



**Board of Directors Meeting
Wednesday, May 24, 2023, 11:00 am
Virtual via GoToMeeting**

AGENDA

	Action Needed	Attachment
Roll Call		
CALL TO ORDER		
EDUCATION PRESENTATION Serving Youth at Columbus Scioto, 6 Through 12 presented by Monica Davis, LISW, CMHC School Therapist		
APPROVAL OF MINUTES	✓	✓
<u>Board Chair's Report</u>		
<u>CEO Report</u> 340 Review SFY 24-25 State Budget Advocacy HRSA Site Visit		✓ ✓
<u>PROGRAM / QI COMMITTEE</u> Patient Rights Report CMS Navigator Continuation Grant	✓ ✓	✓ ✓
<u>FINANCE</u> Financials Investment Analysis RFP for Audit Services 990 Submission	✓ ✓ ✓	✓ ✓ ✓
<u>HUMAN RESOURCES COMMITTEE</u> New Privileging Kate Mollohan - Therapist Michael Bock - Counselor	✓	
Re-privileging Dr. Dana Vallangeon - Physician Jennifer Hughes - Nurse Practitioner Danielle Bartley - Nurse Practitioner	✓	
Emergency Loan Policy	✓	✓

Good Things
Pride March Participation

**denotes emailed later*



**Board of Directors
Meeting Minutes
April 26, 2023, 11:00 AM
Virtual GoToMeeting**

Members Present:

Rev. Tony Burns, Chair
Angela Fry, VP
Dave Lane, Immediate Past
Chair
Kori Manus, Treasurer
Eileen Goodman, Secretary
Pat Halaiko
Kate Hamilton
Sarah Lenkay
Tom Shanahan
Steve Sielschott
Don Strasser

Members Excused:

Art DeLeon

Absent:

Kim Krone

SE Staff:

Bill Lee, CEO
Rebecca Carr, CFO
Abul Hasan, Chief Medical Director
Melissa Miller, HR Director
Melissa Powers, Regional Clinical
Director
Nisaa Robinson, Adult and Family
Clinical Director
Wendy Williams, Chief Operating Officer
Kisha Savannah, Administrative
Receptionist

Call to Order: Tony Burns called the meeting to order at 11:07 am.

Approval of Board Minutes – Tony Burns moved to approve, and Dave Lane seconded. All in favor.

Board Chair’s Report – Tony Burns

Executive Committee Minutes Approval - Kori Manus moved to approve the ratification of executive committee minutes for approval of CHN Supportive Housing Program. Kate Hamilton seconded the motion for approval of the executive committee minutes. Motion approved.

CEO Report – Bill Lee, CEO reported on a combination of both the CEO reports, and Good Things.

City of Columbus Funding for FQHC: SE received notification of the Columbus Public Health Primary Care Funding Plan. The annual operating budget allocation, over the next four (4) years is projected to be. The 2023 Contract amount award is \$103,000, 2024 - 206,000, 2025 - \$309,000, and 2026 annual operating fund budget 442,808. Projections listed are based on qualified FQHC’s percentage of UDS clients served in Franklin County. FQHCs are awarded funding based on full status designation by HRSA. Projections are subject to change based on future Operating Fund Budgets, FQHC status, and the percentage of Franklin County clients served.

Franklin Co. ADAMH Funding for Franklin Station: Southeast received written notification of congratulations on receiving the housing retention services award for residents at Franklin station from ADAMH levy funds. The award amount is \$29,636.00 and the period is April 5, 2023, to December 31, 2023. The established block grant will partially fund a full-time case

management position at Franklin Station to provide community-based support, referrals, resources, support services and continuity of care.

Bill thanked Don Strasser for attending the employee appreciation breakfast.

Program Committee

Angela Fry presented the following proposed grant application information and actions:

SAMHSA CCBHC - Southeast was awarded funding through the Substance Abuse and Mental Health Services Administration (SAMHSA) FY 2021 Certified Community Behavioral Health Clinics (CCBHC) Expansion Grant Program. The purpose of this program is to increase access to and improve the quality of community mental and substance use disorder treatment services through the expansion of CCBHC, a national model of care and has been in place for a number of years with data that supports the effectiveness of the mode (including improved BH/PC health outcomes, improved access to care and reduced costs).

