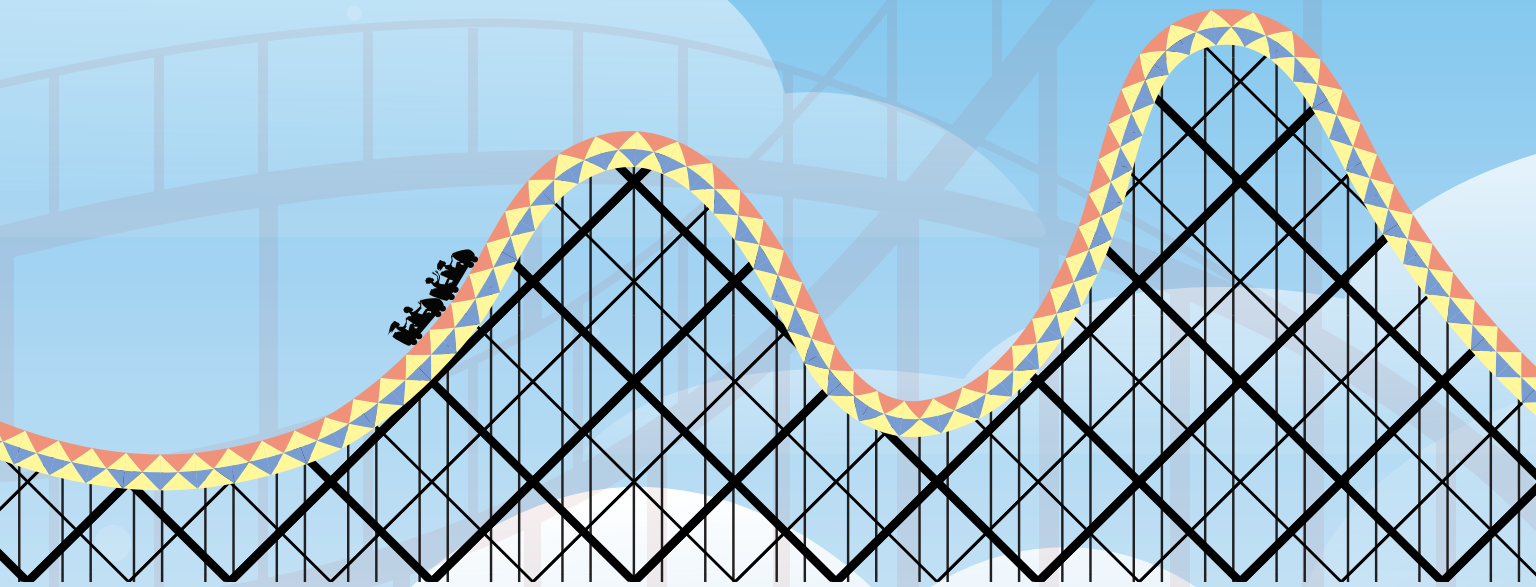


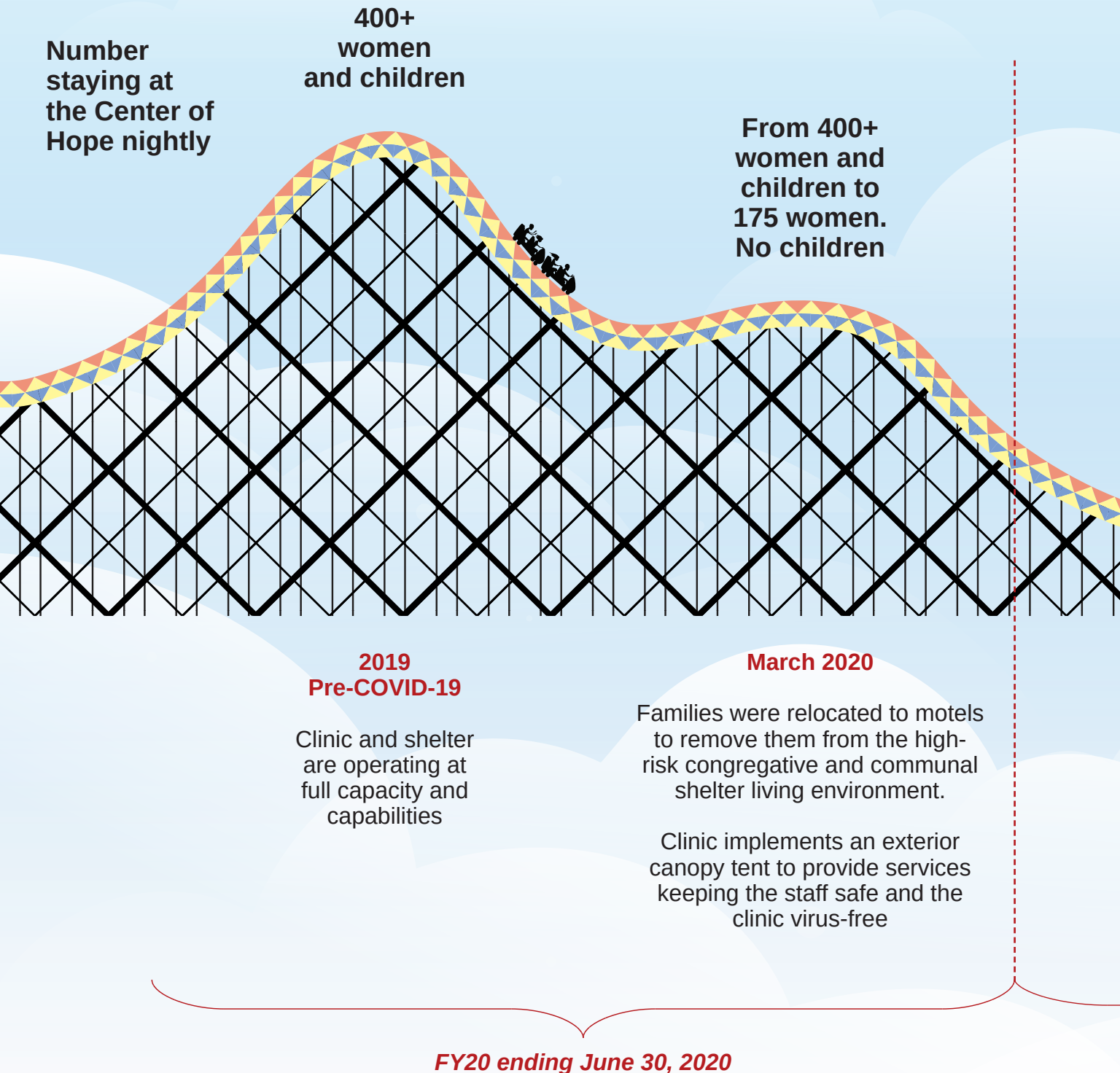
FY21 Year of the COVID-19 Roller Coaster Ride



FY21 ANNUAL REPORT
July 1, 2020 to June 30, 2021

Take a ride through FY21

The COVID-19 roller coaster ride started in March 2020 and continued through FY21. Throughout the pandemic, the number of homeless women and children staying in the Center of Hope and had access to the clinic varied significantly. Pre-COVID-19 the shelter was at full capacity with 425+ women and children residents. Families were relocated from the shelter from March to November 2020 to remove them from the congregative and communal living environment reducing the census to 175 women and no children. From November 2020 to April 2021, the shelter was closed and there were no residents.



With families relocated to motels in March 2020 and the shelter and clinic closed from November 2020 to March 2021, our clients were distanced from access to the clinic's healthcare, medical and mental health services. Return visits for continuity of care were interrupted. Health improvements were compromised.

As a result of the relocation/closure, existing health issues got worse, percolating issues surfaced, issues that could have been avoided appeared, manageable issues became uncontrolled and preventable issues occurred and spread.

As residents returned from relocation and new residents were admitted to the shelter, our challenge was to keep the Center of Hope safe from COVID-19 as we restored access, returned continuity of regular visits and regained improvements lost for other health issues.

