   | <b>Receive &amp; File. No further action necessary.</b>  |
| <b>7A-2. Receive &amp; File:</b><br>Attendance tracking  | Attendance tracking was updated.   | <b>Receive &amp; File. No further action necessary.</b>  |
| <b>7A-3. Receive &amp; File:</b><br>Board Member Resignation – Suzi Foster   | Suzi Foster has notified the C.L. Brumback Primary Care Clinics that she is resigning from her position on the Board.<br><br>Ms. Foster notified the C.L. Brumback Primary Care Clinics that she is resigning from her position on the Board. Ms. Foster indicated that she is unable to fulfill her responsibilities due to the current impact of COVID-19. | <b>Receive &amp; File. No further action necessary.</b>  |

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|   | <p>Consistent with the District Clinics Holdings, Inc. Bylaws, Section 9.2(a), the Board has the following requirements to fill the open Board position.</p> <p>9.2 Selection of New Board Member(s) for open Member positions. The selection of new Board members to fill any vacancy then existing or to replace any member whose Term is ended, will be as follows:</p> <p>a. Vacancies on the Board due to the termination, resignation or death of a Member prior to the expiration of his/her Term may be filled within sixty (60) days of the vacancy by a majority vote of the Members at the next regular meeting, or at a special meeting called for that purpose, from those eligible persons recommended by the Nominating/Membership Committee. The newly elected member will serve for the unexpired term of the Member position being filled and shall be eligible to seek reappointment upon expiration of such term.</p> <p>Staff recommends that the Nominating/Membership Committee meet prior to the next Board meeting to identify candidates to nominate to fill the vacancy.</p> |  |
| <p><b>7B. FINANCE</b></p>   |   |  |
| <p><b>7B-1 Receive &amp; File:</b> C. L. Brumback Primary Care Clinics Financial Report – June 2020</p> | <p>The YTD June 2020 financial statements for the District Clinic Holdings, Inc. are presented for Board review. Management has provided the income statements and key statistical information for District Clinic Holdings, Inc. Additional Management discussion and analysis are incorporated into the financial statement presentation.</p>   | <p><b>Receive &amp; File. No further action necessary.</b></p> |

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| <b>8. REGULAR AGENDA</b>  |   |   |
| <b>8A. EXECUTIVE</b>  |   |   |
| <b>8A-1. Staff Recommends a MOTION TO APPROVE:</b><br>Change in Scope – Mobile 3 Clinic | Dr. Andric requested authorization to add a new site to Form 5B: C. L. Brumback Primary Care Clinics – Mobile 3 Clinic. With continuing demand for COVID-19 testing, Dr. Andric respectfully requested to make a permanent Change In Scope to add a third Mobile Clinic to support outreach efforts.  | <b>VOTE TAKEN: Mr. Mullen made a motion to approve the Change in Scope as presented. The motion was duly seconded by Ms. Jackson-Moore. A vote was called, and the motion passed unanimously.</b> |
| <b>8A-2. Staff Recommends a MOTION TO APPROVE:</b><br>Change in Scope – Nutrition       | Dr. Andric requested the authorization to move services currently listed in Column II of Form 5A, to Column I. Nutrition is currently listed in Column II of Form 5a and needs to be moved to Column I.   | <b>VOTE TAKEN: Ms. Mastrangelo made a motion to approve the Change in Scope as presented. The motion was duly seconded by Mr. Mullen. A vote was called, and the motion passed unanimously.</b>   |
| <b>8A-3. Staff Recommends a MOTION TO APPROVE:</b><br>Change in Scope – Bylaws Update   | <p>Mr. Cleare presented the following updates made to the bylaws for board approval: This agenda item presents a change to the District Clinics Holdings, Inc. Bylaws. The change, provided below, allows the Quality Council meetings to be postponed during a state of emergency.</p> <p>11.6 The Quality Council shall review and make recommendations for clinical services, monitor progress of Health Care Plan objectives, review Clinical Outcome measures audits, monitor and review Quality Assurance and Continuous Quality Improvement, Principles of Practice, credentialing, community needs survey data, patient satisfaction survey, and recommend new clinical programs. The Quality Council will meet on a monthly basis. <u>If there is a declared state of emergency declared at the local, state, or federal level that impacts the Clinics, the Quality Council meetings may be postponed unless the circumstances make it impossible to meet, if so, then it shall be postponed.</u> The Executive Director, or his/her designee, will serve as a non-voting, ex-officio member of this committee.</p> | <b>VOTE TAKEN: Mr. Mullen made a motion to approve the Change in Scope as presented. The motion was duly seconded by Ms. Jackson-Moore. A vote was called, and the motion passed unanimously.</b> |