SAMHSA is now accepting applications for the fiscal year 2023 Certified Community Behavioral Health Clinic Improvement and Advancement Grant (CCBHC-IA) program. The CCBHC-IA program supports CCBHCs that have participated in a previous CCBHC-Expansion award to further expand or improve their CCBHC services. Southeast will request CCBHC-IA funding to continue to build on the work we have initiated through our current CCBHC funding. The current CCBHC grant period ends 8/30/2023.

Motion:

RESOLVED, the Board of Directors of Southeast Healthcare hereby approves the submission of an application to SAMHSA requesting CCBHC-IA grant funding in the amount of up to \$1,000,000 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. Angela Fry moved and Kori Manus seconded. Motion approved.

WIPA Non-competitive Continuation – Southeast intends to submit a noncompetitive continuation application to renew WIPA program funding. The WIPA program has a five-year project period, but Southeast is required to submit a noncompetitive continuation application each year. This funding request will cover program services from 7/1/23-6/30/24. Southeast (previously as COVA) has been providing WIPA services since 2001 when the Initial benefits consultation service was funded by Social Security Administration. Southeast coordinates service with the two other WIPA providers in the State of Ohio: Disability Rights Ohio and Legal Aid Society of Greater Cincinnati. Southeast works with the partners to coordinate referrals and services as well as to share information about the program.

Motion:

RESOLVED, 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 \$280,000 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. Angela Fry moved and Kori Manus seconded. Motion approved.

SAMHSA TIEH (Treatment for Individuals Experiencing Homelessness) – The purpose of this program is to provide comprehensive, coordinated and evidenced based services for individuals, youth, and families with a serious mental illness, serious emotional disturbance or co-occurring disorder who are experiencing homelessness or at imminent risk of homelessness (e.g., people exiting jail or prison without a place to live). Recipients will be expected to 1) engage and connect the population of focus to behavioral health treatment, case management, and recovery support services; 2) assist with identifying sustainable permanent housing by collaborating with homeless services organizations and housing providers, including public housing agencies; and 3) provide case management that includes care coordination/service delivery planning and other strategies that support stability across services and housing transitions. The Ohio Department of Mental Health and Addiction Services (OhioMHAS) will be the applicant and grant administrator. All PATH programs in Ohio have been invited to submit requests as part of the state application process.

Motion

RESOLVED, the Board of Directors of Southeast Healthcare hereby approves the submission of an application to OHMHAS in the amount of \$108,516 for the first year (\$586,584.37 over the five-year project period) for inclusion in the funding proposal to be submitted by OHMHAS to SAMHSA;

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.

Tuscarawas/Carroll Revised ADAMH Application Amount - Due to the anticipated Medicaid unwinding, Southeast's submitted funding request to the ADAMH board was greater than the up to approved amount of \$10,000 approved by the Southeast board at the March meeting. The updated motion follows:

Motion

RESOLVED, the Board of Directors of Southeast Healthcare hereby approves the submission of the SFY 2024 application to the ADAMHS Board of Tuscarawas and Carroll Counties in the amount of up to \$38,486.11 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 2024 contract. Angela Fry moved and Kate Hamilton seconded. Motion approved.

2022 UDS Data -The committee reviewed the Overview Report of the 2022 Uniform Data System (UDS) submission and Angela Fry noted the following:

Data is submitted reflecting the persons served, services and clinical measures that are in-scope for our HRSA health center. During 2022, Southeast added many of our existing sites that were not already approved (primarily BH only) to our scope; all our clinic locations, with the exception of Mt. Gilead, are now in our health center scope. As a result, we saw an increase in overall persons served (universe). However, we experienced a decrease in the number of primary care medical patients served.

The committee focused on the quality measures, number of patients contributing to the measures and health equity measures and after review and comparison to previous years makes the following motion:

Motion

The Board of Directors of Southeast Healthcare hereby directs executive staff to identify opportunities for improvement related to the following measures and conduct targeted quality improvement activities:

- 1) Screening for Depression and Follow-Up Plan
- 2) Cancer Screening Measures:
 - a) Colorectal cancer screening
 - b) Cervical cancer screening
 - c) Breast cancer screening
- 3) Racial Disparities in Hypertension Controlling High Blood Pressure

Angela Fry moved and Kori Manus seconded. Motion approved.

Finance Committee - Kori Manus reported there was no quorum and asked board members to approve financials during today's board meeting. Kori also noted the Finance committee reviewed all grant applications. Kori then asked Rebecca Carr to present the financials.