FY21 ended with 195 residents living in the Center of Hope and more than 200 still in relocation motels

From "0" residents to 150 women and 41 children

From 175 women to "0" residents

November 2020

All residents are relocated.
Shelter closes.
Clinic closes.

Telemedicine and Pop-Up clinics continue providing limited healthcare and medical services.

April 2021

Relocated residents start to return to the Center of Hope.
Shelter and the clinic reopens.

Clinic blends exterior canopy tent with limited in-clinic access to provide services keeping the staff safe and the clinic virus-free

June 2021

Relocated residents return and new residents are admitted to the Center of Hope.

Clinic and shelter open at full capacity.

FY21 (July 1, 2020 to June 30, 2021)

A Message from Michael Sowyak | Executive Director

It took the COVID-19 pandemic and its disproportionate impact on minority groups to shine a global light on the disparity in access and inequity of healthcare that exists for underserved populations. Every day, for more than a decade, Shelter Health Services has been addressing this inequity.

In my nearly 13 years as Executive Director, none was like FY21. Nothing upended the order of things as much as COVID-19.

For the homeless women and children we serve, COVID-19 disrupted many aspects of their lives. They were faced with the constant risk of infection, lost jobs, added emotional stress on mental health, substance use and domestic violence issues, children not in school, increased smoking, unhealthy weight gains and increased homelessness.

