



Board of Directors Meeting
Wednesday, July 27, 2022, 11:00 a.m.
Virtual GoToMeeting

AGENDA

	Action Needed	Attachment
Roll Call		
CALL TO ORDER		
APPROVAL OF MINUTES	✓	✓
<u>PRESIDENT'S REPORT</u>		
Welcome New Board Member Art DeLeon		
Board Self-Assessment results		
<u>NOMINATING COMMITTEE</u>		
New Board Member nomination Sarah Lenkay	✓	
New Board Member nomination Tom Shanahan	✓	
<u>DIRECTOR'S REPORT</u>		
<u>PROGRAM / QI COMMITTEE</u>		
HRSA Patient Satisfaction Survey Report – SFY22 Report	✓	✓
FOH Satisfaction Survey	✓	✓
CMS Satisfaction Survey Calls Summary	✓	✓
ADAMH SOR 3.0 Proposal (with Finance)	✓	✓
Emergency Shelter Capital Improvement Application (with Finance)	✓	✓
CSB Crisis Prevention & De-escalation Project (with Finance)	✓	✓
<u>FINANCE</u>		
Financials	✓	✓
Phreesia	✓	✓
Long St HVAC Control Panel Procurement Summary	✓	✓
Vendor Card Program		
ADAMH SOR 3.0 Proposal (with Program)	✓	✓
Emergency Shelter Capital Improvement Application (with Program)	✓	✓
CSB Crisis Prevention & De-escalation Project (with Program)	✓	✓

HUMAN RESOURCES COMMITTEE

New Privileging:

Tara Dean, Assessment Specialist

Dr. Jonathan Cashwell, Dentist

Megan Bise, FNP

Dr. Pat Forman, Psychiatrist

✓

Good Things

-RREACT Program Director James Alexander presented with a certificate of recognition for the Columbus CARE Awards from the City of Cols Public Health

-Ohio Arts Council ArtSTART - funding to support Fresh A.I.R. gallery operations during the coming fiscal year (July 1, 2022-June 30, 2023).

-Coping Mechanisms traveling exhibit at Otterbein University Aug 22 - November

-Art of Recovery 2022

-National Health Center Week (NHCW)

EXECUTIVE SESSION

*denotes emailed



**Board of Directors
Meeting Minutes
June 22, 2022 11:00 a.m.**

Virtual via GoToMeeting

Members Present:

1. Tony Burns, Chair
2. Angela Fry, VP
3. Kori Manus, Treasurer
4. Kim Krone
5. Pat Halaiko
6. Kate Hamilton
7. Steve Sielschott
8. Don Strasser
9. Tim Wheat

Members Excused:

Dave Lane, Immediate Past Chair
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
Sandy Stephenson, Chief Healthcare Officer
Wendy Williams, Chief Operating Officer

Staff excused:

Call to Order: Angela Fry called the meeting to order at 11:06 am.

Approval of Board Minutes – Angela Fry moved to approve the minutes from May and noted she was excused. Pat Halaiko moved to approve, and Kori Manus seconded the motion. All in favor.

Bill Lee asked the board to complete the board self assessment survey by July 8.

Bill has reached out to Art DeLeon and he has since changed jobs and is with the Ohio Attorney General and they have no issue with staff being on a board. Motion - Pat Halaiko moved nominating Art DeLeon back onto the board and Katie Hamilton seconded. All in favor.

Director's Report

Bill Lee reported on the Stover Road Property in Delaware County. The executive committee met after the Board meeting last month and discussed the opportunity. Benefits are this is larger than the space we are in and would allow space for expansion, more primary care and pharmacy. Would allow us to get out of lease on Bowtown Rd. Not the greatest location but accessible to patients and bus does get to it.

Delaware Property Option Ratification

Bill Lee presented that Southeast has an opportunity to purchase a property in Delaware, Ohio that the Delaware Morrow Mental Health and Recovery Services Board purchased from a provider that is no longer in business. There is a 20,000 sq. ft. building that was used as an outpatient facility. 15,000 sq. ft. of office space and 5000 sq. ft. of undeveloped space. Members discussed the opportunity and made the following motion:

Motion – Pat Halaiko moved to ratify the decision of executive committee authorizing the CEO to make an offer from a managerial standpoint based on market value (he market value \$2.075 million (what the Delaware Board purchased) versus appraised value 1.8. million.) rather than appraised for the Stover Rd property in Delaware. Tim Wheat seconded. All in favor.

Ratified Motion: Dave Lane moved, and Tony Burns seconded to authorize the CEO to make an offer on 118 Stover Dr. Delaware, Ohio not to exceed 2.2 million if the CEO determines this purchase is in the best interest of Southeast Healthcare.

President's Report – Already covered in Director's Report.

PROGRAM / QI COMMITTEE

Angela Fry presented the revised Quality Improvement/Quality Assurance Plan and Goals SFY 2023

Background:

To meet HRSA and Joint Commission standards the Quality Improvement/Quality Assurance Plan and Goals must be reviewed and approved by the Southeast Board annually. Changes to the QI plan on pages 5 and 9 are identified using track changes. There are no changes to the Radiation Plan. The plans and goals have been reviewed by our lead dentist and Quality Council and both are recommended by the Quality Council.

Noted the goals on the primary care PHQ 9 reduction the contacts that are needed every 30 days people could be reevaluated. Review of other goals in the plan.

Jen explained the UDS provider targets. Placeholder metabolic syndrome element and PDSA and determine the goal after that.

Recommended Motion:

Angela Fry moved to approve the Southeast Board has reviewed and approves the Southeast Healthcare SFY 2023 Revised Quality Improvement/Quality Assurance, Radiation Plan and Goals. Tim Wheat seconded the motion. All in favor.

Finance Committee

Kori Manus asked John Bell to start with the monthly financial overview. John Bell presented the financial net Gain for the current month, of \$118,794, brings YTD Net Gain to \$3,095,134. Operating Loss (Net Income less Investment income, interest income, rent, other income and gain/loss on disposals) came to \$273,596 for the month, bringing YTD Operating Gain to \$2,929,568 year to date.

Motion – Kori Manus moved to approve May financials, Pat Halaiko seconded the motion. All in favor.

Southeast was awarded a capital grant by HRSA to add a new health center site at 86 North Front St. in Columbus to provide behavioral health care to low-income populations experiencing substance use disorders. The site must be active by 09/14/2024. Plans include alterations and renovations on three levels.

We received inquiries from four architectural firms. Two firms participated in the walkthrough and one firm submitted a proposal.

Vendors:

DesignLevelL \$719,000 Preliminary Project Cost **Vendor Recommended:** DesignLevelL

Recommended Motion:

The Southeast Board selects DesignLevelL to complete the renovation of the 86 N Front St facility not to exceed \$826,850. (15% contingency). Kori Manus moved and Pat Halaiko seconded. All in favor. Bill Lee noted the City of Columbus is interested in our garage but we need to get started with this so we don't have to give the funds back to HRSA. If we do proceed it obligates us to that building.

Credit Acquisition Requirement

Kori Manus presented that Southeast Healthcare currently has credit cards available for executive and select director level staff to enable the acquisition of goods and services in a more timely manner than payment by traditional Check or ACH processes. This has been especially significant during the pandemic as many organizations were not able to handle physical payments since their staff were not working in the office. As a result, more businesses are now willing to accept payment via credit card than ever before and Southeast has an opportunity to leverage that shift to generate additional revenue.

Proposed Action:

Southeast Board to approve the application of credit in the amount of up to \$2 million per month, to ensure maximum program utilization, and hereby approves the CEO to prepare, sign and submit all documents for the opening of the appropriate credit accounts, with proper internal controls assigned to all purchasing accounts and authorized users. Kori Manus moved to approve. Tim Wheat seconded. All in favor.

Pat thanked John Bell for getting the LOC paid off.

HUMAN RESOURCES COMMITTEE (HR)

Pat Halaiko presented Privileging for Daniel Bloch, MD (addiction medicine) and Re privileging Maria Moreno, MD (psychiatrist) and they've been reviewed and approved in HR.

Motion – Pat Halaiko moved to approve and Kori Manus seconded the motion. All in favor.

Good Things -

Southeast has been selected as a subsite of The RISE Center VISTA Project through Columbus Metropolitan Housing Authority. We have been awarded 2 (two) VISTA members to serve from August 2022 – August 2023. One Vista will serve at Friends of the Homeless; the other will serve in the Community Catalyst Project and be located at Franklin Station. This project brings together United Healthcare, Columbus Metropolitan Housing Authority, PrimaryOne Health and Southeast with a focus on healthy metropolitan housing communities on the near-in west side of Columbus.

Ann Shelly, a volunteer with the Southeast Navigators Program (Navigators help people get access to good, affordable health insurance, Medicaid, and healthcare in general) was selected for a City of Columbus CARE award. The CARE Coalition helps individuals, families and neighborhoods become healthy and strong again after something bad happens. They build up individuals and families in a crisis and help build up entire neighborhoods.

We heard from a physician from a hospital system communicated with us and thanked us for RREACT who showed up in the ER to assist with an OD patient and get them connected to detox.

We do need new board members. Legal, medical and finance professions with gender and racial equality.

RFP draft for PR and marketing is in the works with funding for the consultant to be pulled from the CCBHC and CMHC grants.

Adjournment – Tony Burns moved to adjourn.

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

Eileen Goodman, secretary

July 27, 2022

Southeast Healthcare Board of Directors
Program and Quality Improvement Committee
Health Resources and Services Administration (HRSA) Patient Satisfaction Survey

Background

HRSA requires that FQHCs monitor patient satisfaction. To meet this requirement, Southeast conducts patient satisfaction surveys with our patients annually. (See attached report)

Proposed Action

The Board of Directors of Southeast Healthcare hereby approves the HRSA FQHC Patient Satisfaction Report. (If there are any QI recommendations, they should be added to the motion.)

HRSA Patient Satisfaction SFY22 Report

Executive Summary

In May 2022, 219 primary care patients were surveyed (about 18% of patient population served by the FQHC in May) using the HRSA Patient Satisfaction Survey. Starting in SFY19, HRSA Patient Satisfaction Surveys are collected once per year (previously surveys were collected twice per year). Survey respondents can answer questions on a scale from 5 to 1: “great”, “good”, “ok”, “fair”, “poor”, and “don’t know”. Overall, 83% of responses were rated great (5) or good (4). This is similar to SFY21, when 82% of responses were rated this way.