Statement of Revenue and Expenditures

The following items from the financial packet were reviewed:

- Net Gain for the current month of \$293,918 brings the year to date to Net Gain of \$3,666,780, primarily due to increased fee for service billing. Operating loss (Net Income less Investment income, interest income, rent, other income and gain/loss on disposals) is **(\$47,155)**.
- March ADAMH and third-party revenue increased when compared to February revenue, and payroll expenses and travel increased in March when compared to February.
- Investment values increased in March by \$271,800.
- The cash balance increased in March to just under \$3.7 million. Franklin County ADAMH board began making payments for claims in March.
- Accounts Receivable decreased based on the claim's payments mentioned above and an adjustment accounts receivable and deferred revenue based on consultation with auditors.
- We noted an issue with pharmacy accounts receivable during the month of March. We are working to clean up the accounts receivable for pharmacy services in Southeast's

accounting system. This process will be complete by the next board meeting with an update given to the board on any adjustments to the receivable amount.

- The independent audit firm continues to work through the claims accounts receivable to determine accuracy.
- Key Performance indicators were reviewed with notation of decrease in days in AR and increase in Days Cash on hand.

Motion –

Pat Halaiko moved to approve financials for April 2023 and Kori Manus seconded. Motion approved.

The following items from the audit report were reviewed:

- The draft audit report was corrected to adjust accounts receivable and deferred revenue by 2.9 million. This adjustment is a result of the accounts receivable clean up. Nothing else was changed in the final audit report.
- A note was made about the barriers of the CPA firm to obtaining audit documentation in a timely manner. This was a result of the prior CFO departure.
- Management letter was presented with the following recommendation:
Accounts receivable should be booked at gross with an allowance instead of at 60% of charges across the board.

Motion

Kori Manus moved to approve the SE audit. Dave Lane seconded the motion. Motion approved.

HUMAN RESOURCES COMMITTEE

Pat Halaiko presented the privileging and re-privileging of the following: and moved to approve. Kori Manus seconded. Motion approved.

New Privileging

Rhonda McCombs, Therapist

Sheryl Benson, Therapist

Dr. William Jacobson, Dental Director

Re-Privileging

Nisaa Robinson, Clinical Director

Joshua Louk, Nurse Practitioner

Sheilla Ewiah, Nurse Practitioner

Motion

Pat Halaiko moved to approve the privileging and re-privileging . Kori Manus seconded. Motion approved.

Good Things

Bill Lee reported on the Fresh A.I.R Gallery's collaboration with the Greater Columbus Arts Council presents, RENEWAL: Works about Hope, a group exhibition focusing on the strength and creativity of the human spirit. Featuring the work of 27 Ohio-based artists in recovery. Renewal Works about Hope offers insight into the challenges and triumphs associated with mental illness and/or substance use disorders, and the vital convergence of community,

resilience, and hope. Opening reception and celebration May 3rd, from 5-6:30pm @ The Loann Crane Gallery at GCAC located 182 E. Long Street Columbus, OH 43215. The exhibit will be on display from May 3rd – July 28th.

Adjournment – Tony Burns moved to adjourn the meeting.

Board Minutes submitted by LaKisha Savannah, administrative receptionist for Eileen Goodman, secretary.

Eileen Goodman, secretary



340 REVIEW

Stakeholder Workgroup Summary

APRIL 2023



Lori Criss, Director
Ohio Department of Mental Health and Addiction Services

30 E. Broad Street
Columbus, OH 43215
mha.ohio.gov

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I. DIRECTOR'S LETTER



The Ohio Department of Mental Health and Addiction Services (OhioMHAS) and our partners recognize that the realities and practices of today's behavioral health system have created challenges within our current governing structure and in the daily work to deliver behavioral healthcare to Ohioans. This is not a new issue, and it is one that has been the subject of conflicts, unresolved negotiations, and even lawsuits. It is why OhioMHAS convened the 340 Review Stakeholder Workgroup in 2022 to closely review Chapter 340 of the Ohio Revised Code, which governs behavioral health services in local communities. This was a significant and needed undertaking in order to lay a foundation for future considerations and decisions.

The 340 Review Stakeholder Workgroup featured a diverse membership, representing those on the front lines of community planning, those providing care and support, as well as Ohioans who are living with mental illness or substance use disorder and their families. Together we are all guardians of this system of care, and our responsibility is to make sure it works in the best interest of those who are served by it.

