



**Board of Directors Meeting**  
**Wednesday, May 25, 2022, 11:00 a.m.**  
Virtual GoToMeeting

**AGENDA**

|  | Action Needed    | Attachment       |
|--|------------------|------------------|
| <b>Roll Call</b>   |                  |                  |
| <b>CALL TO ORDER</b><br>President Rev. Tony Burns  |                  |                  |
| <b>Program Presentation</b><br>Stephen Duraney, Team Leader of Ehits ACT team<br>ACT evidenced based model   |                  |                  |
| <b>APPROVAL OF MINUTES</b>   | ✓                | ✓                |
| <b><u>PRESIDENT'S REPORT</u></b><br>Executive Committee Minutes and City of Columbus<br>Department of Development (Passthrough ARP funds) grant ratification   | ✓                | ✓                |
| <b><u>DIRECTOR'S REPORT</u></b><br>The Joint Commission  |                  |                  |
| <b><u>PROGRAM / QI COMMITTEE</u></b><br>FY22 HRSA Accelerating Cancer Screening<br>CMS Navigator Grant Non-Competing Continuation (due 5/31)<br>2021 UDS report/UDS FQHC Data Performance Summary<br>FY22 HRSA American Rescue Plan/UDS+ Funding (FYI)<br>Patient Advisory Committee Input/Updates | ✓<br>✓<br>✓<br>✓ | ✓<br>✓<br>✓<br>✓ |
| <b><u>FINANCE</u></b><br>Financials  | ✓                | *                |
| <b><u>HUMAN RESOURCES COMMITTEE</u></b><br>Privileging:<br>Dr. John Garrity – Psychologist<br>Leann Greer – Prevention Specialist<br>Esther Conteh – Therapist   | ✓                |                  |
| <b><u>Good Things</u></b>  |                  |                  |
| <b>EXECUTIVE SESSION</b>   |                  |                  |

\*denotes emailed



**Board of Directors  
Meeting Minutes  
April 27, 2022 11:00 a.m.  
Virtual via GoToMeeting**

**Members Present:**

Tony Burns, Chair  
Angela Fry, VP  
Dave Lane, Immediate Past  
Chair  
Pat Halaiko  
Kate Hamilton  
Kim Krone  
Kori Manus  
Steve Sielschott  
Don Strasser  
Tim Wheat

**Members Excused:**

Eileen Goodman, Secretary

**Members Absent:**

**SE Staff:**

Bill Lee, CEO  
John Bell, CFO  
Abul Hasan, Medical Director  
Kim Cooksey, Clinical Director  
Jenny O’Leary, Delaware Morrow  
Clinical Director  
Melissa Miller, HR Director  
Melissa Powers, Regional Clinical  
Director  
Myken Pullins, Exec Assistant & PR  
Director  
Nisaa Robinson, Adult and Family  
Clinical Director

**Staff excused:**

Sandy Stephenson, Chief  
Healthcare Officer  
Wendy Williams, Chief Operating  
Officer

**Call to Order:** Rev. Tony Burns called the meeting to order at 11:00 am.

**Approval of Board Minutes** – Rev. Tony Burns moved to approve the board minutes from March 2022 and Pat Halaiko seconded the motion. All in favor.

**President’s Report**

Executive Committee Minutes from April 13, 2022 and Ratification of Community Housing Network (CHN) application – Community Housing Network (CHN) provides permanent supportive housing (PSH) to individuals and families affected by disabilities and other special needs. For FY23, Southeast is applying for funding to continue providing resident engagement and supportive services at Briggsdale Apartments and Parsons Avenue apartments.

Motion - Dave Lane moved to ratify the submission of an application by April 15, 2022 to request CHN Supportive Services funding up to \$285,000 in accordance with the application guidelines in order to provide on-site services at the Briggsdale and Parsons permanent

supportive housing sites operated by CHN; FURTHER RESOLVED, the Board of Directors of Southeast Healthcare hereby authorizes the CEO to prepare, sign, and submit all documents required for inclusion in the proposal by April 15, 2022, and to execute all subsequent agreements necessary to receive funding. Steve Sielschott seconded. All in favor.

Tony Burns announced that Board Member Jasmine Bibb has resigned from the Board of Directors.

Tony Burns stated we desperately need new board members to join the board. We currently have 11 members and seven (7) Board Members present at any Board meeting shall constitute a quorum of members for the transaction of business. Our bylaws state we can have between 9 - 25 Board members.

Bill Lee reported hopefully our potential new board member Art DeLeon will rejoin the board now that the conflict of interest is not a conflict. Bill met with another potential candidate for the board and he will let us know if he has time to do it.

### **Director's Report**

Bill Lee thanked Don Strasser, Angela Fry and Pat Halaiko for attending the Strategic Planning session with executive staff. Pat Halaiko reviewed the Strategic Plan categories with the board.

We have not had our Joint Commission review as of yet and we are expecting them any time soon.

### **PROGRAM QI COMMITTEE**

Tuscarawas/Carroll (TC) County Board Application SFY23 (with Finance) – Angela Fry reported on the funding opportunity.

Motion – Angela Fry moved to approve that the Board of Directors of Southeast Healthcare hereby approves the submission of the SFY 2023 application to the ADAMHS Board of Tuscarawas and Carroll Counties in the amount of up to \$25,000 per year in accordance with the application guidelines;

FURTHER RESOLVED, the Board of Directors of Southeast Healthcare hereby authorizes the CEO to prepare, sign, and submit all documents required for inclusion in the proposal, and to negotiate and enter into the SFY 2023 contract. Dave Lane seconded the motion. All in favor.

SAMHSA Medication Assistant Treatment (MAT) Prescription Drug and Opioid Addiction (PDOA) Application (with Finance) – Motion - Angela Fry moved to approve the Board of Directors of Southeast Healthcare hereby approves the submission of an application to SAMHSA requesting MAT-PDOA funding in the amount of up to \$750,000 per year in accordance with the application guidelines; FURTHER RESOLVED, the Board of Directors of Southeast Healthcare hereby authorizes the CEO to prepare, sign, and submit all documents required for inclusion in the proposal, and to execute all subsequent agreements necessary to receive funding. Kori Manus seconded. All in favor.

Revised CSQ8 report with recommendations and Bridge to Success surveys added to Client Satisfaction Report – SFY 2022

Angela Fry reported on Revised CSQ8 report and Bridge to Success program and how they were rated by the clients. Noted Bridge to Success residents are in their own place and they are happier about that.

Motion – Angela Fry moved to accept updated Client Satisfaction report addendum. Steve Sielschott seconded. All in favor.