| <b>8B. EXECUTIVE</b>  |   |  |
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| <p><b>8B-1. Receive &amp; File:</b><br/>Executive Director<br/>Informational Update</p> | <p>Dr. Andric provided the following updates to the board:</p> <p>In response to the increasing impacts of the COVID-19 public health emergency and the challenges associated with travel, the Bureau of Primary Health Care (BPHC) has postponed all onsite Operational Site Visits (OSVs) through the remainder of the year. Because OSVs are an important part of the Health Center Program oversight and monitoring process, BPHC has developed a virtual OSV process of assessing compliance while being mindful of the impact that COVID-19 has had on health center programs. Over the past couple months; BPHC has successfully implemented a virtual OSV process resulting in accurate compliance assessment outcomes, consistent with the traditional, onsite approach. Our organization is under consideration as a participant in the virtual OSV process. Dr. Andric informed the board that staff would notify the board when HRSA provided the dates they intend to carry out their OSV.</p> <p>Staff is currently working on a contract with Abbott in order to implement the use of Point of Care Covid-19 PCR testing that takes less than twenty minutes to process. Staff is looking to have access to rapid test machines similar to the ones at urgent care locations. Having rapid tests available at our clinic sites would help change and improve the current experience for our patients</p> <p>They are also working on an antigen test (which does not require a machine) that we may be able to utilize in the near future.</p> | <p><b>Receive &amp; File. No further action necessary.</b></p> |

Mr. Smith asked if these would be available at just the clinics or at the remote testing sites also. Dr. Andric answered that these would only be available for patients of the clinics. The remote testing sites are already somewhat complicated county driven operations and the county is already providing similar antigen testing. We are still conducting the PCR testing, which does have a bit of a delay as a tradeoff for increased accuracy. Cost and logistics are really more in our favor when limiting these services to our clinic users. Dr. Andric went further to say that everything changes so quickly that our stance might change by the next board meeting, and that she will continue to keep the board informed. Mr. Smith asked if staffing at the remote testing sites has remained the same or if it has changed. Dr. Fritsch answered that staffing has gone down as we have seen a decrease in demand for testing. This has allowed us to bring more staff back to the clinics. If demand increases we are set up in a fluid fashion which would allow us to send staff back out to the remote sites if need be. Mr. Smith asked if this is still possible if demand in the clinics goes up along with demand in testing, how would we prepare staff then? Dr. Fritsch answered that the staff is in the process of working with HR to develop testing based positions, in order to hire part time, per diem staff to takeover testing operations. Mr. Mullen asked what the turnaround time for the rapid tests would be. Dr. Andric answered that it would take 15 minutes. Ms. Bullard asked if the sites would abandon the nasal tests completely for the new tests, or if it will be a matter of choice. Dr. Andric explained that the test to which Ms. Bullard referred to is not yet readily available and that there are several tests that are being developed and in the process of being approved. There is a lot of development in this arena, but