Through a transparent process, our goal was to bring all voices in these matters to the table to 1) help Ohio identify code sections that needed a thorough review, 2) define the challenges that keep all of us from doing our best work, and 3) generate ideas and considerations of how those sections could be written today to benefit the citizens of Ohio.

We accomplished this work guided by mutual purpose and respect. We listened with attention and spoke with intention. In addition to five public workgroup meetings, we held eight in-person and virtual listening sessions across the state to invite Ohioans with important and diverse perspectives and experiences with the behavioral health system to help us more fully understand the challenges facing us today.

This process did not force consensus on recommendations, but rather focused on documenting the many ideas and opinions of the workgroup members and those engaged in public comment needed for future work to modernize this statute. Our intent was to ensure that public concerns and aspirations are consistently understood and considered before moving to rewriting sections of Ohio law that will impact the lives of Ohioans with mental illness and substance use disorders, their families, and communities. Each meeting and discussion was important to bringing forward and documenting ideas and strategies to be considered as we work towards resolving areas of concern.

We extend our heartfelt appreciation for the efforts of our Workgroup members and for all the Ohioans who took time to be a part of this process. The genuine conversations, assessments, and focus on what's best for Ohioans served by our system provides a clearer understanding of what is working that we want to continue and the areas of challenge that will require our combined creativity, innovation, and imagination. As our state moves from a system historically focused on institutional care toward our vision of building community capacity for person-centered prevention, treatment, and wellness and recovery, we ask that you use this report to understand the issues at hand and to consider what solutions you may be a part of to ensure that Ohio's behavioral health system is visible, accessible, and effective for every Ohioan who may need our help.



Lori Criss
Director, Ohio Department of Mental Health and Addiction Services

II. INTRODUCTION

Background

Ohio Revised Code Chapter 340 governs the structure and responsibilities of Ohio's community-based Alcohol, Drug Addiction, and Mental Health Services (ADAMHS) Boards. Chapter 340 was first established in 1967, when the Ohio General Assembly passed HB 648 to create "648 boards": combined community mental health and mental retardation¹ boards. With the passage of Senate Bill 169 in 1980, these boards became separated into county boards of mental retardation¹ and community mental health boards. By the late 1980s, community treatment and local direction were being emphasized in behavioral health, and separate community mental health and addiction services boards in all but the largest counties began expanding into single ADAMHS Boards.

In 2013, the Ohio Department of Mental Health and the Ohio Department of Alcohol and Drug Addiction Services (ODADAS) merged to become the Ohio Department of Mental Health and Addiction Services (OhioMHAS). By 2019, the last county with separate community mental health and alcohol and drug addiction services boards transitioned to a combined ADAMHS Board. Today, OhioMHAS works in collaboration with a network of 50 ADAMHS Boards that contract with providers who provide the services in their communities. Funding is provided through federal and state dollars from the OhioMHAS budget as well as local dollars often provided through community levies or other general operating funds.

OhioMHAS and its key stakeholders recognize that the realities and practices of today's behavioral healthcare system have created challenges within the current governing structure of Chapter 340. In 2022, OhioMHAS convened a 340 Review Stakeholder Workgroup whose members were asked to identify code sections in need of review, define specific challenges, and explore recommended solutions through a transparent and public process.

This Summary serves as a record of those meetings and discussions and as a foundational document to be used for further review and discussion by the Administration and General Assembly in their consideration of any changes to Chapter 340.

www.codes.ohio.gov/ohio-revised-code/chapter-340

¹ Now known as County Boards of Developmental Disabilities. "Mental retardation" was the contemporary term for conditions that are now known as developmental disabilities.



Charter

Ohio Department of Mental Health and Addiction Services
340 Review Stakeholder Workgroup Charter
First Meeting: March 4, 2022

At the first meeting, the governing charter of the Workgroup was reviewed. The charter is as follows:

Purpose

Chapter 340 of the Ohio Revised Code affirms OhioMHAS's duties and responsibilities as the cabinet-level state agency providing oversight and guidance to the ADAMHS Boards and also governs the organization, operations, duties, and services provided by Ohio's single and joint district ADAMHS Boards.

The purpose of the 340 Review Stakeholder Workgroup is to put into practice OhioMHAS's commitment to explore the challenges within the established governing structure of ORC Chapter 340 as it relates to the realities and practices of today's behavioral healthcare system.