In 2022, male respondents answered 80% of questions as great (5) or good (4), and female respondents answered 85% of questions as great (5) or good (4). Males decreased this year from SFY21 when they answered 85% of questions this way, but females increased from 80% in SFY21. In Franklin County, white respondents answered a slightly higher percentage (81%) of questions as great (5) or good (4) as black/African American respondents (78%). In SFY21 the percentages of questions answered great (5) or good (4) for white and black/African American respondents were 82% and 79%, respectively.

When compared with SFY21 results, average responses were slightly higher for most questions on the survey. Average responses for all survey questions were higher than 4 (good) out of a possible 5 (great). There was high satisfaction with staff (physicians, nurse practitioners, nurses and medical assistants) and lower satisfaction in responses related to waiting.

A. Overview of results

Southeast annually administers a satisfaction survey to health center patients who receive primary care services; in May 2022, a total of 219 surveys were collected from patients receiving services during this time period in the FQHC (1,194 patients served). This resulted in 18% of patients being surveyed, which exceeds the organizational goal of 10%.

Location	Number of Surveys Collected
16 W. Long St.	81
Primary Care - Franklin Station	60
St. Clairsville	31
Cadiz	18
Delaware	13
BOR – Franklin Station	13
720 E. Broad	3
Total	219

The satisfaction survey was made available to patients while waiting in the lobby, and completed surveys were returned to a large envelope on the receptionist’s desk. Patients were told that the survey was anonymous and confidential. Overall, 83% of responses were rated great (5) or good (4), similar to SFY21 (82%) and SFY20 (83%).

The gender distribution for survey respondents was similar to that of the patient population. Female respondents had a higher percentage (85%) of questions answered great (5) or good (4) than males (80%). This year, the form allowed patients to fill in their gender rather than picking from a list.

Gender	Number of Surveys Collected	Percent of Total Surveys	Percent of FQHC Patients served 2021*	Percent of questions answered great (5) or good (4)
Female	102	47%	53%	85%
Male	107	49%	45%	80%
Other	0	0%	2%	n/a
No Response	10	5%		87%

*Based on 2021 UDS data

A higher percentage of patients did not indicate their race/ethnicity on the survey than in the patient population for UDS data. The percent of total surveys by race/ethnicity was similar to the FQHC patient population from 2021, except that a slightly lower proportion of black/African American patients were surveyed compared to the population’s proportions within these categories.

Race/Ethnicity	Number of Surveys Collected	Percent of Total Surveys	Percent of FQHC Patients served 2021*
Asian/Pacific Islander	4	2%	1%
American Indian/Alaska Native	1	0.5%	0.4%
Black/African American	44	20%	29%
White	132	60%	63%
Hispanic or Latino (All Races)	6	3%	2%
Two or more races	7	3%	4%
Other	6	3%	n/a
No Response	19	9%	3%

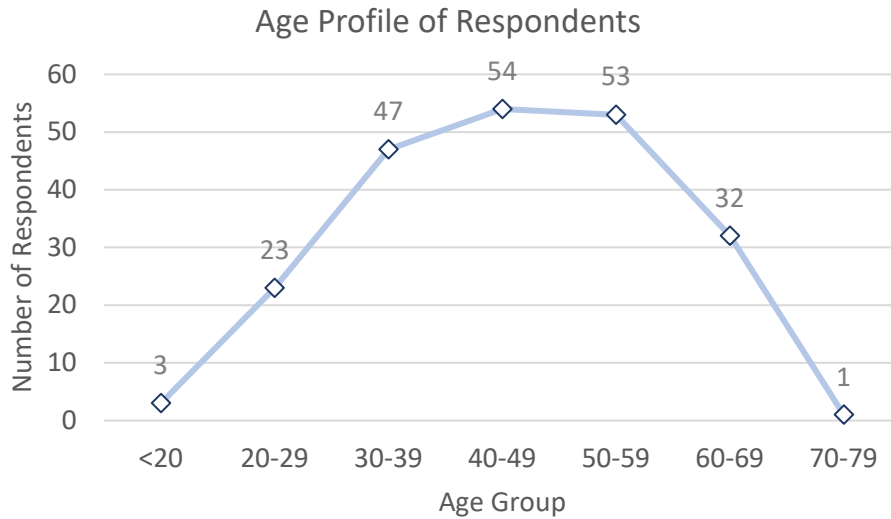
*Based on 2021 UDS data

A further breakdown of race and ethnicity survey respondents in Franklin County is shown below. The “Other” category in this case includes those that selected Asian/Pacific Islander, American Indian/Alaska Native, Hispanic or Latino (all races), Two or more races, and Other aggregated due to a low number of respondents for each race/ethnicity individually. Additionally, there were just three Black/African American respondents outside of Franklin County. Black respondents were still underrepresented among survey respondents compared to the patient population when looking at Franklin County alone.

White respondents answered a higher percentage (82%) of questions as great (5) or good (4) than Black/African Americans (78%). This is an increase of one percent from SFY21 for white respondents, and a decrease of one percent for black/African American respondents. Respondents of “other” races had the highest percentage of questions rated as great (5) or good (4) (85%), though percentages were very similar across races in Franklin County.

Franklin County- Race/Ethnicity	Number of Surveys Collected	Percent of Total Franklin County Surveys	Percent of Franklin County FQHC Patients served 2021	Percent of questions answered great (5) or good (4)
Black/African American	41	26%	44%	78%
White	83	53%	47%	82%
Other	19	12%	9%	85%
No Response	14	9%		83%

The age profile of survey respondents is shown below. Six respondents did not answer this question, so 213 responses are included in the graph below. Of the groups with at least 5 respondents, 50-59 had the highest average (4.63), those who were 20 to 29 had the lowest average (4.34).

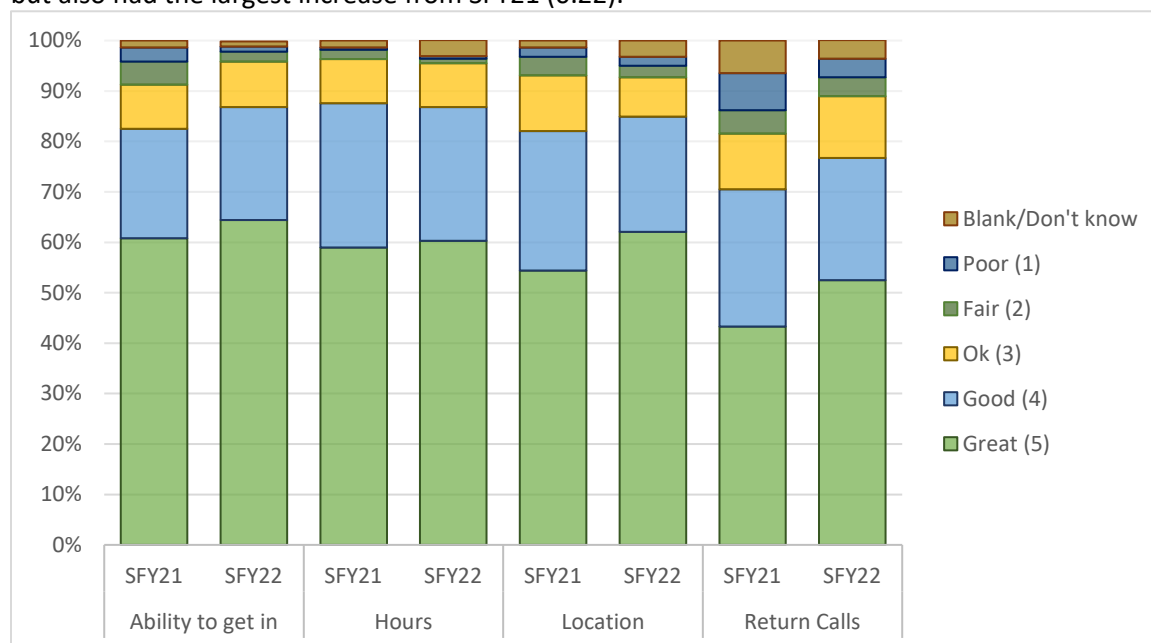


B. Survey Question Responses- All Southeast Locations

The following charts show results for all health center locations combined comparing SFY22 results to those of SFY21. Historical averages for each question follow on page 11, and a list of the questions as they appear on the form as well as the average for each category and question appear on page 10.

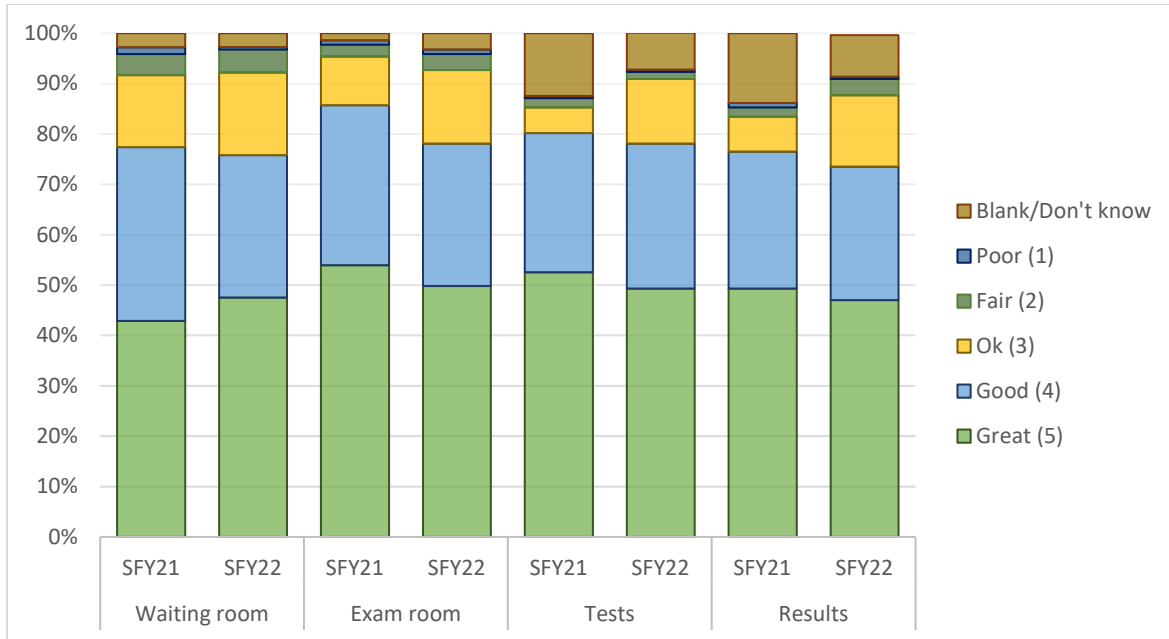
Ease of Getting Care

Average scores for each of these questions was 4.5 or below, but every question did increase very slightly from SFY21. “Prompt return on calls” was the second lowest scoring question this year (4.23), but also had the largest increase from SFY21 (0.22).