Work Incentives Planning and Assistance (WIPA) Program Social Security Administration Renewal application (with Finance).

Motion - Angela Fry moved the approve the Board of Directors of Southeast Healthcare hereby approves the submission of an application to the Social Security Administration to request continued WIPA program funding in the amount of up to \$300,000 per year in accordance with the application guidelines; FURTHER RESOLVED, the Board of Directors of Southeast Healthcare hereby authorizes the CEO to prepare, sign, and submit all documents required for inclusion in the proposal, and to execute all subsequent agreements necessary to receive funding. Don Strasser seconded. All in favor.

Policy Chart

Motion - Angela Fry moved for the Southeast Board to retire the following policy: HEPATITIS, TUBERCULOSIS, AND HIV EDUCATION AND EXPOSURE 16.07.04.01 because it already exists in the prevention control plan. Steve Sielschott seconded. All in favor.

AmeriCorps Vista (FYI) Program Summary

Angela Fry reported that Southeast is requesting two VISTA members to support Friends of the Homeless (FOH) and the Community Catalyst project. The proposed VISTA projects will align with CMHA's (Columbus Metropolitan Housing Authority) RISE Center objectives and build their capacity to serve residents as well. The projects will support the Center's objective to increase access to care and will not participate in direct service, but build capacity through activities like program planning, education, and development.

Capital Crossroads SID Special Improvement District vocational placement (Info only) - Angela Fry reported that Capital Crossroads SID has staff that reach out to people in the community and they have hired a vocational program client to work for them.

Discussion of CHN application (already approved)

### **Finance Committee**

Kori Manus asked John Bell to report on the financials.

Motion - Kori Manus moved to approve the financials as presented. Tim Wheat seconded the motion. All in favor.

Motion - Kori Manus moved to approve the Investments report as presented. Pat Halaiko seconded the motion. All in favor.

Cost Center Report – John Bell reported there will be a revamp of the cost center summary report to provide more useful and insightful performance of the cost centers and this will be the last time to see this summary as presented. John Bell reviewed the report. Bill Lee noted there is managerial clean up that is needed for this report.

Motion - Kori Manus moved to approve first quarter report cost center report. Dave Lane Steve Sielschott seconded the motion. All in favor.

The finance committee reviewed and approved the Tuscarawas/Carroll (TC) County Board Application SFY23 (with program/QI)

The finance committee reviewed and approved the SAMHSA Medication Assistant Treatment (MAT) PDOA App. (with program/QI)

The finance committee reviewed and approved the Work Incentives Planning and Assistance (WIPA) Program (with program/QI)

### **HUMAN RESOURCES COMMITTEE (HR)**

Pat Halaiko reported the HR committee reviewed the following staff positions.

Re-Privileging – Melissa Powers, Regional Director

New Privileging – Brittany McCune, Pharmacist  
Sally Hough, Nurse Practitioner  
Jose Para, Nurse Practitioner  
Monica Davis, Therapist  
Eric Taube, Therapist

Motion - Pat Halaiko moved to approve the staff members for privileging and re privileging. Steve Sielschott seconded the motion and the motion passed.

Melissa Miller noted we have hurdles to overcome such as applicants to come in for interview and starting the position after they accepted the position. It's an environment like no other right now.

### **Good Things**

We have a volunteer position available at our Men's Homeless Shelter as a Friends of the Homeless FOH Volunteer Receptionist.

The AARP Foundation Program provides nonprofits and government agencies with seniors to help out (administrative support, customer service, maintenance etc.) at no cost. AARP Foundation covers wages and workers' compensation. This model helps unemployed, limited-resource residents of Franklin, Madison, Greene, Delaware, and Warren Counties build their skills and resumes while serving their communities.

Gallery/Studio updates – The Wohlgemuth Herschede Foundation grant was received for \$15,000 to cover rent for our Fresh A.I.R. Gallery SEEN studio for 2023.

Harmony Project Concert tickets May 7 @ Lower.com and tickets are free. See Myken for tickets.

**Adjournment** – Dave Lane moved to adjourn the board meeting and Kori Manus seconded. All in favor.

**Executive Session** - Staff were excused from the Board meeting in order for the board to go into executive session

Board Minutes submitted by Myken Pullins, executive assistant for Eileen Goodman, secretary.

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Eileen Goodman, secretary



**Executive Committee Meeting  
May 13, 2022 12:15 pm  
Virtual GoToMeeting**

*Present:* Tony Burns, Chair; Dave Lane, Immediate Past Chair; Eileen Goodman, Secretary; Bill Lee, CEO; Wendy Williams, COO; John Bell, CFO; Sam Willer, grants manager; Myken Pullins, executive assistant & Public Affairs Director.

Re: City of Columbus Department of Development (Passthrough ARP funds) \$150,000 per year. Possibility of 3 years total of funding. Discretionary grant.

**Program Summary**

The City of Columbus intends to increase the organizational capacity of nonprofit organizations that serve residents through American Rescue Plan Act funds. Funding is focused on three types of organizations; those that increase infant vitality, reduce unsheltered homelessness, or increase housing stability for immigrant/refugee households. Funds are to support and strengthen our ability to fulfill our mission, not for new or specific programs or initiatives.

Southeast proposes to enhance capacity to reduce unsheltered homelessness through supporting Bridge to Success. Southeast plans to request funding (totaling \$150,000) for new bed frames, a camera system, to replace flooring in the women's units, retention bonuses for staff, a membership with the furniture bank, and to create move-out kits (cleaning supplies, dishes, etc.) for residents. These improvements will support individuals at Bridge to Success who were at risk of homelessness upon discharge from an inpatient hospital setting and will assist Southeast in providing quality and trauma-informed services to this population.

**Financial Impact on Southeast**

If awarded, this funding supports current programming and supplements current funding for Bridge to Success and Southeast by enhancing the capacity of the program to provide quality service. The opportunity is for one year, but the city has committed to two additional years of funding contingent on the availability of funds.

**Action**

RESOLVED, the Board of Directors of Southeast Healthcare hereby approves the submission of an application to the City of Columbus requesting \$150,000 in funding for one year of programming in accordance with the application guidelines;

FURTHER RESOLVED, the Board of Directors of Southeast Healthcare hereby authorizes the CEO to prepare, sign, and submit all documents required for inclusion in the proposal, and to execute all subsequent agreements necessary to receive funding.

Dave Lane moved to approve the proposed action and Eileen Goodman seconded the motion. All in favor.