In November 2020 when the shelter and clinic closed for six months and hundreds of homeless women and children were relocated to motels, they were distanced from access to healthcare, medical and mental health services. Continuity of care was interrupted and health improvements gained were lost. Clinic healthcare services continued to be provided via telemedicine and one-day-a-week Pop-Up clinics at two of the largest relocation motels.

As residents returned to the shelter in April 2021, our challenge was to keep them safe from COVID-19, restore access, return to regular visits and regain health improvement that had been lost. Center of Hope capacity is 350 residents. At the end of FY 21 (June 30, 2021), 191 women and children were living in the shelter with 200 more at the relocation motels.

Our response to COVID-19 was nothing short of heroic. During the height of the pandemic and even with the clinic closed for six months and decreased number of residents in the shelter, 670 women and children received healthcare, medical and mental health services totaling 2,060 visits. Without the clinic, these women and children truly would not have had access to these services.

As importantly, our clinic staff stayed healthy and intact making it through the year safely. At the end of FY21, we were open at full capacity. Our point-of-care diagnostic capabilities were enhanced to include Abbott ID Now rapid testing. The Center of Hope was filling up again.

With the availability of the vaccine and proactive activities to keep the shelter safe, we hope that the COVID-19 roller coaster ride does not continue through FY22. It is our hope and objective to return to and even exceed FY20 outcomes.

As a kid, I hated roller coasters. I still do!

Michael Sowyak

Sowyak Leaving as Executive Director in October, 2021

A Message from David A. Person, MD | Board Chair

In October 2021, Michael will be stepping down as Executive Director. A health issue has become a distraction and can potentially interrupt his effectiveness in performing the responsibilities as Executive Director. He wants to be sure that continuity of leadership, management and operations are in place.

On behalf of the Board, clinic staff and the women and children that receive care at the clinic, we are thankful for and appreciative of his leadership, vision and accomplishments for nearly 13 years, in transforming what was ad hoc space in the shelter, into a quality healthcare facility.

COVID-19 Impact | Access and Continuity

The women and children we serve are uninsured, medically indigent, living in poverty and staying in the Center of Hope homeless shelter. Lacking money, Medicaid and mobility, without the clinic they would lack access to healthcare, medical and mental health services.

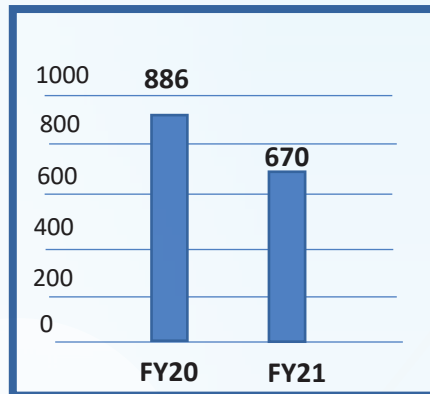
From July to November of FY21, the shelter was at 40% capacity due to the relocation of families reducing the number of residents from 425+ women

and children, to 175 women and no children. From November 2020 to April 2021, all remaining residents were relocated and the shelter had no residents. During this time, the clinic was closed. Telemedicine and one-day-a-week Pop-Up clinics at two of the relocation motels continued to provide care, albeit limited services to many fewer clients.

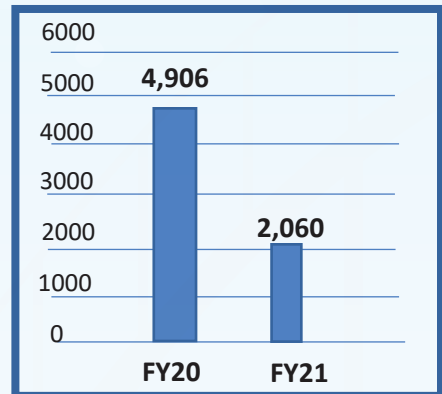
Not living in the shelter clients were distanced from access to healthcare. Unique clinic clients for FY21 showed a 25% decrease from FY20. Total clinic visits decreased 46%. The average number of clinic visits per client went from 5.5 to 3.0, interrupting continuity of care.

On a positive note, even with the shelter and clinic closed for six months, 670 uninsured, homeless women and children totaling 2,060 visits received free healthcare, medical and mental health services.