This Workgroup will bring interested parties together to identify code sections in need of review, identify specific challenges, explore potential solutions, and produce a summary report of the challenges, potential solutions, and future policy considerations for further deliberation and discussion by the Administration and General Assembly.

The Workgroup will be chaired by OhioMHAS Director Lori Criss ("the Director") and staffed by Lisa Musielewicz of the OhioMHAS Legal Team. Members of the Workgroup have been selected by OhioMHAS to reflect a diverse representation of Ohio's behavioral health stakeholders and the Ohioans who receive these services.

Governance

1. Meetings and agenda topics will be set by the Director and be based on the progress of work. A survey to be completed by Workgroup members following the March 4 meeting will also be informative in this process.
2. Meetings of the Workgroup will be open to the public via virtual participation through Microsoft Teams.
3. Beginning March 4, 2022, the Workgroup will meet approximately every 6 weeks at the Ohio Department of Public Safety, Shipley Building,

through June 2022. Thereafter, there will be at least five regional public listening sessions around the state in the Fall of 2022. Members are encouraged to attend in person but may participate virtually.

4. The Workgroup will prepare a summary report as detailed in the purpose statement by December 31, 2022.
5. No policy decisions will be made as part of this Workgroup; however, the group may offer policy recommendations for consideration as part of the summary report.

Operating Principles

1. Meetings will operate in a collegial and open environment to promote problem solving.
2. Members will familiarize themselves with Chapter 340 of the Ohio Revised Code.
3. Members will attend and participate in committee meetings consistently and come prepared for the discussion topic(s) of the day.
4. Members will not send substitutes, delegates, or proxies to meetings, but may participate virtually. However, members may bring colleagues with subject matter expertise to meetings, as appropriate, focused on those topics.

Ground Rules

Workgroup members, state agency staff, and other interested stakeholders are asked to follow the following ground rules:

1. Listen to one another and seek clarification with mutual respect and mutual purpose.
2. Be open, honest, and transparent.
3. Think creatively and strategically.
4. Seek progress, not perfection; keep sight of the overall vision.
5. Ask probing questions and seek realistic answers.
6. Recognize what is within the committee's span of control.
7. Use data to identify problems and propose solutions.
8. Work collaboratively.
9. Represent broader interests, not just those of your agency or organization.
10. Operate from the value that PEOPLE are the center of the behavioral health system.

Logistics and Communication

1. We estimate that membership on this committee will require less than 10 hours per month of your time, and we request that members make a commitment to attending all meetings scheduled for calendar year 2022.
2. For the regional listening sessions, invitations will be extended to local elected officials, community leaders, and Ohioans with lived experience and their family members who are impacted by the governing structure of Ohio Revised Code Chapter 340.
3. Meetings will be announced in advance by posting meeting dates, times, locations, and agendas on the OhioMHAS website (<https://mha.ohio.gov/community-partners/advisorygroups/340-workgroup>) as well as via announcement in OhioMHAS's regular NewsNow electronic newsletter.

4. Meeting materials will be made available in advance of meeting dates so that Workgroup members and other stakeholders can review and prepare for discussion.
5. All meeting agendas, minutes, presentations, and meeting recordings will be posted to <http://mha.ohio.gov/community-partners/advisory-groups/340-workgroup>.
6. Subcommittees may be formed at the discretion of the Director for the purpose of discussion and development of recommendations on specific topics. Subcommittee members would be selected by the Director.



340 Review Stakeholder Workgroup Membership

Chair: **Lori Criss**, Director, OhioMHAS
Jamahal C. Boyd, Sr., Chief Executive Officer, The Crossroad Center
Tracey Campbell, Director of Operations, Firelands Health
Tony Coder, Executive Director, Ohio Suicide Prevention Foundation
Lovell Custard, President and Chief Executive Officer, Murtis Taylor Human Services System
Bobbi Douglas, Executive Director, OneEighty
Joan M. Englund, Executive Director, Mental Health & Addiction Advocacy Coalition
Danielle Gray, Executive Director, Ohio Recovery Housing
Robin Harris, Executive Director, Gallia-Jackson-Meigs Alcohol, Drug Addiction, and Mental Health Board
Tracy Maxwell Heard, Executive Director, Multi-Ethnic Advocates for Cultural Competence
Helen Jones-Kelley, Executive Director, Montgomery County Alcohol, Drug Addiction & Mental Health Services Board
Michael Krause, Executive Director, Ohio Peer Recovery Organizations
Teresa Lampl, Chief Executive Officer, Ohio Council of Behavioral Health and Family Services Providers
Sarah LaTourette, Chief Advocacy Officer, Ohio Children's Alliance
Lynne Lyon, Deputy Director of Behavioral Health Policy, Ohio Department of Medicaid
Dustin Mets, Chief Executive Officer, CompDrug
Jeff O'Neil, President and CEO, Greater Cincinnati Behavioral Health Services
Molly O'Neill, Chief Executive Officer, Ohio Citizen Advocates for Addiction Recovery
Amy Price, Associate Advocacy Director, Disability Rights Ohio
Duane Piccirilli, Executive Director, Mahoning County Mental Health & Recovery Board