**Adjournment** - Tony Burns moved to adjourn.

Minutes Submitted by Myken Pullins for Eileen Goodman, secretary



**Funding Opportunity Summary**  
**Southeast Program/Finance Committee –**  
**Elevate! City of Columbus Funding**



|   |   |
|---|---|
| Funding Source: City of Columbus Department of Development (Passthrough ARP funds)  |   |
| Funding Opportunity: Elevate!   |   |
| Funding Request Amount: \$150,000 per year. Possibility of 3 years total of funding. Discretionary grant.   |   |
| Deadline for Proposal: May 13, 2022   | Match Required: No  |
| Award Start Date: September 1, 2022 (estimated)   | Funding Period: one year, possibility of 2 additional years |
| <p><b><u>Program Summary</u></b><br/> The City of Columbus intends to increase the organizational capacity of nonprofit organizations that serve residents through American Rescue Plan Act funds. Funding is focused on three types of organizations; those that increase infant vitality, reduce unsheltered homelessness, or increase housing stability for immigrant/refugee households. Funds are to support and strengthen our ability to fulfill our mission, not for new or specific programs or initiatives.</p> <p>Southeast proposes to enhance capacity to reduce unsheltered homelessness through supporting Bridge to Success. Southeast plans to request funding (totaling \$150,000) for new bed frames, a camera system, to replace flooring in the women’s units, retention bonuses for staff, a membership with the furniture bank, and to create move-out kits (cleaning supplies, dishes, etc.) for residents. These improvements will support individuals at Bridge to Success who were at risk of homelessness upon discharge from an inpatient hospital setting and will assist Southeast in providing quality and trauma-informed services to this population.</p> <p><b><u>Financial Impact on Southeast</u></b><br/> If awarded, this funding supports current programming and supplements current funding for Bridge to Success and Southeast by enhancing the capacity of the program to provide quality service. The opportunity is for one year, but the city has committed to two additional years of funding contingent on the availability of funds.</p> <p><b><u>Proposed Action</u></b><br/> RESOLVED, the Board of Directors of Southeast Healthcare hereby approves the submission of an application to the City of Columbus requesting \$150,000 in funding for one year of programming in accordance with the application guidelines;</p> <p>FURTHER RESOLVED, the Board of Directors of Southeast Healthcare hereby authorizes the CEO to prepare, sign, and submit all documents required for inclusion in the proposal, and to execute all subsequent agreements necessary to receive funding.</p> |   |

# Funding Opportunity Summary



## Southeast Healthcare Board of Directors Program/Finance Committee

### HRSA – FY 2022 Accelerating Cancer Screening

|   |  |
|---|--|
| Funding Source: Health Resources & Services Administration (HRSA)   |  |
| Funding Opportunity: FY 2022 Accelerating Cancer Screening (AxCS) (HRSA-22-154)   |  |
| Funding Amount: Applicants may apply for a ceiling amount of up to \$500,000 total (includes both direct and indirect costs), to be spent over the 2-year period of performance (e.g., \$250,000 in year 1 and \$250,000 in year 2). Approximately 10 awards are projected.   |  |
| Deadline: 6/15/2022   | Match Required: No                               |
| Award Start Date: 9/1/2022  | Funding Period: 9/1/2022 – 8/31/2024 (two years) |
| <p><b><u>Background:</u></b></p> <p>HRSA recently announced the availability of funding (FY 2022 Accelerating Cancer Screening, AxCS) to support health centers as they work to increase equitable access to cancer screening and referral for care and treatment by enhancing patient education, case management, outreach, and other enabling services, in close partnership or coordination with National Cancer Institute (NCI)-designated Cancer Centers that will deploy outreach specialists and patient navigators for populations served by health centers.</p> <p>Health centers must propose to use AxCS funds to achieve two objectives:</p> <ol style="list-style-type: none"><li>1. Increase the number and percentage of patients screened for at least one of the following cancer types: cervical, breast, or colorectal cancer.</li><li>2. Increase the number of patients assisted with accessing appropriate follow-up care (e.g., diagnostic services, therapies, clinical trials) within 30 days of receiving an abnormal cancer screening test result.</li></ol> <p>Health centers will advance progress on the AxCS objectives by implementing at least one activity within each of the four focus areas:</p> <ol style="list-style-type: none"><li>1. Access and affordability;</li><li>2. Patient experience;</li><li>3. Screening; and</li><li>4. Workforce development</li></ol> <p>Health centers are required to establish or enhance a partnership with an NCI-designated Cancer Center that leverages Cancer Center expertise, including Cancer Center trained and supervised outreach specialists and patient navigators, to improve cancer screening and referral for care and treatment within your service area.</p> <p><b><u>Proposed Program Overview:</u></b></p> <p>Southeast is considering applying for this funding opportunity to build on our existing work with the Ohio State University James Cancer Center in Eastern Ohio (Belmont, Harrison, and Monroe Counties). This initiative will focus on increasing cancer screening rates and linkage to treatment for patients served who reside in this region, which is part of Appalachian Ohio. Data indicate that cancer screening rates in Appalachian Ohio counties continue to lag behind other regions of the state. Southeast is required to secure an agreement with the OSU James Cancer Center in order to be an eligible applicant for this funding opportunity. We have sent information about the funding opportunity to the OSU James to gauge their capacity and interest in partnering on this project.</p> <p><b><u>Financial Impact on Southeast:</u></b></p> <p>HRSA grant funding is expense based and can be supplemented with billings through Medicaid and private insurance. Cost sharing or matching is not required. HRSA estimates approximately \$5 million will be available to fund approximately 10 recipients. Applicants may apply for a ceiling amount of up to \$500,000 total (includes both direct and indirect costs), to be spent over the 2-year period of performance (e.g., \$250,000 in year 1 and \$250,000 in year 2).</p> |  |

**Proposed Action:**

RESOLVED, the Board of Directors of Southeast Healthcare hereby approves the submission of an application to HRSA requesting up to \$500,000 in FY2022 Accelerating Cancer Screening Funding;

FURTHER RESOLVED, the Board of Directors of Southeast Healthcare hereby authorizes the CEO to prepare, sign, and submit all documents required for inclusion in the proposal, and to execute all subsequent agreements necessary to receive funding.