Unique Clinic Clients



Total Clinic Visits

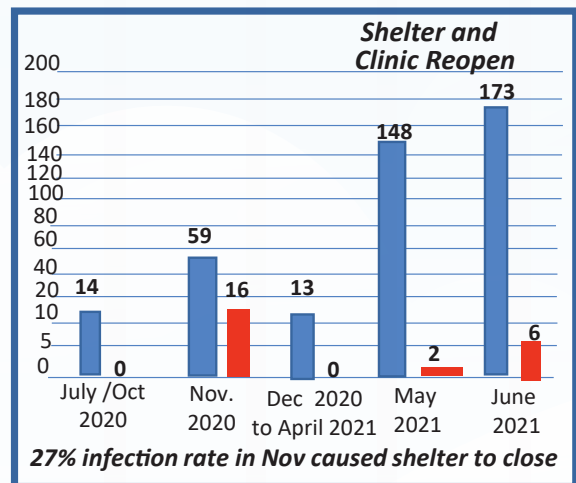


Keeping the Center of Hope Safe From COVID-19

Testing has been an integral part of clinic services to respond to the COVID-19 pandemic. From July to November 2020, screening for symptoms determined if a PCR test was needed. For the purpose of early detection of COVID-19, PCR tests were less than ideal requiring outsourced analysis and waiting 3 to 4 days for results. In November, a spike in COVID-19 infections triggered mass PCR testing of shelter residents by Mecklenburg County Health Department. With a 27% infection rate, the shelter was closed.

In preparation for the return of residents, Abbott ID Now rapid testing capability was added at the clinic. Eight tests can be administered per hour at the point-of-care with results known in 15 minutes.

With the low infection rate in May and June 2021, the pace of relocated residents returning to the shelter was increased and new resident in-take was reinstated. Throughout FY22, the clinic will rapid test all returning and new shelter residents before they are admitted to the shelter.

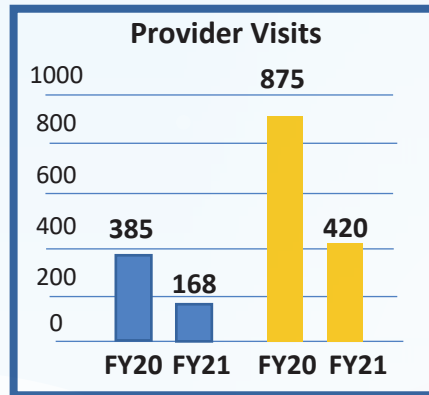
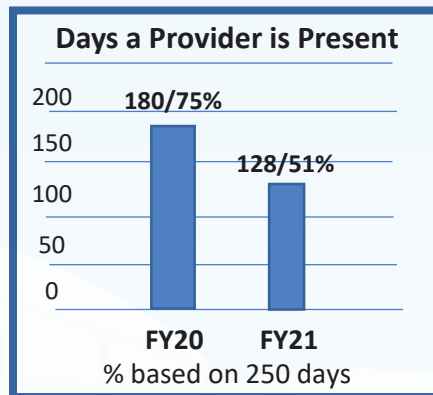


■ = Number of tests ■ = Positive results

Access To Provider Exams

Provider exams are the cornerstone for health improvement. Our target was to have a provider present in the clinic 75% of the days the clinic was open.

The shortfall for provider coverage in FY21 was attributed to the following COVID-19-related factors: 1) high risk population; physicians were hesitant to volunteer; 2) clinic was closed for six months; 3) there were no private exam rooms at the Pop-Up clinics for privacy; 4) volunteer physicians had other COVID-19 responsibilities limiting their availability.



■ = Unique provider visits
■ = Total provider visits

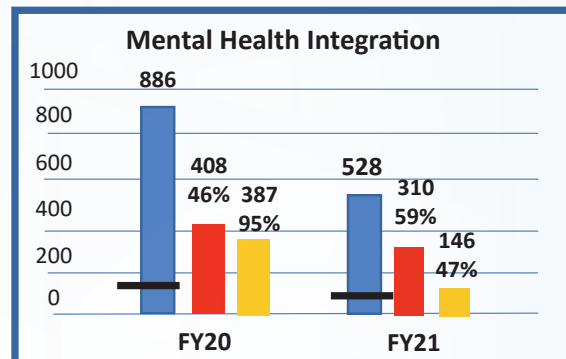
We extend a special “Thank You” to all the physicians that volunteered in FY21, especially those from Atrium Health Emergency Medicine and Family Medicine Departments.

Mental Health Integration

COVID-19 placed added emotional stress on people with mental health, substance use and domestic violence issues. In FY20, 46% of adult clients were diagnosed with mental health issues. In FY21, this factor increased to 59%.

Typically, 95% of clients that need professional mental health services can be immediately referred to partners. In FY21, 47% were immediately referred. COVID-19 also placed added stress on our mental health collaborative partners. Their staff and hours of operation were reduced. Number and pace of new clients accepted slowed. Family First suspended co-locating a therapist in the Center of Hope.