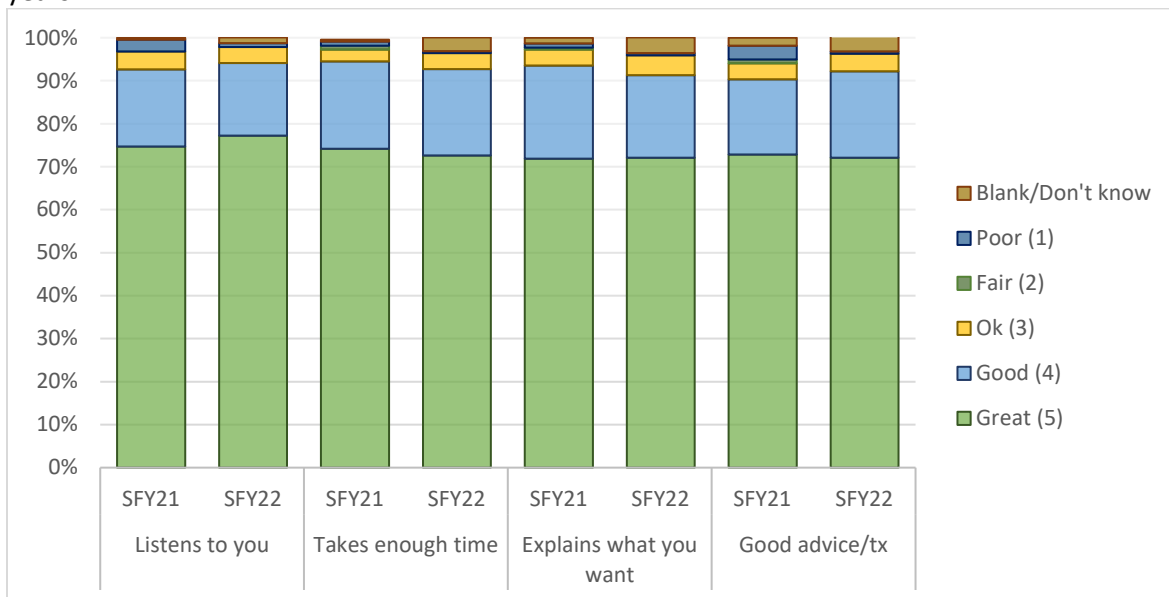
Waiting

Each question in this category had an average below 4.5 this year, and each question decreased other than “Time in the waiting room”, which increased only very slightly, and was still the lowest average this year (4.21).



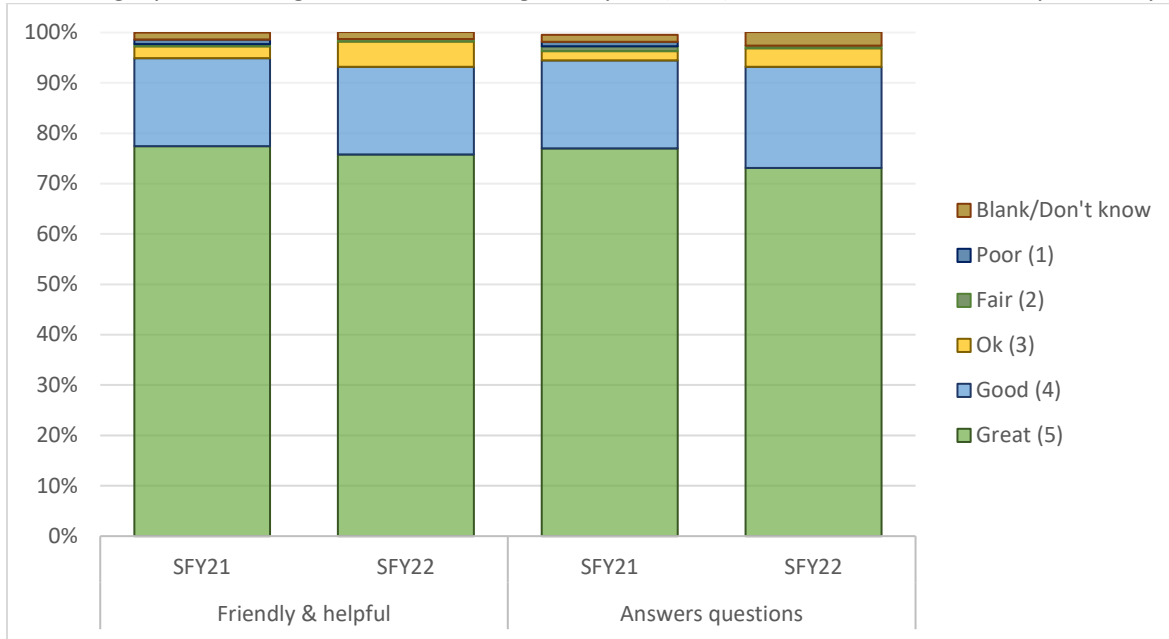
Satisfaction with Doctors and Nurse Practitioners

Overall, this section had the second highest average score (4.70), which is consistent with previous years.



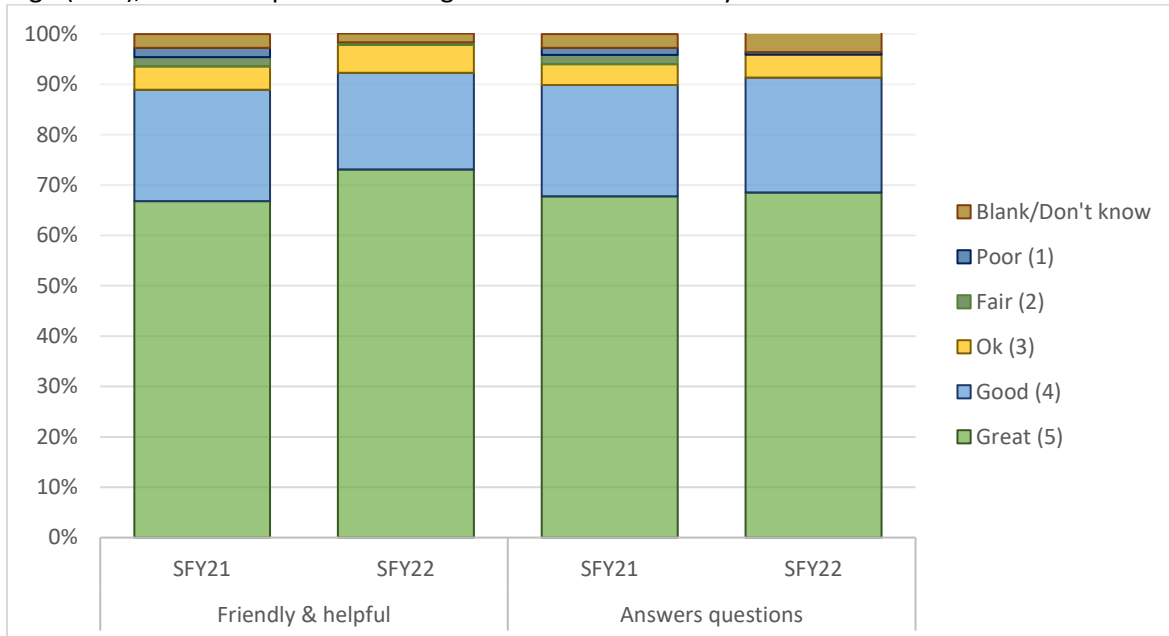
Satisfaction with Nurses and Medical Assistants

This category had the highest overall average this year (4.71), which is consistent with previous years.



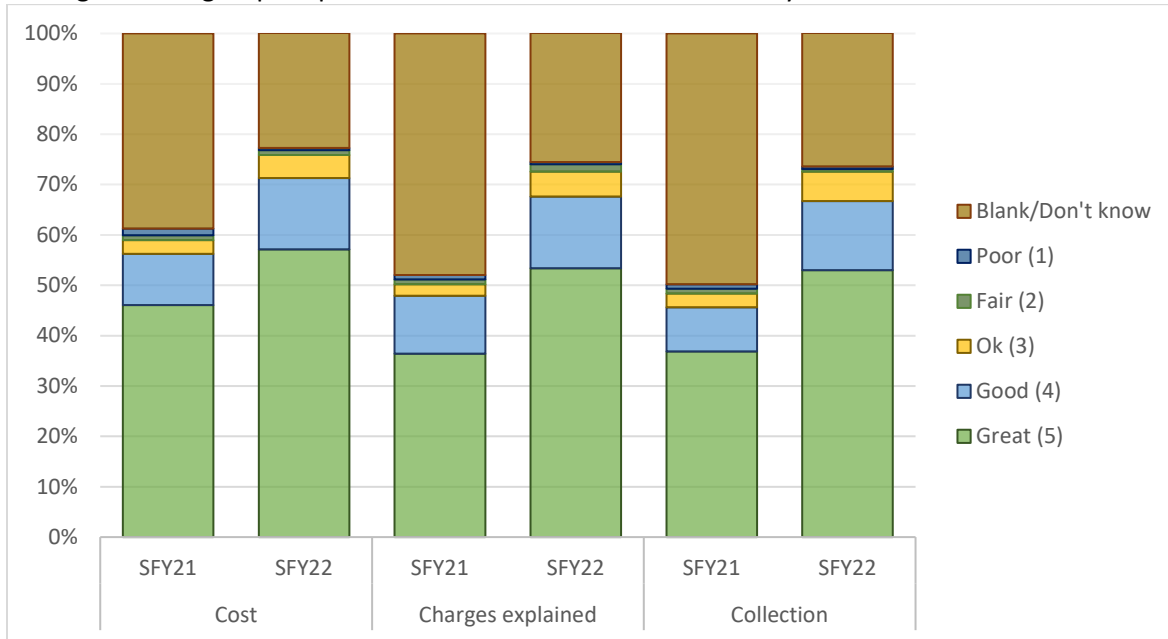
Satisfaction with All Other Staff

Other staff had a lower overall average score than the previous staff categories, but the average was still high (4.66), and both question averages increased from last year.