**Funding Opportunity Summary**  
**Southeast Healthcare Board of Directors – Program/Finance Committee**  
**CMS – Health Insurance Navigators Grant Non-Competitive Renewal**

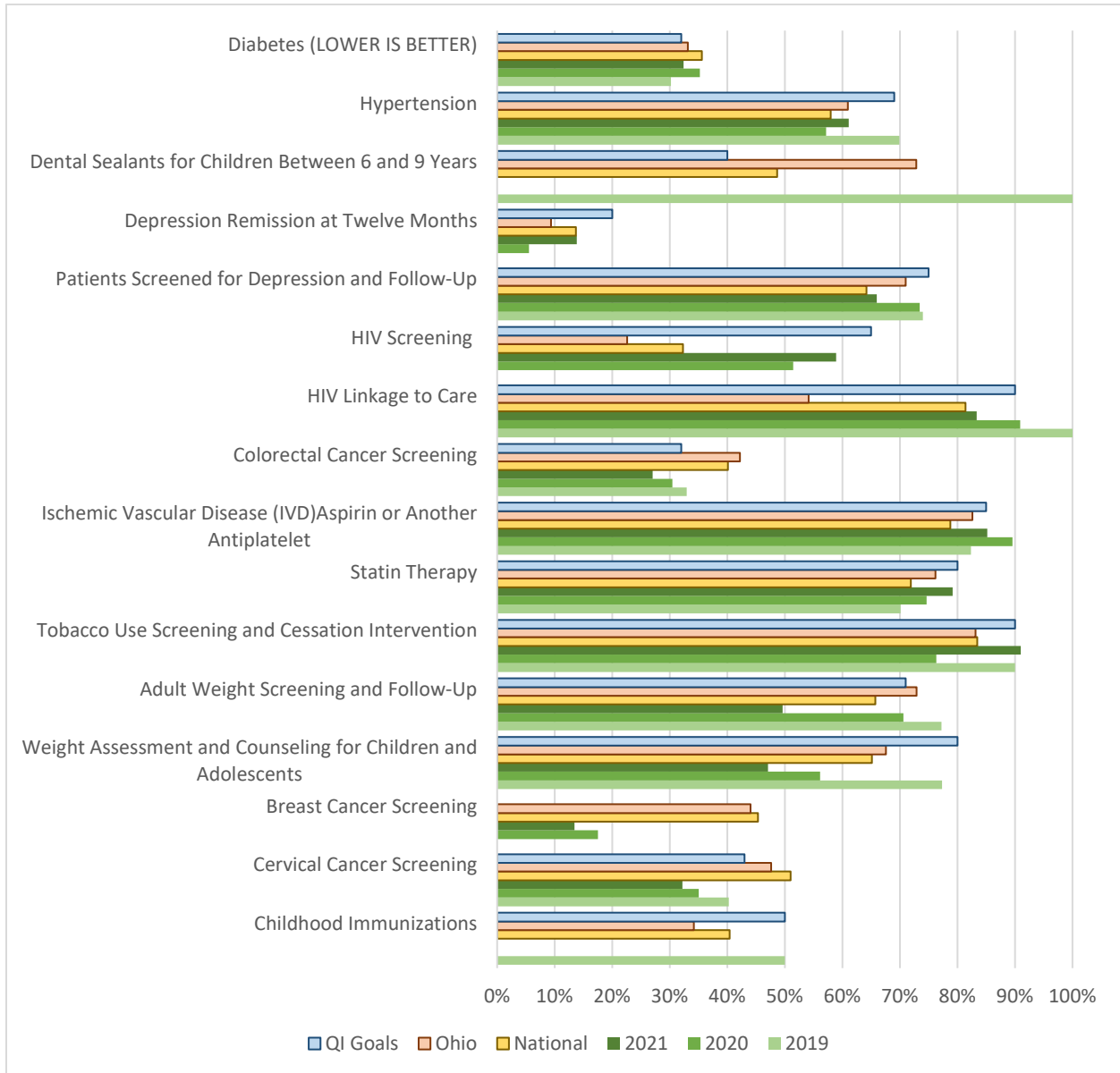


|  |  |
|--|--|
| Funding Source: Centers for Medicare and Medicaid Services (part of HHS)   |  |
| Title of Funding Opportunity: Cooperative Agreement to Support Navigators in Federally-facilitated exchanges, CA-NAV-21-001, CFDA: 93.332  |  |
| Funding Amount: \$333,563  |  |
| Deadline for Proposal: 5/27/2022   | Match Required: No   |
| Funding Period of Performance: 9/1/2022 – 8/31/2023 (Project period is three years: 9/1/2021 – 8/31/2024)  | Renewal Available: Yes, based on satisfactory performance and continued appropriation of funds |
| <p><b><u>Background:</u></b><br/> Southeast has provided health insurance outreach and enrollment assistance as well as “coverage-to-care” assistance to Ohio consumers continually since 2013, initially as a member of the Ohio Association of Foodbanks Consortium from September 2013 – September 2017, and from September 2017 – September 2018 through the use of Certified Application Counselors. Navigators assist consumers to apply for health coverage through both Medicaid and qualified health plans through the Marketplace. In addition, Navigators provide health insurance literacy education and outreach to community partners. Southeast has developed relationships with consumers, small businesses, organizations that provide job training and job placement, health providers, the Ohio managed care plans for Medicaid and Marketplace, governmental agencies, small businesses, and faith-based groups and community organizations.</p> <p><b><u>Proposed Program Overview:</u></b><br/> Southeast currently receives \$333,563 annually in CMS funding which supports 4.5 FTE Navigators (2.0 FTE based in Central Ohio and 2.0 FTE based in Eastern Ohio). Funding also supports 0.5 FTE of the Outreach and Enrollment Coordinator’s position (the rest of this position is funded by HRSA). In addition to our eight-county service area, Southeast provides outreach and enrollment services to Guernsey and Jefferson Counties in Eastern Ohio. We are required to submit a non-competitive proposal for continued funding to support these activities for the 9/1/22 – 8/31/23 budget period by 5/27/22.</p> <p><b><u>Financial Impact on Southeast:</u></b><br/> No match is required for this funding opportunity. Enrolling clients in Medicaid and other health coverage options helps to ensure that Southeast receives payment for services provided. While the project performance period is 36 months, the funder requests that budgets are submitted for 12-month periods.</p> <p><b><u>Proposed Action:</u></b><br/> RESOLVED, The Board of Directors of Southeast Healthcare hereby approves the submission of an application to the Centers for Medicare and Medicaid Services for up to \$333,563 to provide Medicaid and Marketplace outreach and enrollment, and other access to care services;</p> <p>FURTHER RESOLVED, the Board of Directors of Southeast Healthcare hereby authorizes the CEO to prepare, sign, and submit all documents required for inclusion in the proposal, and to execute all subsequent agreements necessary to receive funding.</p> |  |

## 2021 Final UDS Summary Southeast Healthcare

Southeast submitted Uniform Data System (UDS) data in February 2022 for calendar year 2021. There was a total of 8,431 patients that qualified for the UDS, and 4,898 patients who had medical services. This is an increase over the past two years.