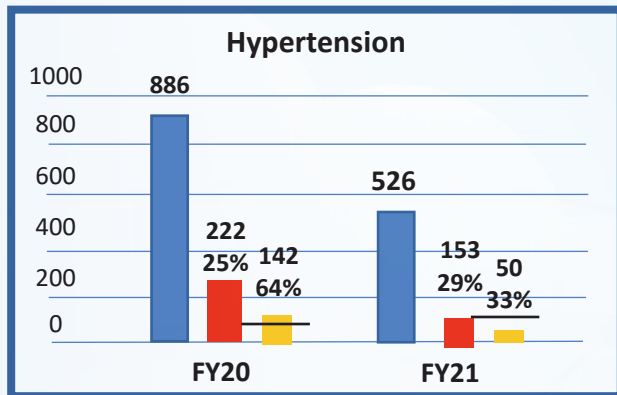
In April 2021, as the shelter and clinic returned to regular operations, Family First Community Services reinstated co-locating a therapist in the Center of Hope facilitating seamless integration of medical and mental health services.



■ = Total unique clients
■ = Assessed with mental health issue
■ = Immediately referred to mental health partner
— = 20% national rate with mental health issue

Chronic Disease Management

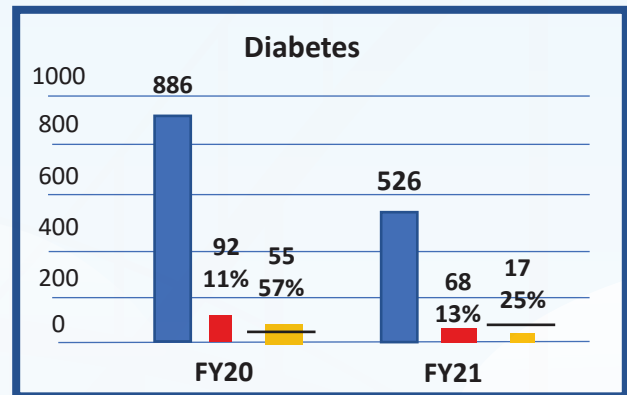
Hypertension and diabetes impact nearly 40% of our adult clients. In FY21, the percentage of clients diagnosed with hypertension and diabetes was slightly higher further demonstrating the adverse health effects caused by COVID-19. However, levels of disease control showed dramatic declines from FY20 to FY21. With the shelter and clinic closed for six months, there was a lack of in-person care, regular monitoring of BP and HgA1C, monthly provider exams, medication management and information, all key activities and services that foster control of chronic diseases.



- = Total unique clients
- = Diagnosed with hypertension
- = Under control BP<190/40
- = 62% national rate control BP <140/90

Hypertension

In FY20, hypertension control (BP<140/90) of 64% surpassed the national average of 62%. In FY21, hypertension control of 33% was below the national average.



- = Total unique clients
- = Diagnosed with Diabetes
- = Under control HgA1C<7
- = 49% national rate control HgA1C <7

Diabetes

In FY20, diabetes control (HgA1C<7) of 57% surpassed the national average of 49%. In FY21, diabetes control of 25% was below the national average.

We ended FY21 with the clinic open at full capacity and capabilities restoring regular access for monitoring BP and HgA1C, physician exams, medications management and information. It is expected that outcomes for control of hypertension and diabetes will return to FY20 levels in FY22.



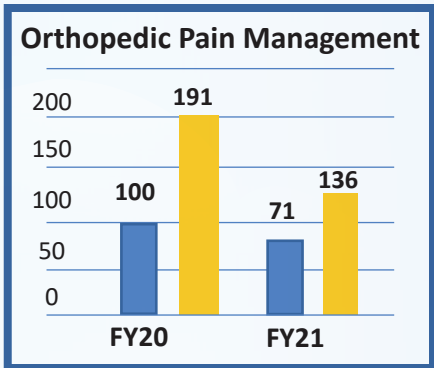
Orthopedic Pain Management

Orthopedic and arthritic pain can limit the ability to walk, stand, bend and perform other physical activities. Chronic pain can become a barrier to finding a job, achieving self-sufficiency, affording independent housing and leaving homelessness.

While the clinic was closed from November 2020 to April 2021, Dr. Tsahakis provided assessments and treatments at the Pop-Up clinics. Limited clinic access was made available for x-rays and some treatments that required private exam rooms. Bus passes were provided for transportation to get to the Pop-Up clinic motels.

Unique Orthopedic clients decreased from 102 to 71. Average number of Orthopedic visits per client decreased from 2.5 in FY20 to 1.9 in FY21.