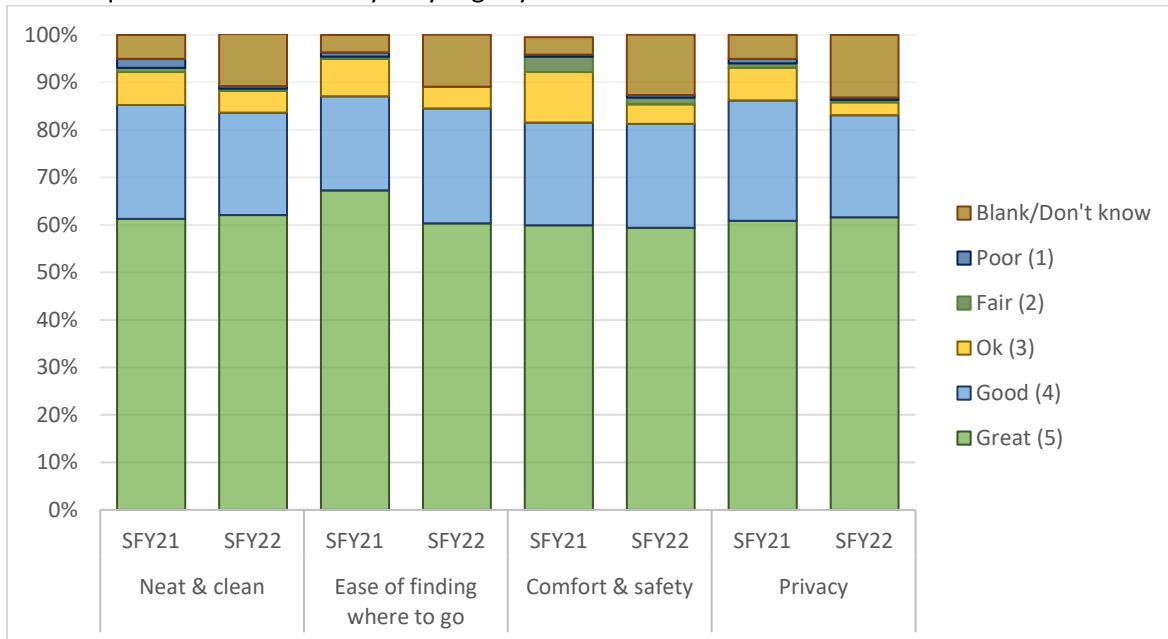
Payment

This category had the highest percent of blank or “don’t know” responses, 23% of the first question, 16% of the last two were left blank or marked “don’t know”. This is consistent with historical trends. Averages in this group of questions were almost the same as last year.



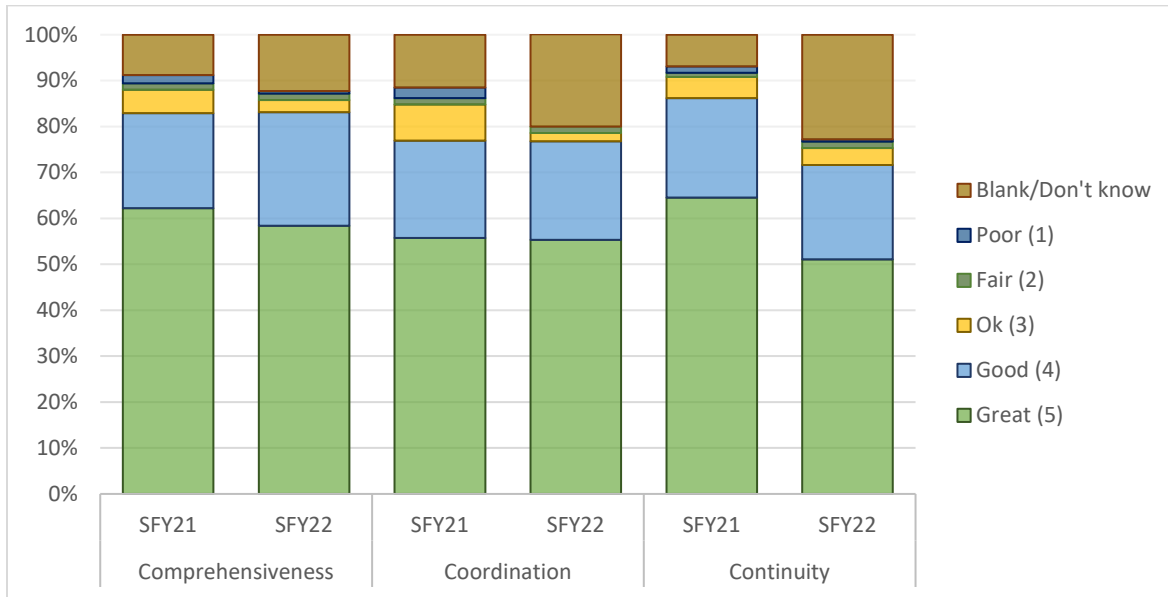
Facility

Averages for the first, third and fourth questions in this group increased by more than 0.1, and the second question increased only very slightly.



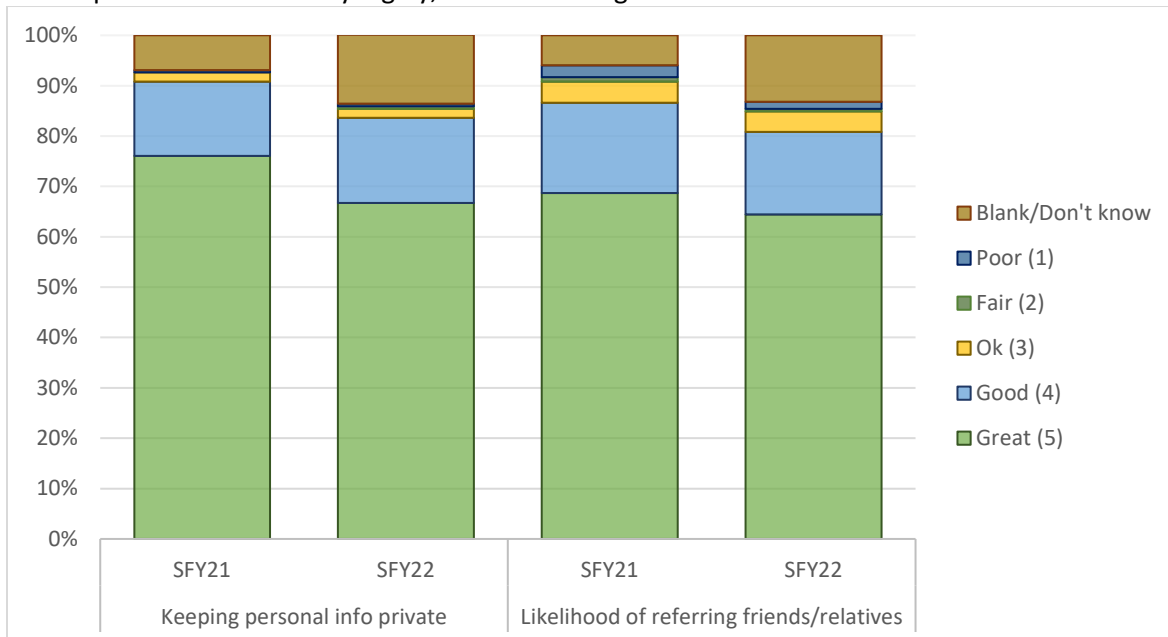
Comprehensiveness, Coordination, and Continuity

Three items were added to the HRSA Patient Satisfaction Survey for SFY19 in order to ensure that the survey aligns with PCMH guidelines. The average for coordination of care increased by 0.2 from FY21, the second largest increase this year. The definitions for each of these terms on the form were revised this year for ease of understanding, however there were still many left blank or answered “don’t know”. Overall there were more questions overall left blank this year, and a few that did not fill out the back of the form.