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|  | the good news is that the tests we have now are less invasive than the early ones. |  |
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**8C. Credentialing and Privileging**

| <p><b>8C-1. Staff Recommends a MOTION TO APPROVE</b><br/>Licensed Independent Practitioner Credentialing and Privileging – LIP(s)</p> | <p>The LIP (s) listed below satisfactorily completed the credentialing and privileges process and met the standards set forth within the approved Credentialing and Privileging Policy. The credentialing and privileging process ensures that all health center practitioners meet specific criteria and standards of professional qualifications. This criterion includes, but is not limited to:</p> <ul style="list-style-type: none"> <li>• Current licensure, registration or certification</li> <li>• Relevant education, training and experience</li> <li>• Current clinical competence</li> <li>• Health fitness, or ability to perform the requested privileges</li> <li>• Malpractice history (NPDB query)</li> <li>• Immunization and PPD status; and</li> <li>• Life support training (BLS)</li> </ul> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="text-align: center;">Last Name</th> <th style="text-align: center;">First Name</th> <th style="text-align: center;">Degree</th> <th style="text-align: center;">Specialty</th> <th style="text-align: center;">Credentialing</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">Harberger</td> <td style="text-align: center;">Seneca</td> <td style="text-align: center;">MD</td> <td style="text-align: center;">Family Medicine</td> <td style="text-align: center;">Recredentialing</td> </tr> <tr> <td style="text-align: center;">Oliveira</td> <td style="text-align: center;">Paulo</td> <td style="text-align: center;">DDS</td> <td style="text-align: center;">General Dentistry</td> <td style="text-align: center;">Recredentialing</td> </tr> <tr> <td style="text-align: center;">Montenegro</td> <td style="text-align: center;">Claudia</td> <td style="text-align: center;">DO</td> <td style="text-align: center;">Family Medicine</td> <td style="text-align: center;">Recredentialing</td> </tr> </tbody> </table> <p>Primary source and secondary source verifications were performed for credentialing, and privileging elements in accordance with state, federal and HRSA requirements. A nationally accredited Credentials Verification Organization (CVO) was utilized to verify the elements requiring primary source verification.</p> | Last Name | First Name        | Degree          | Specialty | Credentialing | Harberger | Seneca | MD | Family Medicine | Recredentialing | Oliveira | Paulo | DDS | General Dentistry | Recredentialing | Montenegro | Claudia | DO | Family Medicine | Recredentialing | <p><b>VOTE TAKEN: Ms. Jackson-Moore made a motion to approve the re-credentialing and renewal privileges of the LIP(s) as presented. The motion was duly seconded by Mr. Mullen. A vote was called, and the motion passed unanimously.</b></p> |
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| Last Name   | First Name   | Degree    | Specialty         | Credentialing   |           |               |           |        |    |                 |                 |          |       |     |                   |                 |            |         |    |                 |                 |  |
| Harberger   | Seneca   | MD        | Family Medicine   | Recredentialing |           |               |           |        |    |                 |                 |          |       |     |                   |                 |            |         |    |                 |                 |  |
| Oliveira  | Paulo  | DDS       | General Dentistry | Recredentialing |           |               |           |        |    |                 |                 |          |       |     |                   |                 |            |         |    |                 |                 |  |
| Montenegro  | Claudia  | DO        | Family Medicine   | Recredentialing |           |               |           |        |    |                 |                 |          |       |     |                   |                 |            |         |    |                 |                 |  |