COVID-19 disrupted many lives. The disruption for the women we serve seemed to have more dramatic and life changing impact. Charlene is a good example.



Blue bar = Unique Orthopedic Clients
Yellow bar = Total Orthopedic Visits

Charlene's Personal Roller Coaster Ride

Charlene is 56 years old. She was born with a club foot that was never operated on as a child. As she grew up, the deformity got worse. Her other foot showed the wear and tear from compensating for the club foot. It got to the point where Charlene had trouble walking and standing. She used a walker and was close to needing a wheelchair to get around. Her limitations of physical movement and activity became barriers to finding a job.

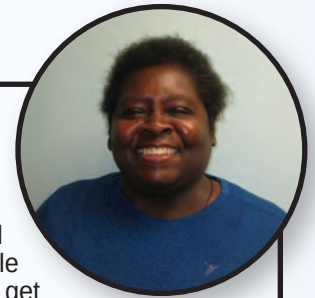
Charlene first came to the clinic in late 2018 for her hypertension and diabetes. In April 2019 during a diabetes foot exam, Fr. Paul Tsahakis, MD and volunteer Orthopedic surgeon, saw her club foot. At her age and the extent of the damage, surgery was out of the question. Fr. Tsahakis engaged Zfeet to custom design a pair of Orthopedic shoes. Because of the complex custom design, Zfeet could not donate the shoes but gave the clinic a steep discount.

With her new shoes, Charlene could stand and walk around easily. Her newfound mobility allowed her to find a job and an apartment. She left the shelter and homelessness in December 2019.

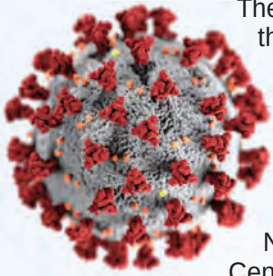
Then COVID-19 hit in January 2020. She lost her job; lost her apartment and returned to the Center of Hope in March 2020. When she came to the clinic for her hypertension and diabetes, clinic staff noticed that she was wearing ill-fitting sports shoes. With everyday use, the custom-made Orthopedic shoes had worn out. Fr Tsahakis again engaged Zfeet. This time they made two pairs of Orthopedic shoes. Charlene is mobile again rotating each pair daily.

She is actively looking for a job. Wants to save enough to afford an apartment and leave the shelter. She says "Job opportunities seem to be increasing. I'm making a lot of contacts and sending out resumes. I am hopeful that soon I'll have a job and save enough money for an apartment."

We will always be there for Charlene and all of our clients. When these two pairs of shoes wear out, as part of our Extended Care Program, Charlene can return to the clinic to have them replaced.



COVID-19 Vaccine



The push in FY22 will be the COVID-19 vaccine. We've applied to be a distribution site to have the vaccine available in the clinic, at the point-of-care and available on-the-spot. Engaging clients as they receive clinic care can overcome their hesitancy to receiving the vaccine. Explaining the benefits within the context of providing care can increase the numbers immunized.

Because of the transient nature of the population, it is unlikely that herd immunity in the shelter will ever be achieved. And if it is achieved, it will certainly be short-lived. Nonetheless, the more residents that are vaccinated during their shelter stay, the safer the Center of Hope and community will be.

New Comprehensive Cancer Prevention Program

In women, the three most common cancers are breast, lung and colorectal and account for half of all new cancer diagnoses in women.

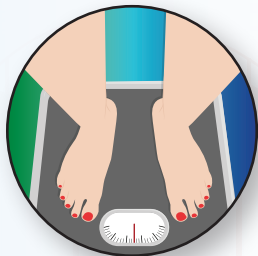
Before COVID-19, prevention and early detection of breast and lung cancers were active ad hoc programs centered around bringing mobile imaging services of Atrium Health Mammogram van and Levine Cancer Institute CT-lung scan to the clinic. These mobile services were suspended in FY21 to avoid gathering in groups at the shelter.

In FY22, colon cancer screens and colonoscopies will be provided by Charlotte Gastroenterology & Hepatology. With the capability to detect these three cancers in women, a formal Cancer Prevention Program will be developed. When the restriction on gathering in groups is lifted, discussion groups will address overall cancer prevention and the importance of early detection. Mobile services for Atrium Health mammograms and Levine Cancer Institute CT-scans will return to the clinic. Rapid diagnostic FIT tests for colon cancer will be administered in the clinic with follow-up colonoscopies provided by Charlotte Gastroenterology & Hepatology.



Cancer prevention and early detection represent a major addition to clinic services and capabilities. Most of the shelter's women have not had these cancer screens. Integrating them into the battery of Early Detection, Aversion & Prevention diagnostic tests and screens will increase the number of homeless women that participate in these services. Lives will be saved.