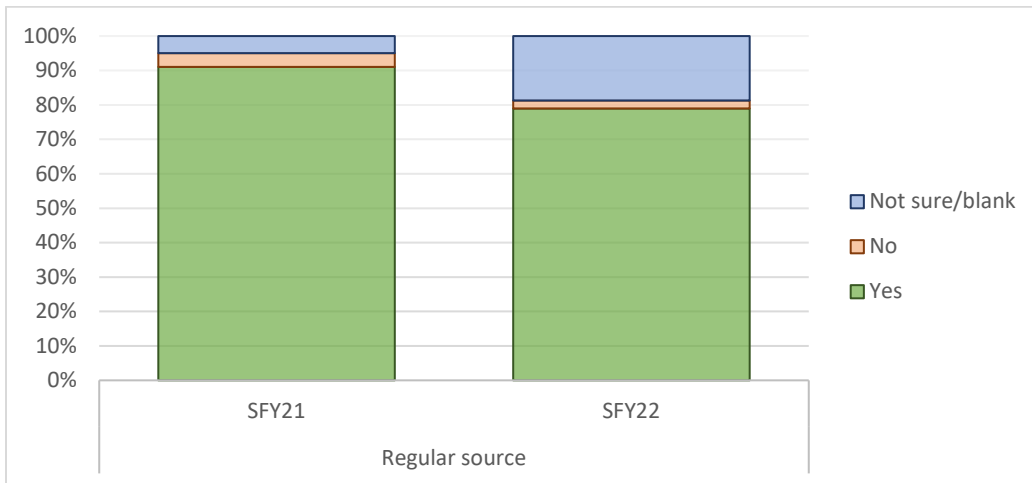


Other Questions

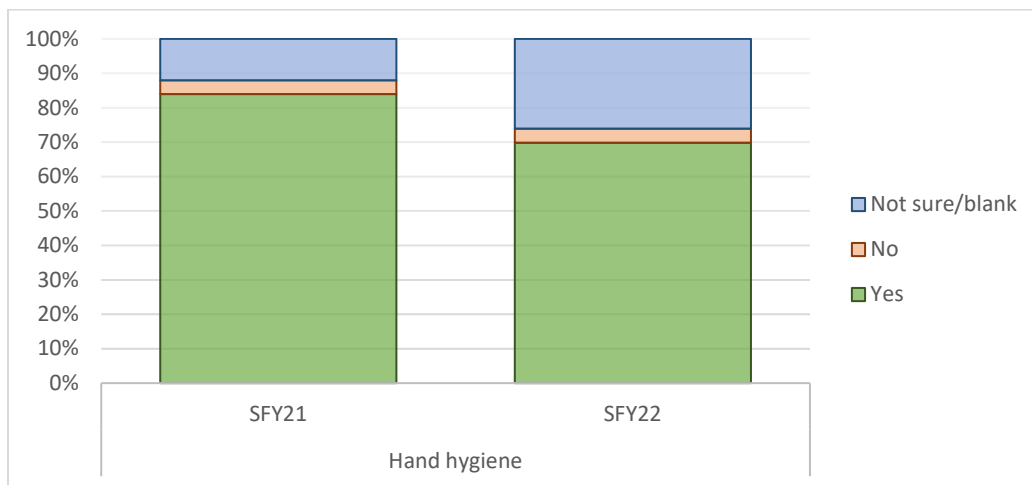
These questions scored fairly highly, and had averages similar to SFY21.



Is Southeast your regular source of care?



Did you see provider washing hands or using hand sanitizer before and after treatment?



Have you received Southeast primary care services by telehealth? If so, did telehealth meet your needs?

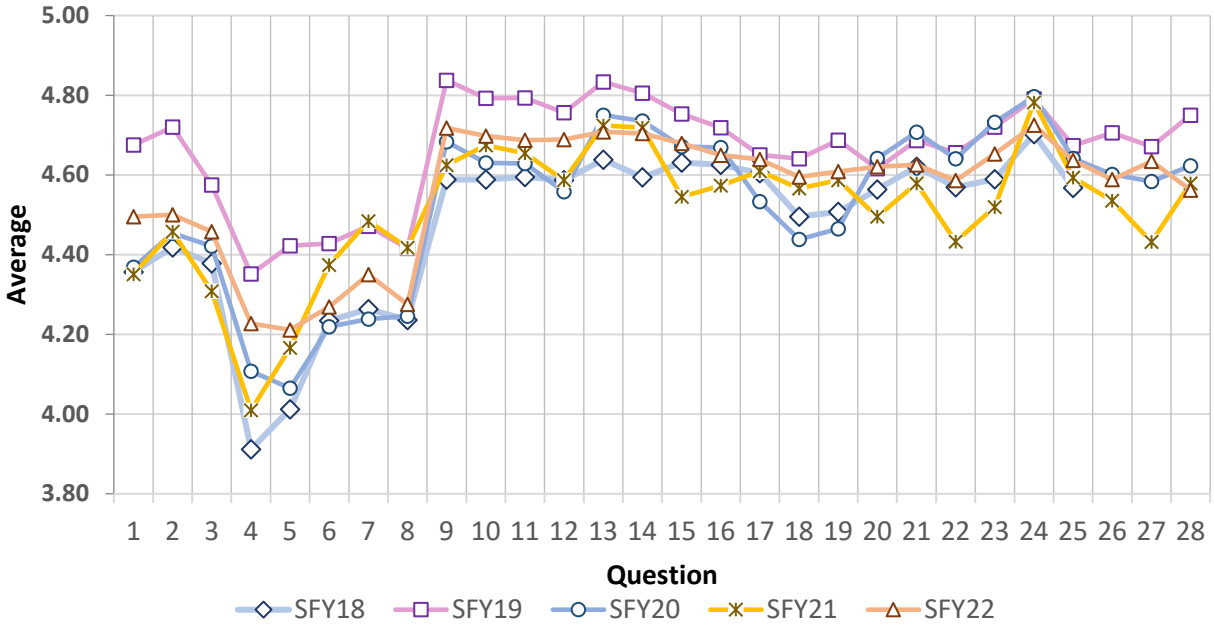
This year, telehealth was defined on the form in an effort to reduce blank/unsure answers, however the same percentage of respondents answered this way as in SFY21 (38%). A higher percentage of respondents had not received telehealth compared to in SFY 21 (16%). Most who had received telehealth had a very positive experience, with only a few responding in a more neutral way and one in a negative way. See further respondent comments on this open-ended question below on page 22.

	Number of respondents	Percent of respondents
Yes, and it met needs	77	35%
Yes, but do not like it	1	0.5%
Has not received telehealth	59	27%
Blank/not sure	82	38%

Question		Avg
Ease of getting care		4.42
1	Ability to get in to be seen	4.50
2	Hours center is open	4.50
3	Convenience of center's location	4.46
4	Prompt return on calls	4.23
Waiting		4.28
5	Time in waiting room	4.21
6	Time in exam room	4.27
7	Waiting for tests to be performed	4.35
8	Waiting for test results	4.28
Staff – Physician, Nurse Practitioner		4.70
9	Listens to you	4.72
10	Takes enough time with you	4.70
11	Explains what you want to know	4.69
12	Gives you good advice and treatment	4.69
Staff - Nurses and Medical Assistants		4.71
13	Friendly and helpful to you	4.71
14	Answers your questions	4.70
All Other Staff		4.66
15	Friendly and helpful to you	4.68
16	Answers your questions	4.65
Payment		4.61
17	What you pay	4.64
18	Explanation of charges	4.60
19	Collection of payment/money	4.61
Facility		4.62
20	Neat and clean building	4.62
21	Ease of finding where to go	4.63
22	Comfort and safety	4.59
23	Privacy	4.65
Confidentiality		4.72
24	Keeping my personal information private	4.72
Referral		4.64
25	Likelihood of referring your friends and relatives to us	4.64
PCMH		4.59
26	Comprehensiveness of Care- Southeast helps with all my needs either through their services or by helping find services other places.	4.59
27	Coordination of Care- Southeast works with my other care providers.	4.63
28	Continuity of Care- Southeast made sure that there were not gaps in my services if I moved between programs or providers.	4.56

C. Historical Comparisons

Average Responses by State Fiscal Year
 HRSA Satisfaction Survey



Average Scores by Question

	SFY13	SFY14	SFY15	SFY16	SFY17	SFY18	SFY19	SFY20	SFY21	SFY22	10-year Average
E1	4.69	4.25	4.42	4.11	4.22	4.36	4.68	4.37	4.35	4.50	4.39
E2	4.66	4.53	4.63	4.31	4.34	4.42	4.72	4.45	4.46	4.50	4.50
E3	4.65	4.66	4.65	4.28	4.33	4.38	4.58	4.42	4.31	4.46	4.47
E4	4.51	3.97	4.45	3.89	3.96	3.91	4.35	4.11	4.01	4.23	4.14
W1	4.58	3.66	4.23	3.91	3.99	4.01	4.42	4.06	4.17	4.21	4.12
W2	4.46	3.75	4.36	3.99	4.18	4.23	4.43	4.22	4.37	4.27	4.23
W3	4.45	3.74	4.39	3.89	4.12	4.26	4.47	4.24	4.48	4.35	4.24
W4	4.42	3.68	4.34	3.92	4.22	4.24	4.42	4.25	4.42	4.28	4.22
S1	4.74	4.75	4.74	4.49	4.56	4.59	4.84	4.68	4.63	4.72	4.67
S2	4.66	4.69	4.77	4.40	4.51	4.59	4.79	4.63	4.67	4.70	4.64
S3	4.62	4.75	4.60	4.57	4.54	4.60	4.79	4.63	4.65	4.69	4.64
S4	4.66	4.81	4.72	4.60	4.52	4.59	4.76	4.56	4.59	4.69	4.65
N1	4.82	4.88	4.72	4.69	4.56	4.64	4.83	4.75	4.72	4.71	4.73
N2	4.8	4.88	4.69	4.63	4.55	4.59	4.81	4.74	4.72	4.70	4.71
A1	4.7	4.55	4.71	4.41	4.56	4.63	4.75	4.67	4.55	4.68	4.62
A2	4.69	4.43	4.64	4.48	4.55	4.63	4.72	4.67	4.57	4.65	4.60
P1	4.58	4.37	4.49	4.37	4.52	4.60	4.65	4.53	4.61	4.64	4.54
P2	4.57	4.52	4.53	4.27	4.58	4.50	4.64	4.44	4.57	4.60	4.52
P3	4.52	4.38	4.44	4.25	4.63	4.51	4.69	4.46	4.59	4.61	4.51

	SFY13	SFY14	SFY15	SFY16	SFY17	SFY18	SFY19	SFY20	SFY21	SFY22	10-year Average
F1	4.82	4.16	4.46	4.40	4.54	4.56	4.62	4.64	4.50	4.62	4.53
F2	4.81	4.65	4.52	4.56	4.46	4.62	4.69	4.71	4.58	4.63	4.62
F3	4.78	4.35	4.48	4.37	4.55	4.57	4.66	4.64	4.43	4.59	4.54
F4	4.74	4.50	4.55	4.41	4.60	4.59	4.72	4.73	4.52	4.65	4.60
Private	4.74	4.71	4.75	4.55	4.62	4.70	4.79	4.80	4.78	4.72	4.72
Refer	4.74	4.47	4.59	4.48	4.61	4.57	4.67	4.64	4.59	4.64	4.60
C1	N/A						4.71	4.60	4.54	4.59	4.61
C2							4.67	4.58	4.43	4.63	4.58
C3							4.75	4.62	4.58	4.56	4.63

Mean and Median – All Responses

	Overall Avg (Mean)	Overall Median
SFY13	4.66	4.66
SFY14	4.40	4.50
SFY15	4.55	4.55
SFY16	4.33	4.40
SFY17	4.43	4.54
SFY18	4.48	4.57
SFY19	4.66	4.69
SFY20	4.53	4.61
SFY21	4.51	4.56
SFY22	4.56	4.62
10-year Average	4.51	4.56

Average Responses by Location – Access to Care and Waiting Questions (1-8)

	E1	E2	E3	E4	W1	W2	W3	W4
16 W Long St	4.43	4.50	4.43	4.01	4.19	4.19	4.25	4.27
Franklin Station	4.47	4.44	4.38	4.08	4.18	4.22	4.30	4.15
St. Clairsville	4.65	4.68	4.42	4.50	4.16	4.39	4.47	4.41
Cadiz	4.39	4.13	4.53	4.69	4.18	4.24	4.44	4.38
BOR Program*	4.23	4.46	4.62	4.38	4.23	4.23	4.33	4.17
720 East Broad St*	4.67	4.67	4.33	5.00	4.33	3.67	4.50	4.50
Delaware*	5.00	4.77	4.85	4.77	4.62	5.00	4.77	4.46

*Less than 15 respondents.