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|  | <p>The C.L. Brumback Primary Care Clinics utilized internal Credentialing staff and the FQHC medical Director to support the credentialing and privileging process.</p> <p>Seneca Harberger, MD joined the Belle Glade Clinic in 2018 specializing in Family Medicine. He attended the Temple University School of Medicine and also completed his residency at the University of Pennsylvania Health System. Dr. Harberger is certified in Family Medicine by The American Board of Family Medicine. He has been in practice for five years and is fluent in Spanish.</p> <p>Paulo Oliveira, DDS joined the Delray Beach Clinic in 2018 specializing in General Dentistry. He attended the Federal University of Rio Grande and also completed his residency at Nova Southeastern University. Dr. Oliveira has been in practice for sixteen years and is fluent in both Portuguese and Spanish.</p> <p>Claudia Montenegro, DO joined the Delray Beach Clinic in 2016 specializing in Family Medicine. She attended the Lincoln Memorial University Debusk College of Osteopathic Medicine. Dr. Montenegro has been in practice for twelve years and is fluent in Spanish.</p> |  |
| <p><b>8D. OPERATIONS</b></p>   |  |  |
| <p><b>8D-1. Staff Recommends a MOTION TO APPROVE:</b><br/>Operations Reports – August 2020</p> | <p>Dr. Hyla Fritsch, Director of Clinical Operations and Pharmacy Services, presented the following report: The Clinics continue to see an increase in overall total billable visits since the start of the pandemic, with just over 9,200 in the previous month. Dr. Fritsch asked the board if they would like this report to be presented at every board meeting along with the other operations dashboards. The board expressed interest in seeing this report monthly.</p> <p>Dr. Fritsch pointed out that there is also a noticeable increase in telemedicine visits as this service delivery</p>  | <p><b>VOTE TAKEN: Mr. Mullen made a motion to approve the August 2020 Operations Report as presented. The motion was duly seconded by Ms. Jackson-Moore. A vote was called, and the motion passed unanimously.</b></p> |



method steadily gains patient and provider acceptance. No Show percentages are down at 18% for July when compared to those in January and February, which were at 26 and 27%, respectively. Mr. Smith asked about the process for mobile check in. Dr. Fritsch explained that the Phreesia platform does send out automatic reminders and notifications for registration, pre-appointment planning, etc. Adult, pediatric, and women's health are all at the mid-to upper 80% level for in-person visits. Our Boca and Jupiter clinics had 50% or greater telehealth visits in July. Mr. Smith asked if productivity rates are related to the number of no-shows we are seeing. Dr. Fritsch confirmed that to be true. She expressed the hope that as we see no-shows go down, we expect the productivity to increase. Mr. Smith asked if the clinic coordinators meet with their teams to share this kind of information. Dr. Fritsch answered that the clinics individually have huddles, and keep the providers informed about their productivity numbers. Mr. Smith asked if they are able to see numbers from their fellow clinics in order to see how they compare. Dr. Fritsch confirmed with a yes.

We are currently providing drive thru COVID-19 testing at the FITTEAM Ball Park and Belle Glade Clinic. Additionally, we offer walk up and walk in testing in Jupiter, West Palm Beach, Lantana, Delray, Belle Glade, and Outreach (our new mobile testing unit Scout).

Ms. Jackson-Moore asked if the number of people of people has decreased because people believe that they only needed to be tested once and do not test again. Dr. Fritsch answered that she does not have any data to back the following claim, but she believes that the decrease in testing is due to testing fatigue along with a reported decrease in positives in the county. These two factors seem to reduce the public's urge to get tested. Dr. Andric points out that masks seem to be working as reflected in the decrease in the number of cases in the county. Ms. Jackson-Moore pointed out that that is in fact the source of

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|  | <p>her concern. As the county starts to open, people will start to go back to their regular lives because they believe COVID-19 to no longer be a threat. Dr. Fritsch explained that the operations team is constantly using the data collected to make staffing adjustments to address any situations that may arise. Dr. Fritsch explained that we have planned for Flu season and the potential “what-if” situations. Mr. Smith asked if we get a positive or negative result, if that goes to the patient. Dr. Fritsch answered that positive results are sent to the patient and routed to epidemiology for contact tracing. Mr. Smith asked about around when we should be getting our Flu shots. Dr. Fritsch answered that our Flu shots are due to come in within about a week’s time, and vaccines for children are expected to ship within the same timeframe.</p>   |  |
| <p><b>8D-2. Staff Recommends a MOTION TO APPROVE:</b><br/>Patient Relations Report</p> | <p>David Speciale, Director of Patient Experience, presented the patient relations dashboard for Q2 2020. There were a total of 22 complaints and grievances (14 complaints and 8 grievances). This has trended downward from the previous quarter (35 total). Complaints and grievances are also down from last year (29 total). The largest group of complaints come from our mobile clinic. Most of these complaints were related to COVID testing. Mr. Speciale also clarified that the number of complaints and grievances are relatively small in comparison to the number of services provided in both our clinics and COVID testing sites. Our top category is Care and Treatment, which makes up 36% of our complaints and grievances. Some examples of the complaints are COVID testing related, communication with our providers, appointment scheduling, reaching a team member by phone, timeliness of referrals and authorizations, and issues with the telemedicine process. Mr. Speciale explained that we have implemented corrective actions as a result of these complaints and grievances. First, a patient cycle time report presented and reviewed in operational meetings several times per month. A second change has been the third next available appointment report which is reviewed</p> | <p><b>VOTE TAKEN: Ms. Jackson-Moore made a motion to approve the Patient Relations Report as presented. The motion was duly seconded by Ms. Jackson-Moore. A vote was called, and the motion passed unanimously.</b></p> |