Reinstated Pre-Diabetes, Smoking Cessation and Weight Management Programs



Major programs for Pre-Diabetes, Smoking Cessation and Weight Management were suspended in FY21 because they required regular staff contact with clients, frequent monitoring of improvement and proactive replenishment of intervention tools. With the clinic open at full capacity and capabilities in FY22, these programs will be activated at point-of-care. Broader informational activities for these Programs like discussion groups and special events will be initiated when gathering in groups is considered safe.

THANK YOU FINANCIAL SUPPORTERS

We are thankful that even with COVID-19's negative impact, the organizations listed below continued to generously support our clinic. Their recognition of the need for free healthcare, medical and mental health services for those that lack access and our unique role in delivering these services is the foundation of our success. We also extend a special "Thank You" to the organizations that created COVID-19 specific funding opportunities. These new grants funded all the incremental expenses related to COVID-19 eliminating the need to use general operating or program-specific funds.

Americares Foundation
George W. and Ruth Baxter Foundation
Blumenthal Foundation
Carolina Electrical Services of Charlotte
COVID-19 Response Fund
Delta Dental Foundation
Foundation for a Healthy Carolinas
Gamma Iota Chapter of Sigma Theta Tau
The Lucile P. and Edward Giles Foundation
Harcos Chemicals
The Leon Levine Foundation
Mary Norris Preyer Fund
Mary E. Carrick Foundation
Mecklenburg County Health Department

Merancas Foundation
National Association of Free & Charitable Clinics
NC Association of Free & Charitable Clinics
NC Office of Rural Health
NC Pandemic Recovery Office
Philoptochos Society of
St. Nektarios Greek Orthodox Church
St. Matthew Catholic Church
St. Nektarios Greek Orthodox Church
Sisters of Mercy of North Carolina Foundation
Speedway Children's Charities
Women's Impact Fund
Triad Foundation
Wells Fargo Foundation

We receive no funds from fees for providing services to clients, the United Way, the Salvation Army, Medicaid, Medicare or federal government. We rely on grants from N.C. Office of Rural Health, Mecklenburg County Health Department, private and corporate foundations and faith organizations supplemented by a hand-full of companies and the generosity of more than 100 individuals.

THANK YOU COLLABORATIVE & REFERRAL PARTNERS

Our network of collaborative and referral partners are an integral part of our being able to provide all the services our clients need. We thank those organizations listed below for their services.

Ada Jenkins Center
Amara Wellness
Anuvia Prevention & Recovery Center
Atrium Health Emergency Medicine Department
Atrium Health Family Medicine Department
C. W. Williams Community Health Center
Carolina Complete Health
Carolina Outreach
Center of Emotional Health
Charlotte Fire Department Company 4
Charlotte Community Health Center
CMPD Crisis Intervention Team
Crisis Assistant Ministries
Family First Community Services
LabCorp

Levine Cancer Institute
Lions Club Eye Clinic
MedAssist
MedLink
Michael Jordan Clinic
Monarch
National Association of Free & Charitable Clinics
NC Association of Free & Charitable Clinics
Novant Cancer Center
Piedmont Health Services & Sickle Cell Agency
RAIN (Regional AIDS Interfaith Network)
Salvation Army of Central Carolinas
Teen Health
Urban Ministries Center

THANK YOU BOARD OF DIRECTORS

Our Board was integral to our success in FY21. Their understanding of the need to keep the staff intact and not furlough anyone to be able to continue providing healthcare and medical services while the clinic was closed showed courage, foresight, understanding, compassion and generosity.

Being accessible for virtual Board meetings to close out FY21, vote on the FY22 operating budget and Board Officers and form an Executive Director Search Committee showed dedication, commitment and involvement in performing their Board responsibilities.

David A. Pearson, MD <i>Board Chairman</i>	Maura Atwater <i>Board Vice-Chairman</i>	Susan Carr <i>Treasurer</i>	Lynn Krueger-Andes <i>Secretary</i>	E. Parker Hays, Jr., MD <i>Medical Director</i>
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Monica Able
Doris Bowman
Alan Chadd
Michelle Dunne
Claire Magee Ferguson

Gus Gianakopoulos, DDS
Stephanie McDonald
RN, BSN, MSL, NEA-BC
Deronda Metz
Claire Milam, MD
Jillian Niles

Rebecca Oglesby,
DPN, RN
Tracy Petleski
PhD, DNP, RN, CNL-BC
Kyle Roedersheimer, MD
Fr. Paul Tsahakis, MD
Brittany Watson, MD

THANK YOU STAFF

Our staff showed remarkable flexibility, resiliency and creativity in responding to COVID-19. When the pandemic was gaining momentum, an external canopy tent was put in front of the clinic and used for COVID-19 screening and all other services to keep the clinic virus-free. When the shelter and the clinic closed, two one-day-a-week Pop-Up clinics were set-up at the largest relocation motels to continue in-person care. A portable exam table was purchased. Suitcases full of clinic supplies, testing materials and portable equipment were taken daily to the Pop-Up clinics. Telemedicine filled gaps in provider coverage. Telehealth calls checked the status of prescription refills.