### UDS Measures: Southeast 2019-2021, National 2020, Ohio 2020 & Southeast FY2022 QI Goals

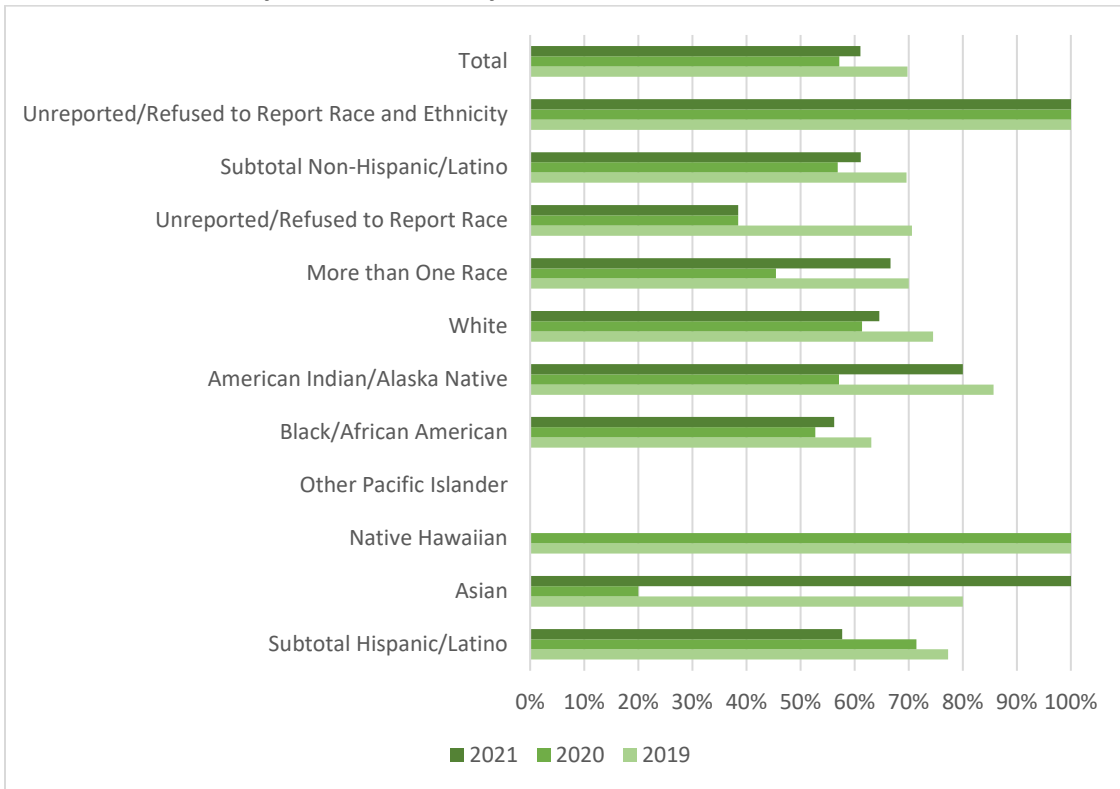


In 2021, Southeast improved on 6 (of 16) measures from 2020, was better than the 2020 national average on 7 measures, better than the 2020 Ohio average on 8 measures, and exceeded two of the (15) goals set internally for quality improvement.

Hypertension, diabetes, and deliveries by birth weight are also reported by race and ethnicity to evaluate disparities.

**2021 Final UDS Summary  
Southeast Healthcare**

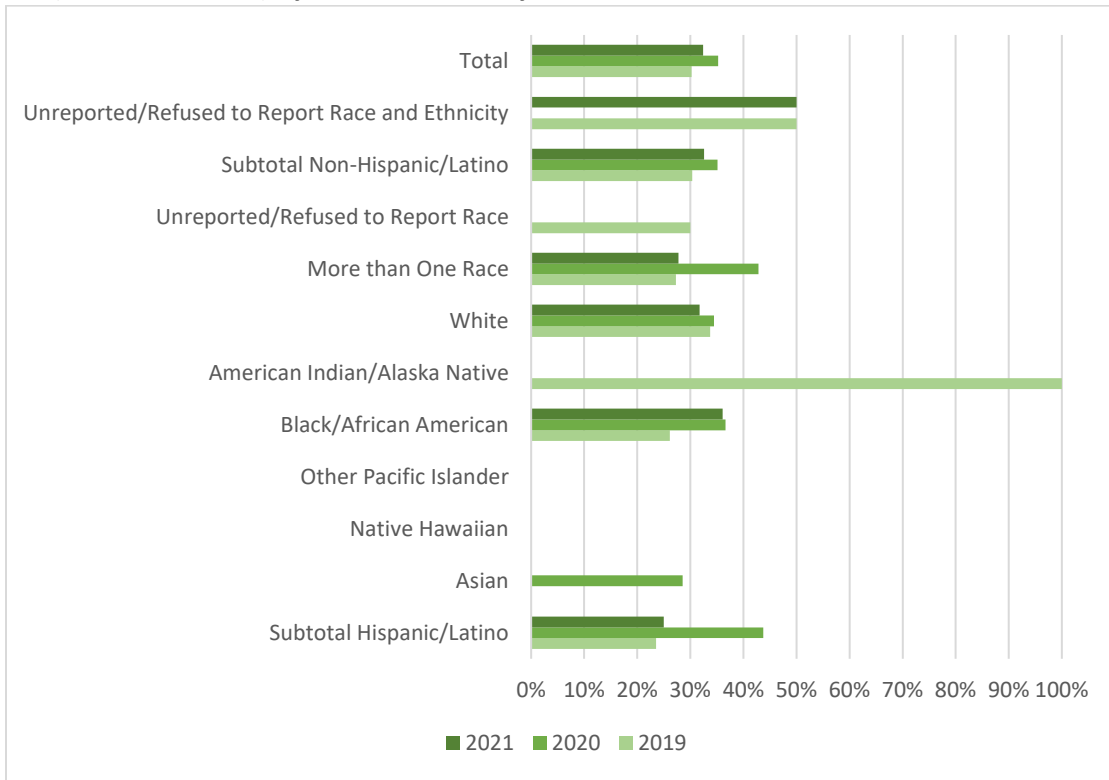
**Hypertension controlled by race and ethnicity: 2019-2021**



In 2021, the proportion of Hispanic/Latino patients who had controlled hypertension (57.7%) was lower than the overall proportion of patients (61.1%). Black/African American (56.2%), and unreported race (28.5%) patients also had lower percentages than the total.