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|  | <p>to make sure that we maximize access to our providers as quickly as possible. The team has also redesigned the call tree, which had gone live the previous week. This call tree has improved to 10 options as opposed to the 4 options that were available before. This should increase the number of people that can correctly respond to the patient's calls. The clinic service center has also increased staff by 5 people to help support call volume. Mr. Speciale announced that on September 1<sup>st</sup>, CCP will be taking on a larger role to address complaints, grievances, and or any questions that relate to the district cares program. As for compliments, there are only 3, which is a dramatic drop off from the previous quarter's result (11). Mr. Speciale believes that this is due to the closing of the Clinics and the temporary discontinuation of the "Thumbs up" program (stopped for COVID testing operations). Mr. Mullen had a comment that his Doctor (Dr. Duthil) called him twice to check on him. He was finally able to get back to her, but he thought that the gesture was remarkable. Mr. Smith asked if these were unsolicited comments and complaints, and if so, when would we be sending out the actual patient satisfaction surveys? Mr. Speciale answered that we are constantly surveying patients, and could possibly present that report next month if the board would it like so. Dr. Andric expressed her appreciation for Mr. Smith's observation as this could provide an opportunity to measure the outcomes of the changes we have implemented on a more frequent basis.</p> |   |
| <p><b>8E. Quality</b></p>  |  |   |
| <p><b>8E-1. Staff Recommends a MOTION TO APPROVE Quality Reports</b></p> | <p>Dr. Ana Ferwerda, Medical Director and Director of Women's Health presented the following: For July, 2020 there were 23 complaints and 8 grievances. The Top 5 categories were Other, Care &amp; Treatment, Communication, and Physician Related. Several complaints or grievances were entered by the Care Coordination nurses. The highest of the 14 UDS Measures: 6 exceeded the HRSA Goal and 8 were short of the HRSA Goal. Adult weight screening, Tobacco</p>  | <p><b>VOTE TAKEN: Ms. Jackson-Moore made a motion to approve the Quality Reports as presented. The motion was duly seconded by Ms. Mastrangelo. A vote was called, and the motion passed unanimously.</b></p> |

screening, Ischemic Vascular Disease, Depression Screening and Follow-up, Coronary Artery Disease and, Dental Sealants have been met. Interventions have been initiated for the Uncontrolled Diabetes, Childhood and Ischemic Vascular Disease measures. The addition of point of care diabetes testing has improved the diabetes measure by approximately 7%. We anticipate further improvement in the next three months. Since a significant portion of our patient encounters are now telemedicine visits we plan to implement new processes to provide patients with FIT tests for colorectal cancer screening. We expect to receive 100 blood pressure cuffs from the American Heart Association and hope to distribute them to patients via mail. Dr. Ferwerda stated that she expects to have updates for the board by the next board meeting. Ms. Jackson-Moore asked if the return postage is paid for the FIT tests. Dr. Ferwerda answered that everything is paid for. All the patients have to do is collect their sample, close up their envelopes, and place them in a mailbox. Clinics continue to see an increase in total billable visits since the start of the pandemic with just over 9,200 in the previous month. There is also a noticeable increase in Telemedicine visits as patient and providers accept its use more and more. We have also changed our platform to Doximity, which has reduced the number of obstacles patients face when trying to connect to their provider. This has led to increased success when compared to the previous platform we used. Ms. Jackson-Moore asked about the discrepancy between minorities / underserved communities and how they compare to their majority counterparts when it comes to COVID positivity. Most of the reasons cited for this are underlying conditions, and some of these communities are food deserts. Ms. Moore requested to be informed on data we have in regards to these communities. Dr. Ferwerda stated that many communities have many reasons for their higher infections, including that some might not be able to work from home. Dr. Ferwerda states that she believes that it is important to conduct education on things like nutrition,