D. Analysis

Strengths:

- Staff: Questions relating to staff scored the highest three averages: Nurses and Medical assistants scored the highest average (4.71), followed by questions relating to physicians and nurse practitioners (4.70), and other staff (4.66). The highest average for an individual question was “physicians and nurse practitioners listen to you” (4.72).
- “Keeping my personal information private” scored the highest average (4.72), which is consistent with the last 10 years.
- On average, question averages increased by 0.05 from SFY21. The greatest increases were in the ease of access questions; the average for prompt return on calls increased most from SFY21, by 0.22. The average for coordination of care increased second most, by 0.2 from SFY21. Questions related to facilities all increased this year as well.
- Many free response comments regarding “what do you like best about our health center?” cited friendliness of staff (including specific providers who have been helpful and other positive remarks about staff), convenience (of location and everything being in one place), and the quality of care or help they receive.

Opportunities:

- Waiting: this group of questions had the lowest overall average this year (4.28), and all questions scored below a 4.5. Question five, “time in the waiting room” was the lowest scoring question this year (4.21). The two largest decreases in averages also were in this category, “waiting for tests to be performed” and “waiting for test results” decreased by 0.13 and 0.14, respectively.
- The percentage of questions left blank and questions answered “don’t know” was high this year.
- Free response comments with respect to areas for improvement generally focused on ease of access (phone calls, making appointments, availability), the other clients or people in/around the building, and the facility.

E. Recommendations

Previous Recommendations	Progress
St. Clairsville – Break out Cadiz site from St. Clairsville for future comments section	Complete
All sites - Have FQHC group to discuss comments related to returning phone calls and come up with recommendation for QC	Move to 2021
Separate survey results on waiting time and access to care by location. Add more detail to historical comparison data to show average scores by question. Provide annual mean and median scores for recent years.	Complete
2021 Recommendations	Progress
Task FQHC group with discussing return phone calls and coming up with a recommendation.	In progress - SE has worked to improve responses to phone calls across the organization. These efforts will continue into the upcoming year. We did see an improvement in average scores for question number 4 on the survey which evaluates satisfaction with return phone calls, but it still has the second lowest average response out of the 28 survey questions.
Revisit wording of questions on survey for Comprehensiveness, Coordination and Continuity of Care, and Telehealth.	Complete
Task locations with looking at questions that had an average under 4 and get recommendations.	Complete – staff reached out to sites with average scores under 4 and engaged in discussions regarding possible ways to improve scores.
New Recommendations (QC July 2022)	Progress
Continue to evaluate issues related to prompt return on phone calls across the organization to see what can be implemented to improve patient satisfaction and simplify processes. This is an issue that has been identified organization-wide and is not limited to primary care.	
For future reports and data analysis, separate out “I don’t know/Not sure” and “Blank” survey responses. Until now these responses have been combined in reports. This will help us to better understand why certain questions have higher rates of these responses and whether questions need to be revised or reworded so that they are more easily understood by patients.	

<p>For survey questions that ask about payment, add an option for patients to indicate that they have health insurance coverage which may make these questions not applicable. This should reduce the high rates of “I don’t know/Blank” responses for these survey items.</p>	
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F. Dental

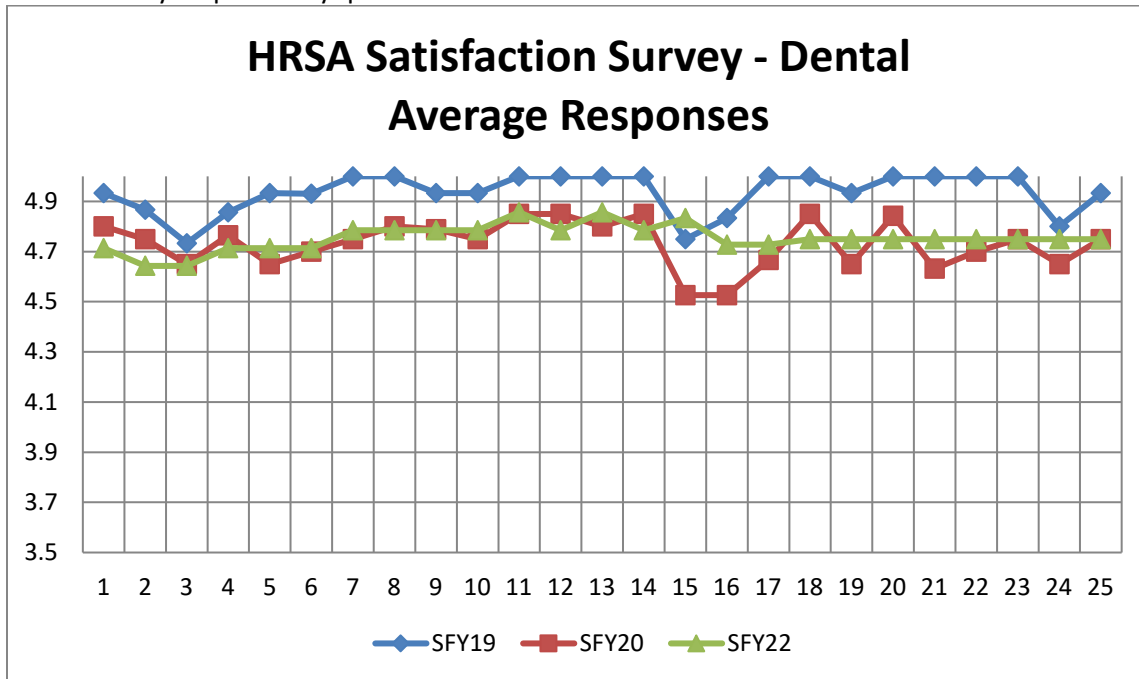
Starting in SFY19, Southeast began to collect a version of the HRSA Satisfaction Survey aimed specifically at evaluating patient satisfaction with the dental clinic. A copy of the survey administered is attached to this report. The wording on some survey items was changed in order to more accurately reflect services offered at the dental office, and three survey items were removed as it was determined they were not applicable. Surveys were last collected during SFY20. No surveys were collected during SFY21 due to the impact of the COVID-19 pandemic which reduced the number of dental patients. In addition, Southeast’s Dental Director position was open during part of the surveying period. 14 surveys were collected during the SFY22 survey period. All surveys were collected from the Long St. location. Patients reported very high levels of satisfaction with the dental office, with 76% (267 of 350) of responses rated “great” or “good.” This does represent a decrease from SFY20 when 91% of surveys responses were rated as “great” or “good.” It is worth noting that the vast majority of survey responses not “great” or “good” were simply left blank. When blanks and “Don’t Know” responses are excluded from the calculation, 91% of responses (267 out of 294) were “great” or “good.”

Regarding demographics, survey respondents reported the following:

Gender	Surveys Collected
Male	8
Female	6

Race	Surveys Collected
White	2
Black/African American	7
Hispanic	2
More than one race	1
Other	1
No response	1

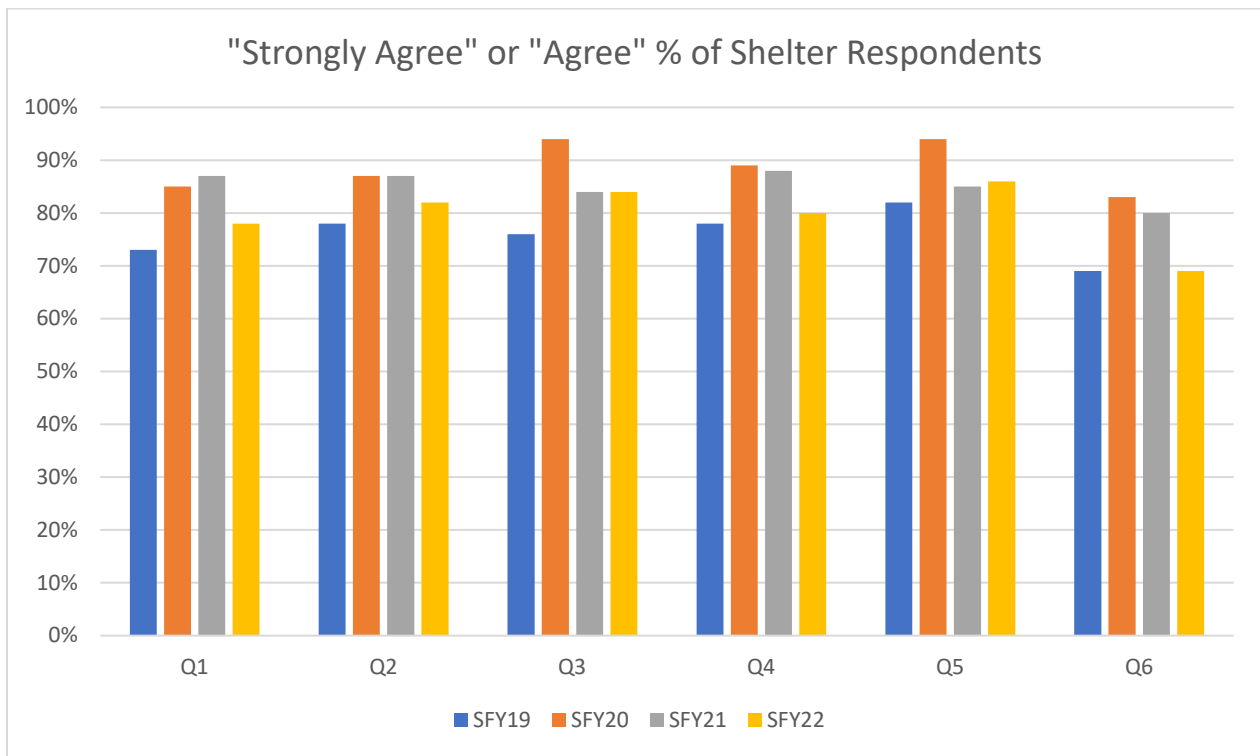
In terms of age, five survey respondents were ages 30-39, seven were ages 40-49, and two were ages 50-59. Survey responses by question are shown below:



Access to Care	1	Ability to Get in to be seen
	2	Hours dental office is Open
	3	Convenience of dental office's location
	4	Prompt return on calls
Waiting	5	Time in Waiting Room
	6	Time in dental chair
Dentist	7	Listens to you
	8	Takes enough time with you
	9	Explains what you want to know
	10	Gives good advice and treatment
Dental Hygienists and Assistants	11	Friendly and helpful to you
	12	Answers your questions
All Other Staff	13	Friendly and helpful to you
	14	Answers your questions
Cost and Payment	15	What you pay is reasonable
	16	Explanation of charges
	17	Collection of payment / money
Facility	18	Neat and clean dental office
	19	Easy to navigate
	20	Comfort and safety while waiting
	21	Privacy
Confidentiality	22	Keeping information private
Referral	23	Likelihood of referring friends and relatives to us
Continuity of Care	24	Comprehensiveness of Care
	25	Continuity of Care

I. Shelter Program Summary of Survey Response Data

Customer satisfaction responses for the FOH Men’s Shelter are collected on a monthly basis. The survey consists of six anchored response questions scored from 1 (strongly disagree) to 5 (strongly agree), one yes/no question, and five open response questions. A total of 125 surveys were received during SFY2022. This is a decrease from SFY2021 when 196 surveys were collected, but an increase from SFY2020 when 47 surveys were collected. Compared to SFY2021 survey results, average response scores were fairly consistent for questions 3 and 5. Average response scores were lower in SFY2022 for question 1 (I am satisfied with the services I received), Question 4 (staff was sensitive to my race, ethnicity, gender, religious preference, economic status, sexual orientation, or other special needs), and Question 6 (the atmosphere of the shelter was friendly and pleasant). Average response scores were also slightly lower in SFY2022 for question 2 (I would recommend the services I received at Friends of the Homeless to a friend).



Anchored Response Questions

1. I am satisfied with the services I received.
2. I would recommend the services I received at Friends of the Homeless to a friend.
3. The staff was friendly, respectful and helpful.
4. The staff was sensitive to my race, ethnicity, gender, religious preference, economic status, sexual orientation, or other special needs.
5. Staff kept my personal information private.
6. The atmosphere of the shelter was friendly and pleasant.

Response options- Strongly disagree, Disagree, Unsure, Agree, Strongly agree

II. Shelter Program Free Response Comments and Other Questions

Other Questions

7. Have you ever stayed at this shelter before? YES = 43% NO = 34%, no response or unclear response: 23%

(If yes): How long ago did you stay here?

- 22 responses in the past 6 months
- 11 responses 6 months to a year ago
- 12 responses more than a year ago
(includes two responses indicating two or more time periods)

Open-ended Response Questions

8. When you decided to come here, what did you think this shelter would do for you?

- Free response comments to this question focused on the following themes:
 - Help with housing
 - Needed shelter/a place to go to keep me off the streets
 - Help obtaining employment
 - Help getting documentation/ID
 - Just needed a bed/food

9. We are constantly trying to improve our programs, what suggestions do you have to help us improve?

- Free response comments to this question focused on the following themes:
 - More rides/bus passes/transportation
 - Better/more frequent communication with staff
 - Less crowding, more space
 - SUD and Mental Health services and treatment programs
 - Wider range of programs/services/groups
 - Improvements to facility (e.g. fix sinks, add vending machines, shower curtains for privacy, better wifi)

10. What other programs/services do you feel would be helpful?

- Free response comments to this question focused on the following themes:
 - More referrals to other programs/services offered by SE
 - SUD and Mental Health treatment programs (including counseling and groups)
 - Vocational service programs
 - Assistance with food stamps and other benefits
 - Better assistance with linkage to housing (including assistance for shelter residents who are felons)
 - More food, better food options
 - Bus passes or transportation assistance
 - Spiritual programs

11. Was your stay at the shelter helpful to you? Why or why not?

- Yes – 77 responses
 - Free response comments to this question focused on the following themes:
 - Staff was helpful
 - Gave me shelter/a place to stay warm
 - Helped me find housing
 - Helped me get back on my feet/refocus
- Unsure – 6 responses
- No/not yet – 6 responses
 - Free response comments to this question focused on the following themes:
 - Better assistance finding housing

12. What other comments would you like to share?

- Free response comments to this question focused on the following themes:
 - Staff was helpful/understanding
 - Keep up the good work
 - More frequent/thorough cleaning would be appreciated

III. Recommendations

Recommendations from Quality Council July 2022	Progress
Convene a focus group with shelter residents to gather additional feedback about suggestions for improvement and new services/programs that may be helpful. Circle back to review mid-year survey data in 6-months to see if the addition of crisis intervention specialist at the shelter has any impact on scores.	

July 27, 2022

Southeast Healthcare Board of Directors
Program and Quality Improvement Committee

Continental Messaging Service (CMS) Patient Satisfaction Survey

Background

HRSA requires that FQHCs have twenty-four hour a day response capacity for patients. Southeast contracts with Continental Messaging Service (CMS) for this service and also involves our own medical provider staff on a rotating basis to take calls initiated by CMS. CMS provides initial, non-medical screening, prior to contracting the Southeast FQHC staff member on call/.

HRSA requires the monitoring of contracted services. To meet this requirement and to ensure patient needs are being served, Southeast selected to conduct patient satisfaction surveys with our patients who have called CMS and had their calls relayed to a Southeast provider. (See attached report)
Southeast efforts focus on the service provided by CMS and the responsiveness of our providers on-call.

Proposed Action

Approval of Continental Messaging Service FQHC Patient Satisfaction Report. (If there are any QI recommendations, they should be added to the motion.)

CMS Call Service Satisfaction Survey Report – CY 2021 and First Half of CY 2022

Satisfaction surveys were conducted by phone. This report contains data from surveys collected during calendar year 2021 (1/1/2021 - 12/31/2021) and the first half of calendar year 2022 (1/1/2022 - 6/30/2022). Southeast attempted to contact a sample of 50% of patients who had an interaction with the CMS after-hours answering service. Surveys were collected from 17 patients during 2021 and 5 patients during the first half of calendar year 2022. Patients were asked 5 questions to evaluate their satisfaction with the answering service and follow-up by a Southeast provider. Responses to these five questions were scored using a scale of one (1) to five (5) with one being totally unsatisfied and five being very satisfied. A sixth free response question asked, "Is there anything else you would like to tell us about your experience using our after- hours call service?" Verbatim responses to the free response question are recorded below.

Survey script and questions:

CMS Call Service Satisfaction Survey

Script: Hello, is this XXXXX? This is XXXXX calling from Southeast Healthcare. Our records indicate that you have used Southeast's after hours call service. It is important to us that patients are satisfied with services provided by us and people under contract with Southeast. Would you be willing to assist us by answering a few questions? Your answers will not identify you in any way.

Using a scale of one (1) to five (5) with one being totally unsatisfied and five being very satisfied, please answer the following questions. Ask me to stop at any time if you have questions.

- 1. Was your call to the after-hours service answered promptly?**
- 2. Were you treated with respect?**
- 3. Were you given clear information about what to expect regarding being called back?**
- 4. Did the SE medical provider on call reach you within a reasonable amount of time?**
- 5. How satisfied were you with the assistance you received from the Southeast Provider who called you back?**
- 6. Is there anything else you would like to tell us about your experience using our after-hours call service?**

Thank you. We very much appreciate your input. Your answers will assist us assessing this service and making decisions about any improvement that are needed.

Responses to Questions 1 – 5:

A summary of survey responses by questions is included below:

2021-2022 Survey Responses by Question

	Q1	Q2	Q3	Q4	Q5
	Was your call to the after-hours service answered promptly?	Were you treated with respect?	Were you given clear information about what to expect regarding being called back?	Did the SE medical provider on call reach you within a reasonable amount of time?	How satisfied were you with the assistance you received from the Southeast Provider who called you back?
Response = 5	21	21	19	17	17
Response = 4	1	1	3	4	1
Response = 3	0	0	0	0	3
Response = 2	0	0	0	0	0
Response = 1	0	0	0	0	0
Total	22	22	22	21	21

% = 5	95%	95%	86%	77%	77%
% = 4	5%	5%	14%	18%	5%
% = 3	0%	0%	0%	0%	14%
% = 2	0%	0%	0%	0%	0%
% = 1	0%	0%	0%	0%	0%

Survey responses collected during calendar year 2021 and the first half of calendar year 2022 were very similar to 2020 results.