**2021 Final UDS Summary  
Southeast Healthcare**

**Diabetes (>9% or untested) by race and ethnicity: 2019-2021**



For the Diabetes measure, a lower percentage is better. In 2021, the total overall proportion of patients with an A1c over 9% or untested was 32.4%, and Black/African American (36.1%) patients had a higher percentage.

**2021 Final UDS Summary  
Southeast Healthcare**

**Deliveries and Birth Weight by Race and Hispanic-Latino Ethnicity: 2019-2021**

|   | 2019  |                               |                                   |                               | 2020  |                               |                                   |                               | 2021  |                               |                                   |                               |
|---|---|-------------------------------|-----------------------------------|-------------------------------|---|-------------------------------|-----------------------------------|-------------------------------|---|-------------------------------|-----------------------------------|-------------------------------|
|   | Prenatal Care Patients Who Delivered During the Year (1a) | Live Births: <1500 grams (1b) | Live Births: 1500-2499 grams (1c) | Live Births: =2500 grams (1d) | Prenatal Care Patients Who Delivered During the Year (1a) | Live Births: <1500 grams (1b) | Live Births: 1500-2499 grams (1c) | Live Births: =2500 grams (1d) | Prenatal Care Patients Who Delivered During the Year (1a) | Live Births: <1500 grams (1b) | Live Births: 1500-2499 grams (1c) | Live Births: =2500 grams (1d) |
| <b>Subtotal Hispanic/Latino</b>                 | <b>0</b>  | <b>0</b>                      | <b>0</b>                          | <b>0</b>                      | <b>0</b>  | <b>0</b>                      | <b>0</b>                          | <b>0</b>                      | <b>0</b>  | <b>0</b>                      | <b>0</b>                          | <b>0</b>                      |
| Asian   | 0   | 0                             | 0                                 | 0                             | 0   | 0                             | 0                                 | 0                             | 0   | 0                             | 0                                 | 0                             |
| Native Hawaiian                                 | 0   | 0                             | 0                                 | 0                             | 0   | 0                             | 0                                 | 0                             | 0   | 0                             | 0                                 | 0                             |
| Other Pacific Islander                          | 0   | 0                             | 0                                 | 0                             | 0   | 0                             | 0                                 | 0                             | 0   | 0                             | 0                                 | 0                             |
| Black/African American                          | 0   | 0                             | 0                                 | 0                             | 2   | 0                             | 0                                 | 1                             | 11  | 0                             | 3                                 | 7                             |
| American Indian/Alaska Native                   | 0   | 0                             | 0                                 | 0                             | 0   | 0                             | 0                                 | 0                             | 0   | 0                             | 0                                 | 0                             |
| White   | 4   | 0                             | 0                                 | 4                             | 12  | 0                             | 0                                 | 7                             | 7   | 0                             | 0                                 | 7                             |
| More than One Race                              | 1   | 0                             | 0                                 | 1                             | 0   | 0                             | 0                                 | 2                             | 1   | 0                             | 0                                 | 1                             |
| Unreported/Refused to Report Race               | 0   | 0                             | 0                                 | 0                             | 0   | 0                             | 0                                 | 0                             | 0   | 0                             | 0                                 | 0                             |
| <b>Subtotal Non Hispanic/Latino</b>             | <b>5</b>  | <b>0</b>                      | <b>0</b>                          | <b>5</b>                      | <b>14</b>   | <b>0</b>                      | <b>0</b>                          | <b>10</b>                     | <b>19</b>   | <b>0</b>                      | <b>3</b>                          | <b>15</b>                     |
| Unreported/Refused to Report Race and Ethnicity | 0   | 0                             | 0                                 | 0                             | 0   | 1                             | 0                                 | 2                             | 1   | 0                             | 0                                 | 1                             |
| <b>Total</b>                                    | <b>5</b>  | <b>0</b>                      | <b>0</b>                          | <b>5</b>                      | <b>14</b>   | <b>1</b>                      | <b>0</b>                          | <b>12</b>                     | <b>20</b>   | <b>0</b>                      | <b>3</b>                          | <b>16</b>                     |

In 2021, Black/African American patients were the only race/ethnicity group to have low birth weight babies (3 of 10).