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|   | <p>exercise, and “soap and water medicine”. Ms. Jackson-Moore asked about patient scripts for nutrition. Dr. Ferwerda answered that the hope is to have a food pharmacy at a new flagship clinic, where nutrition/cooking education, and possibly grocery tickets, could be provided to patients. Dr. Andric added that before COVID, there were plans set in place with Lakeside Medical Center to implement a similar plan but everything has since been on hold because of the COVID-19 pandemic. Talks have slowly resumed, focusing on social distancing and operations in a “post-COVID” world, but the focus remains on testing and resuming clinic operations.</p>  |                                    |
| <p><b>9. CMO, VP and Executive Director of Clinical Services Comments</b></p> | <p>Ms. Davis, CEO, spoke on School Health Nurse program and addressing new challenges for the new school year. There are two ways to approaching testing. One is a reactive approach and the other is a more proactive approach that we would like to implement in the schools. This plan includes reoccurring testing for everyone throughout the school year before anyone even shows symptoms. We, here in Palm Beach County, are in position to take the proactive approach. Access to rapid tests are also crucial to this plan. The fall back plan is to test sick children, as we do have the infrastructure to do so, but the proactive approach is our method of choice. Mr. Smith asked if we could use pool samples. Ms. Davis explained that though that does exist, there is still a huge wait time for results from labs. Dr. Andric expressed hope to have a rapid test that can cover both symptomatic and asymptomatic students. Ms. Bullard asked if the team would be providing education to parents once the children go back to school. Possibly a list of questions to ask that might help reduce the number of cases in the underserved communities. Dr. Andric answered that the School District is working with the HCD team to develop and provide education through the schools.</p> | <p><b>No action necessary.</b></p> |

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| <p><b>10. Board Member Comments</b></p>              | <p>Mr. Mullen asked if we could collaborate with a local farm to donate vegetables to the clinic patients. Dr. Andric answered that the farm recently provided monetary contributions to the Lakeside Medical Center. Ms. Davis added that they did award LMC with a \$10,000 grant. However, as they are a regulated entity with patents, they cannot really donate certain items.</p> <p>Board members discussed the November meeting as it falls on the day before Thanksgiving. The suggestion was to hold the meeting on Nov 30, 2020. The vote will be taken at the next clinic board meeting.</p> | <p><b>No action necessary.</b></p>  |
| <p><b>12. Establishment of Upcoming Meetings</b></p> | <p><u>September 30, 2020 (Zoom)</u><br/>12:45pm Board of Directors</p> <p><u>October 28, 2020 (TBD)</u><br/>12:45pm Board of Directors</p> <p><u>November 25, 2020 (TBD)</u><br/>12:45pm Board of Directors</p> <p><u>December 16, 2020 (TBD)</u><br/>12:45pm Board of Directors</p>   | <p><b>No action necessary.</b></p>  |
| <p><b>13. Motion to Adjourn</b></p>                  | <p>There being no further business, the meeting was adjourned at 1:54 pm</p>   | <p><b>VOTE TAKEN: Mr. Mullen made a motion to adjourn. The motion was duly seconded by Ms. Bullard. A vote was called, and the motion passed unanimously.</b></p> |

Minutes Submitted by: 
DocuSigned by:  
Irene Figueroa  
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**Signature** **Date**