2020 Survey Responses by Question

	Q1	Q2	Q3	Q4	Q5
	Was your call to the after-hours service answered promptly?	Were you treated with respect?	Were you given clear information about what to expect regarding being called back?	Did the SE medical provider on call reach you within a reasonable amount of time?	How satisfied were you with the assistance you received from the Southeast Provider who called you back?
Response = 5	40	39	36	31	30
Response = 4	2	2	5	9	10
Response = 3	0	1	1	2	2
Response = 2	0	0	0	0	0
Response = 1	0	0	0	0	0
Total	42	42	42	42	42
% = 5	95%	93%	86%	74%	71%
% = 4	5%	5%	12%	21%	24%
% = 3	0%	2%	2%	5%	5%
% = 2	0%	0%	0%	0%	0%
% = 1	0%	0%	0%	0%	0%

Recommendations from Quality Council

Previous Recommendation	Progress
<p>We now have collected two years of very positive survey results for the CMS after-hours answering service and the response of Southeast providers, so we will move towards surveying a 50% sample of the patients who interact with CMS (previously we have attempted to contact every patient who interacted with CMS). Survey results will be presented to Quality Council every 6 months moving forward.</p>	<p>Complete – We will begin reviewing results every 6 months in 2022. We had a smaller number of surveys collected during the second half of 2021 and first half of 2022 due to staff turnover.</p>
New Recommendation – QC July 2022	Progress
<p>Some of the individuals who interact with CMS are not patients of Southeast, but other professionals. Split this out in future reports so that it is clear which survey calls were made to patients of Southeast.</p>	

Funding Opportunity Summary
Southeast Program/Finance Committee – July 25, 2022
Franklin County ADAMH Board – State Opioid Response (SOR) 3.0



Funding Source: ADAMH Board of Franklin County, pass through funding from OhioMHAS and SAMHSA	
Title of Funding Opportunity: Request for Results - OhioMHAS State Opioid Response Funding (SOR 3.0)	
Funding Amount: up to \$900,000	
Deadline for Proposal: 8/3/22	Match Required: No
Funding Period of Performance: 7/1/2022 – 6/30/2023	Renewal Available: Yes, for a second year

Background:

The Ohio Department of Mental Health and Addiction Services (OhioMHAS) has provided SOR 3.0 funding to the ADAMH boards through the state opiate response (SOR) funding available through Substance Abuse and Mental Health Services Administration (SAMHSA). SOR 3.0 focuses on building an integrated behavioral health system continuum of care for individuals with a primary diagnosis of opiate use disorder or stimulant use disorder. The aim is to build on a community system of care (prevention, early intervention, treatment and recovery support) that emphasizes service integration between physical health, emergency health care, behavioral health care, criminal justice and child welfare.

Southeast will request funding from ADAMH to continue our existing SOR 2.0 initiatives:

Mobile Opiate Response Teams Peer Supports: Southeast received funding through SOR to add 9.0 FTE Peer Specialists to the Mobile Opiate Response Teams programs. This funding was initially received as part of SOR 1.0 and continued through SOR 2.0. Peer Support staff provides support to individuals with opioid use disorder, including crisis intervention with linkage to immediate treatment and other supports for sustaining recovery. Peers provide outreach and engagement services to individuals who have interacted with RREACT in the community or emergency departments. The specific role of the peers is to lower the anxiety of the patient by sharing the peer’s personal story of recovery. If needed the peer steps in to explain the recovery process along with treatment options and recommendations. Peer Support Specialists focus on patient needs, meeting them where they are in the moment of engagement, practicing harm reduction, motivational interviewing and stages of change to support the patient in crisis.

RREACT Peers – University District SID: Southeast will request a continuation of SOR funding to support 2.0 FTE Peer Support Specialists working with Southeast’s Rapid Response Emergency Addiction and Crisis Team (RREACT). These two staff members work closely with our 9.0 FTE RREACT Peer Support Specialists who were initially funded through SOR 1.0. The 2.0 FTE Peer Support Specialists focus on outreach to homeless populations and others living with substance use disorders in the University District, working a 12-8 pm shift. These staff members also work closely with our PATH SOR 2.0 case managers to engage these individuals and link them to treatment services addressing opioid use disorder, stimulant use disorder, and any co-occurring substance use disorders or mental health issues.

PATH SUD Case Management Expansion: Southeast will request a continuation of SOR funding to support 2.0 FTE Case Managers added to work with the existing Southeast PATH Team to connect homeless individuals with opiate use disorder or stimulant use disorder to treatment services. The case managers engage these individuals and link them to Southeast or other providers for treatment services addressing opioid use disorder, stimulant use disorder, and any co-occurring substance use disorders or mental health issues. They also work with

Funding Opportunity Summary
Southeast Program/Finance Committee – July 25, 2022
Franklin County ADAMH Board – State Opioid Response (SOR) 3.0



community partners to respond to the targeted population in areas including the Capital Crossroads and Discovery Special Improvement Districts and the University District.

Bridges to Opioid Recovery (BOR) Expansion: Southeast will request a continuation of SOR funding to support 2.0 FTE Peer Specialists / Case Managers to work with the BOR program. These staff members work to provide support to BOR program patients as they work through the stages of change with the ultimate goal of linking them to a higher level of treatment within the 3-6 month period that patients typically participate in BOR. Southeast offers comprehensive Medication Assisted Treatment (MAT) services at our 16 West Long Street location. Southeast’s Bridges to Opioid Recovery (BOR) is a low barrier to access program providing patients with essential care. The program operates at Southeast’s Franklin Station site, located at 524 West Broad Street, Columbus, OH, 43215. Patients can walk in or schedule an appointment to receive Suboxone and be connected to and/or receive primary care, mental health treatment and other recovery supports the same day.

Financial Impact on Southeast:

No match is required for this funding opportunity. Funding will be provided by the ADAMH Board of Franklin County as an expense-based block grant.

Proposed Action

RESOLVED, the Board of Directors of Southeast Healthcare hereby approves the submission of an application to the Franklin County ADAMH Board by August 3, 2022 requesting SOR 3.0 funding up to \$900,000;

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 August 3, 2022, and to execute all subsequent agreements necessary to receive funding.

Funding Opportunity Summary
Southeast Program/Finance Committee – July 25, 2022



Emergency Shelter Rehabilitation Grant Summary

Funding Source: Request for proposals issued by Community Shelter Board (CSB) on behalf of City of Columbus Development Department		
Funding Opportunity: Emergency Shelter Rehabilitation Funding		
Funding Amount: up to \$350,000		
Deadline for Proposal: Thursday, 8/18/2022 5 pm		
Award Start Date: January 2023 (anticipated)	Funding Period: funds must be expended by December 31, 2024 (anticipated)	Renewal Available: no
<p>Program Summary</p> <p>Emergency Shelter Rehabilitation Funding is designed to provide funding for the rehabilitation or renovation of emergency homeless shelters. Funding is provided through funds appropriated for the City of Columbus Development Department. Community Shelter Board (CSB) is issuing this Request for Proposals (RFP) on behalf of the City of Columbus. Funding approved in response to this RFP will be provided through a contract with the City of Columbus.</p> <p>Funding will support costs of improving buildings, including replacement of principal fixtures and components of existing buildings; installation of security devices; and improvement through alterations or incidental additions to, or enhancement of, existing buildings, including improvements to increase the efficient use of energy in buildings, and structural changes necessary to make the structure accessible for persons with physical disabilities. CSB will give priority to rehabilitation/renovation of residential areas of emergency shelters.</p> <p>Financial Impact on Southeast:</p> <p>Funds received through this program will enable Southeast to repair and rehabilitate areas of the Friends of the Homeless Men’s Shelter facility. Specific projects for which funding will be requested are currently being identified and prioritized. There is no requirement that Southeast provide matching funds.</p> <p>Proposed Action:</p> <p>RESOLVED, the Board of Directors of Southeast, Inc. hereby approves the submission of an application to the Emergency Shelter Rehabilitation program by 5:00 PM on August 18, 2022 to provide funding for repairs and rehabilitation of the Friends of the Homeless Men’s Shelter in an amount to be determined up to \$350,000 based on need in accordance with the application guidelines and authorizes the Chief Executive Officer to approve the amount of requested funding and items for which it is requested;</p> <p>FURTHER RESOLVED, the Board of Directors of Southeast, Inc. hereby authorizes the Chief Executive Officer to prepare, sign, and submit all documents required for inclusion in the proposal by August 18, 2022 and, should funds be awarded, to execute all subsequent agreements necessary to receive funding.</p>		

Funding Opportunity Summary
Southeast Program/Finance Committee – July 25, 2022
Community Shelter Board (CSB) - Crisis Prevention & De-escalation Project



Funding Source: Community Shelter Board (CSB)	
Funding Opportunity: Crisis Prevention & De-escalation Project	
Funding Request Amount: Up to \$125,000	
Deadline for Proposal: August 2, 2022	Match Required: No
Award Start Date: 9/1/2022	Renewal Available: Yes, funding projected to continue through 2024

Program Summary

Southeast plans to submit an application to the Community Shelter Board (CSB) requesting funding to hire a program coordinator to work with the Practice Group being created by CSB to provide supports for 20 Crisis Intervention Specialists. CSB is hiring crisis intervention specialists to work at all shelters, as well as permanent supported housing and scattered sites. CSB aims to have crisis intervention specialists hired by 12/15/22. The provision of crisis services is not an existing area of expertise for all of the entities that will be adding crisis intervention specialists, so CSB has identified a need for additional training and support as the project is implemented.

Some of the key responsibilities for the Practice Group Coordinator will include:

- Facilitate peer support process with crisis specialists from across partner agencies
- Coordinate continuing education with crisis specialists on topics identified from peer support discussions and other relevant topics relevant to crisis prevention and de-escalation
- Review data collected from crisis specialists to identify areas for improvement
- Provide CSB with feedback and guidance on learning from crisis specialists

The Practice Group Coordinator will work with crisis intervention specialists to provide supports including education focused on understanding issues related to mental health and substance use disorders and best practices around de-escalation such as the use of the Crisis Prevention Intervention (CPI) evidence-based practice. The position will also provide education to crisis intervention specialists about available crisis services in the community (e.g. an overview of how the probate process works). This position will require a thorough understanding of the crisis services and mental health/SUD treatment systems in Franklin County, and an ability to work effectively with a wide range of staff including shelter and facility management across multiple organizations. The Coordinator will work to identify trends and patterns related to crisis situations that occur, with the objective of identifying opportunities for more successful interventions in the future. The Coordinator will also provide support to crisis intervention specialists with respect to self-care after incidents occur.

This position will not be providing clinical supervision and Southeast is not providing any direct crisis services through this initiative.

Financial Impact on Southeast

CSB funding for this position will be provided as an expense-based block grant with no match requirement.

Proposed Action

RESOLVED, the Board of Directors of Southeast Healthcare hereby approves the submission of an application to the Community Shelter Board to request funding through the Crisis Prevention and De-escalation Project in the amount of up to \$125,000 per year;

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.