## 2021 Final UDS Summary Southeast Healthcare

| UDS QM Summary - Table 6B                                       |   | 2019        |           |                | 2020        |           |                | 2021        |           |                | National 2020  | Ohio 2020      | QI Goal FY2022 |
|---|---|-------------|-----------|----------------|-------------|-----------|----------------|-------------|-----------|----------------|----------------|----------------|----------------|
| Total Patients  |   | 7577        |           |                | 7914        |           |                | 8431        |           |                |                |                |                |
| Quality Measure Name  | Definition  | Denominator | Numerator | Percentage Met | Denominator | Numerator | Percentage Met | Denominator | Numerator | Percentage Met | Percentage Met | Percentage Met | Percentage Met |
| Childhood Immunizations   | Children 2 years of age who received age appropriate vaccines by their 2nd birthday   | 2           | 1         | 50.00%         | 0           | 0         | 0.00%          | 3           | 0         | 0.00%          | 40.42%         | 34.19%         | 50%            |
| Cervical Cancer Screening                                       | Women 23-64 years of age who were screened for cervical cancer  | 1714        | 690       | 40.25%         | 1829        | 581       | 35.03%         | 1645        | 530       | 32.22%         | 51.00%         | 47.61%         | 43%            |
| Breast Cancer Screening (NEW IN 2020)                           | Women 51-73 years of age who had a mammogram to screen for breast cancer  | N/A         | N/A       | N/A            | 730         | 128       | 17.53%         | 693         | 93        | 13.42%         | 45.34%         | 44.02%         | N/A            |
| Weight Assessment and Counseling for Children and Adolescents   | Patients 3-16 years of age with a BMI percentile, and counseling on nutrition and physical activity documented  | 150         | 116       | 77.33%         | 98          | 55        | 56.12%         | 102         | 48        | 47.06%         | 65.13%         | 67.59%         | 80%            |
| Adult Weight Screening and Follow-Up                            | Patients 18 years of age and older with (1) BMI documented and (2) follow-up plan documented if BMI is outside normal parameters  | 4216        | 3256      | 77.23%         | 3799        | 2682      | 70.60%         | 3986        | 1977      | 49.60%         | 65.72%         | 72.90%         | 71%            |
| Tobacco Use Screening and Cessation Intervention                | Patients aged 18+ screened for tobacco use/received cessation counseling  | 2685        | 2417      | 90.02%         | 3291        | 2513      | 76.36%         | 3526        | 3210      | 91.04%         | 83.43%         | 83.18%         | 90%            |
| Statin Therapy  | Patients 21 years of age and older at high risk of cardiovascular events who were prescribed or were on statin therapy  | 455         | 319       | 70.11%         | 544         | 406       | 74.63%         | 797         | 631       | 79.17%         | 71.92%         | 76.18%         | 80%            |
| Ischemic Vascular Disease (IVD) Aspirin or Another Antiplatelet | Patients 18 years of age and older with a diagnosis of IVD or AMI, CABG, or PCI procedure with aspirin or another antiplatelet  | 85          | 70        | 82.35%         | 115         | 103       | 89.57%         | 108         | 92        | 85.19%         | 78.80%         | 82.59%         | 85%            |
| Colorectal Cancer Screening                                     | Patients 50 through 74 years of age who had appropriate screening for colorectal cancer   | 1646        | 542       | 32.93%         | 1799        | 445       | 30.46%         | 1624        | 439       | 27.03%         | 40.09%         | 42.21%         | 32%            |
| HIV Linkage to Care   | Patients whose first-ever HIV diagnosis was made by health center staff between December 1 of the prior year and November 30 of the ment year and who were seen for follow-up treatment within 30 days of that first-ever diagnosis | 1           | 1         | 100.00%        | 11          | 10        | 90.91%         | 12          | 10        | 83.33%         | 81.41%         | 54.14%         | 90%            |
| HIV Screening (NEW IN 2020)                                     | Patients 15 through 65 years of age who were tested for HIV when within age range   | N/A         | N/A       | N/A            | 4393        | 2260      | 51.45%         | 4008        | 2362      | 58.93%         | 32.29%         | 22.61%         | 65%            |
| Patients Screened for Depression and Follow-Up                  | Patients 12 years of age and older who were (1) screened for depression with a standardized tool and, if screening was positive, (2) had a follow-up plan documented  | 1624        | 1202      | 74.01%         | 2044        | 1501      | 73.43%         | 1742        | 1150      | 66.01%         | 64.21%         | 71.02%         | 75%            |
| Depression Remission at Twelve Months (NEW IN 2020)             | Patients 12 years of age and older with major depression or dysthymia who reached remission 12 months (+/- 60 days) after an index event  | N/A         | N/A       | N/A            | 290         | 16        | 5.52%          | 202         | 28        | 13.86%         | 13.69%         | 9.34%          | 20%            |
| Dental Sealants for Children Between 6 and 9 Years              | Children 6 through 9 years of age, at moderate to high risk of caries who received a sealant on a first permanent molar   | 1           | 1         | 100.00%        | 0           | 0         | 0.00%          | 0           | 0         | 0.00%          | 48.68%         | 72.87%         | 40%            |
| Hypertension  | Patients 18-75 who had a diagnosis of Hypertension whose blood pressure was adequately controlled   | 1268        | 989       | 69.91%         | 1602        | 916       | 57.18%         | 1447        | 884       | 61.09%         | 57.98%         | 60.97%         | 69%            |
| Diabetes - A1c Over 9%/No Labs (LOWER IS BETTER)                | Patients 18-75 with diabetes who had A1c greater than 9%  | 665         | 201       | 30.23%         | 732         | 258       | 35.25%         | 667         | 216       | 32.38%         | 35.60%         | 33.16%         | 32%            |