Marilyn Benner
Registered Nurse



Nena Harris
Family Nurse Practitioner



Christina Hanegraaff
Clinic Support Assistant



Donielle Staton
Registered Medical Assistant



Karen Bennett
Office Manager

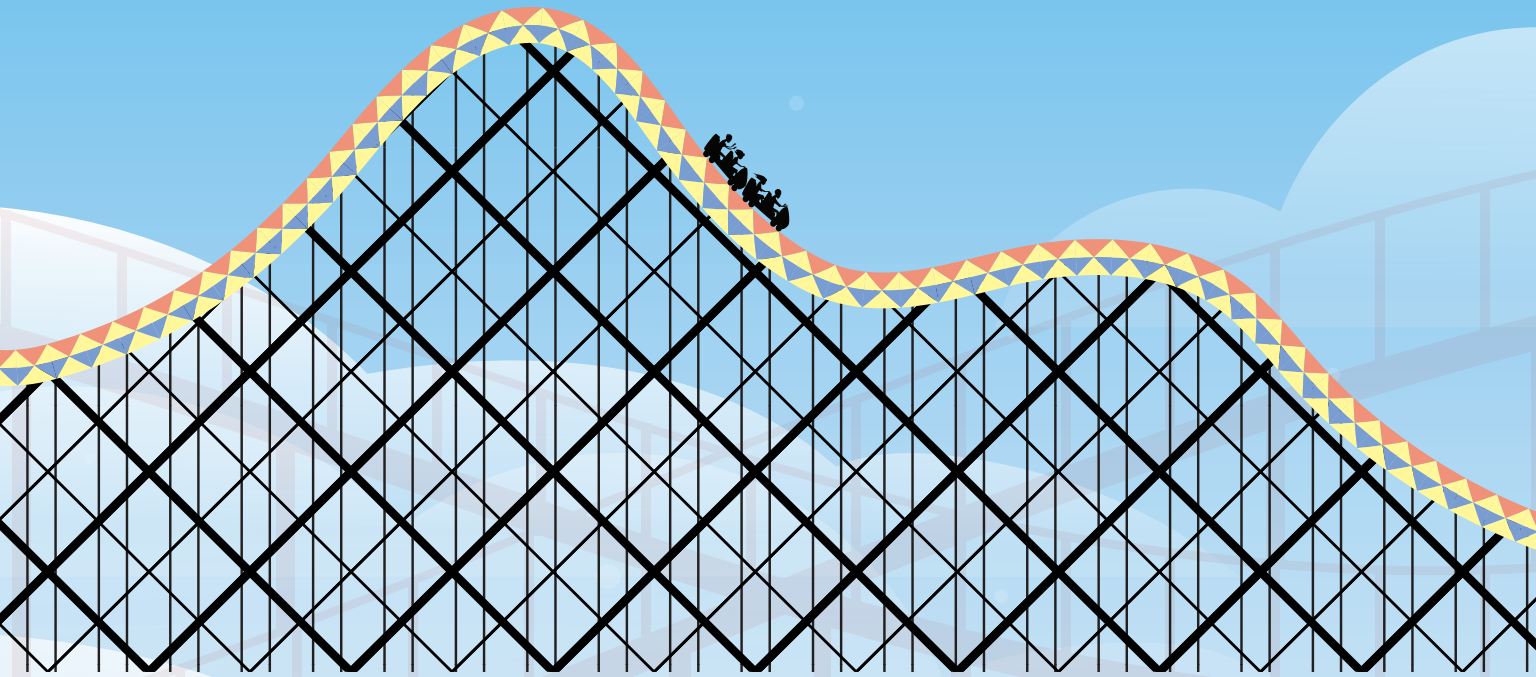


MarQuesha Drummond
Medical Assistant

With all the challenges presented by COVID-19, these six professional and dedicated clinic staff members continued providing healthcare, medical and mental health services to the homeless women and children that relied on us.

MISSION

To remove health issues as barriers to self-sufficiency and upward mobility for homeless women, and as impediments to development and readiness to learn for homeless children, by providing free healthcare and medical services that are easily accessible.



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