**2021 Final UDS Summary  
Southeast Healthcare**

| <b>UDS - Section B - Hypertension By Race and Ethnicity</b> |   | <b>2019</b>                              |   |                                      | <b>2020</b>                              |   |                                      | <b>2021</b>                              |   |                                      |
|---|---|--|---|--------------------------------------|--|---|--------------------------------------|--|---|--------------------------------------|
| <b>Line</b>   | <b>Hypertension by Race and Hispanic-Latino Ethnicity</b> | <b>Total Hypertensive Patients (2a)</b>  | <b>Patients with HTN Controlled (2c)</b>                                      | <b>Percentage Controlled</b>         | <b>Total Hypertensive Patients (2a)</b>  | <b>Patients with HTN Controlled (2c)</b>                                      | <b>Percentage Controlled</b>         | <b>Total Hypertensive Patients (2a)</b>  | <b>Patients with HTN Controlled (2c)</b>                                      | <b>Percentage Controlled</b>         |
|   | <b>Subtotal Hispanic/Latino</b>                           | <b>22</b>                                | <b>17</b>   | <b>77.27%</b>                        | <b>28</b>                                | <b>20</b>   | <b>71.43%</b>                        | <b>26</b>                                | <b>15</b>   | <b>57.69%</b>                        |
| 2a  | Asian   | 5  | 4   | 80.00%                               | 5  | 1   | 20.00%                               | 5  | 5   | 100.00%                              |
| 2b1   | Native Hawaiian   | 1  | 1   | 100.00%                              | 1  | 1   | 100.00%                              | 0  | 0   | 0.00%                                |
| 2b2   | Other Pacific Islander                                    | 0  | 0   | 0.00%                                | 0  | 0   | 0.00%                                | 1  | 0   | 0.00%                                |
| 2c  | Black/African American                                    | 531                                      | 335   | 63.09%                               | 677                                      | 357   | 52.73%                               | 578                                      | 325   | 56.23%                               |
| 2d  | American Indian/Alaska Native                             | 7  | 6   | 85.71%                               | 7  | 4   | 57.14%                               | 5  | 4   | 80.00%                               |
| 2e  | White   | 663                                      | 494   | 74.51%                               | 826                                      | 507   | 61.38%                               | 779                                      | 503   | 64.57%                               |
| 2f  | More than One Race  | 20                                       | 14  | 70.00%                               | 44                                       | 20  | 45.45%                               | 39                                       | 26  | 66.67%                               |
| 2g  | Unreported/Refused to Report Race                         | 17                                       | 12  | 70.59%                               | 13                                       | 5   | 38.46%                               | 13                                       | 5   | 38.46%                               |
|   | <b>Subtotal Non-Hispanic/Latino</b>                       | <b>1244</b>                              | <b>866</b>  | <b>69.61%</b>                        | <b>1573</b>                              | <b>895</b>  | <b>56.90%</b>                        | <b>1420</b>                              | <b>868</b>  | <b>61.13%</b>                        |
| h   | Unreported/Refused to Report Race and Ethnicity           | 2  | 2   | 100.00%                              | 1  | 1   | 100.00%                              | 1  | 1   | 100.00%                              |
| i   | <b>Total</b>  | <b>1268</b>                              | <b>885</b>  | <b>69.79%</b>                        | <b>1602</b>                              | <b>916</b>  | <b>57.18%</b>                        | <b>1447</b>                              | <b>884</b>  | <b>61.09%</b>                        |
| <b>UDS - Section C - Diabetes By Race and Ethnicity</b>     |   | <b>2019</b>                              |   |                                      | <b>2020</b>                              |   |                                      | <b>2021</b>                              |   |                                      |
| <b>Line</b>   | <b>Diabetes by Race and Hispanic-Latino Ethnicity</b>     | <b>Total Patients with Diabetes (3a)</b> | <b>Patients with Hba1c &gt;9% Or No Test During Year (3f) LOWER IS BETTER</b> | <b>Percentage Over 9% or No Test</b> | <b>Total Patients with Diabetes (3a)</b> | <b>Patients with Hba1c &gt;9% Or No Test During Year (3f) LOWER IS BETTER</b> | <b>Percentage over 9% or No Test</b> | <b>Total Patients with Diabetes (3a)</b> | <b>Patients with Hba1c &gt;9% Or No Test During Year (3f) LOWER IS BETTER</b> | <b>Percentage over 9% or No Test</b> |
|   | <b>Subtotal Hispanic/Latino</b>                           | <b>17</b>                                | <b>4</b>  | <b>23.53%</b>                        | <b>16</b>                                | <b>7</b>  | <b>43.75%</b>                        | <b>20</b>                                | <b>5</b>  | <b>25.00%</b>                        |
| 2a  | Asian   | 2  | 0   | 0.00%                                | 7  | 2   | 28.57%                               | 7  | 0   | 0.00%                                |
| 2b1   | Native Hawaiian   | 1  | 0   | 0.00%                                | 0  | 0   | 0.00%                                | 0  | 0   | 0.00%                                |
| 2b2   | Other Pacific Islander                                    | 0  | 0   | 0.00%                                | 0  | 0   | 0.00%                                | 0  | 0   | 0.00%                                |
| 2c  | Black/African American                                    | 268                                      | 70  | 26.12%                               | 303                                      | 111   | 36.63%                               | 252                                      | 91  | 36.11%                               |
| 2d  | American Indian/Alaska Native                             | 1  | 1   | 100.00%                              | 2  | 0   | 0.00%                                | 4  | 0   | 0.00%                                |
| 2e  | White   | 353                                      | 119   | 33.71%                               | 383                                      | 132   | 34.46%                               | 359                                      | 114   | 31.75%                               |
| 2f  | More than One Race  | 11                                       | 3   | 27.27%                               | 14                                       | 6   | 42.86%                               | 18                                       | 5   | 27.78%                               |
| 2g  | Unreported/Refused to Report Race                         | 10                                       | 3   | 30.00%                               | 6  | 0   | 0.00%                                | 5  | 0   | 0.00%                                |
|   | <b>Subtotal Non-Hispanic/Latino</b>                       | <b>646</b>                               | <b>196</b>  | <b>30.34%</b>                        | <b>715</b>                               | <b>251</b>  | <b>35.10%</b>                        | <b>645</b>                               | <b>210</b>  | <b>32.56%</b>                        |
| h   | Unreported/Refused to Report Race and Ethnicity           | 2  | 1   | 50.00%                               | 1  | 0   | 0.00%                                | 2  | 1   | 50.00%                               |
| i   | <b>Total</b>  | <b>665</b>                               | <b>201</b>  | <b>30.23%</b>                        | <b>732</b>                               | <b>258</b>  | <b>35.25%</b>                        | <b>667</b>                               | <b>216</b>  | <b>32.38%</b>                        |

## Funding Opportunity Summary

### Southeast Healthcare Board of Directors Program/Finance Committee

#### HRSA – American Rescue Plan Uniform Data System Patient-Level Submission (ARP-UDS+)

#### Supplemental Funding

|  |  |
|--|--|
| Funding Source: Health Resources & Services Administration (HRSA)  |  |
| Funding Opportunity: Fiscal Year 2022 American Rescue Plan Uniform Data System Patient-Level Submission (ARP-UDS+) Supplemental Funding  |  |
| Funding Amount: Approximately \$60,000 (exact award amounts will determine on the number of applicants). This is a non-competitive funding opportunity and up to 1,474 awards are expected.  |  |
| Deadline: 5/23/2022  | Match Required: No   |
| Award Start Date: Can be used to cover expenses immediately, and dating back to 1/31/2020  | Funding Period: 1/31/2020 (for pre-award expenses) – 3/31/2023 |
| <p><b>Background:</b></p> <p>The purpose of this one-time ARP-UDS+ funding opportunity through HRSA is to support health centers to respond to and mitigate the spread of COVID-19 and enhance health care services and infrastructure. This funding can be used by health centers for COVID-19 vaccination capacity, COVID-19 response and treatment capacity, maintaining and increasing health center capacity, recovery and stabilization, and infrastructure, including expanding their analytics and/or reporting capacity.</p> <p>As part of HRSA’s UDS modernization initiative, health centers will be required to submit a redesigned patient-level section of the UDS report to HRSA through manual file upload or the Fast Healthcare Interoperability Resources (FHIR). FHIR is an application programming interface-focused standard used to represent and exchange health information. This redesigned section of the UDS report will replace the existing patient-oriented tables, aggregated at the health center level, with patient-level data for the calendar year 2023 UDS report. HRSA recommends that health centers apply for and utilize this funding to prepare for these changes. The 2023 UDS report will be submitted in February of 2024.</p> <p>ARP-UDS+ funding will allow HRSA funded health centers to better respond to and mitigate the spread of infectious diseases, like COVID-19, and to enhance health care services and infrastructure by supporting the improvement of their health information technology and/or training of staff. These funds are being made available to support high quality, patient-level Uniform Data System Patient-Level Submissions (UDS+) and may be used to support other ARP allowable activities, including for pre-award costs for carrying out ARP allowable activities dating back to January 31, 2020, and ending on the date of award.</p> <p><b>Overview of Proposed Use of Funding:</b></p> <p>Southeast will use ARP-UDS+ funding to implement upgrades to our data analytics and reporting capacity in preparation for the shift to patient level UDS data submission. HRSA will be releasing implementation guidelines for this transition in late summer/early fall. Any remaining funding will be used to cover COVID-19 related expenses that have not already been covered by existing funding sources.</p> <p><b>Financial Impact on Southeast:</b></p> <p>HRSA grant funding is expense based and can be supplemented with billings through Medicaid and private insurance. HRSA anticipates awarding approximately \$60,000 per awardee through one-time supplemental funding. Depending on the number of approvable applications, HRSA may adjust award amounts consistent with funds available for this supplemental funding opportunity at the time award decisions are made. Cost sharing or matching is not required.</p> |  |