Luke Russell, Executive Director, National Alliance on Mental Illness (NAMI) Ohio
Terry Russell, Senior Advisor, National Alliance on Mental Illness (NAMI) Ohio
Aimee Shadwick, Director, RecoveryOhio
Samantha Shafer, Chief Executive Officer, Integrated Services for Behavioral Health
Kay Spergel, Executive Director, Mental Health and Recovery Board of Licking and Knox Counties
Thomas Stuber, President, Ohio Alliance of Recovery Providers
Precia Stuby, Executive Director, Hancock County Alcohol, Drug Addiction, and Mental Health Services Board
Cheryl Subler, Executive Director, County Commissioners Association of Ohio
Aimee Wade, Executive Director, County of Summit Alcohol, Drug Addiction, and Mental Health Services Board
Cheri L. Walter, Chief Executive Officer, Ohio Association of County Behavioral Health Authorities

OhioMHAS Staff Members:
Jonathan Baker, Chief of Staff
Melissa Bacon, Deputy Director, Behavioral Health Policy
Alisia Clark, Assistant Director, Community Planning and Collaboration (retired)
Lisa Frederick, Chief Legal Counsel
Nicole Marx, Assistant to Director Criss
Angelika McClelland, Deputy Director, Public Affairs
Vanessa McMahan, Chief Legislative Officer
Lisa Musielewicz, Staff Counsel
All members of OhioMHAS Executive Leadership Team participated in various meetings and listening sessions.

OhioMHAS would like to recognize and honor the late Patrick Tribbe, former Chief Executive Officer and President of Hamilton County Mental Health and Recovery Services Board, for his role in this Workgroup and his years of dedicated service in the field of behavioral health.



Overview of Workgroup Meetings and Activities

Table 1: Timeline of Workgroup Activities

March 4, 2022 3:00pm-5:00pm	The 340 Review Stakeholder Workgroup held its first meeting on March 4, 2022. The initial meeting included a review of the purpose and goals of the Workgroup, the introduction of members, an outline of the Workgroup's meeting schedule, and an overview of Ohio Revised Code Chapter 340. OhioMHAS also provided a survey to each Workgroup member to gather feedback on the organization of topics for the Workgroup's future meetings.
March 2022	Survey to Workgroup members.
April 6, 2022 10:00am-12:00pm	The 340 Review Stakeholder Workgroup held its second meeting on April 6, 2022. This meeting included a review of the results of the survey that Workgroup members completed and a roundtable discussion regarding four sections of R.C. Chapter 340 pertaining to the topic of Continuum of Care.
May 18, 2022 10:00am-2:30pm	The 340 Review Stakeholder Workgroup held its third meeting on May 18, 2022. This meeting encompassed the topics of Recovery Housing, ADAMHS Boards' Powers and Duties, and ADAMHS Boards' Organization and Size.
June 22, 2022 10:00am-12:00pm	The 340 Review Stakeholder Workgroup held a Public Comment Opportunity on June 22, 2022 via Microsoft Teams.
June 30, 2022 10:00am-2:30pm	The 340 Review Stakeholder Workgroup held its fourth meeting on June 30, 2022. This meeting included a continuation of the roundtable discussion on ADAMHS Boards' organization and size, as well as roundtable discussions on the interpretation of R.C. Chapter 340, ADAMHS Board budgets, vulnerable children, opioids, and miscellaneous topics.
August 23, 2022 10:00am-2:15pm	The 340 Review Stakeholder Workgroup held its fifth meeting on August 23, 2022. This meeting included roundtable discussions on board contracting authority, remaining miscellaneous topics, and landmark thinking concerning what Ohio's community-based behavioral health system of care should look like moving forward.
Autumn 2022	The 340 Review Stakeholder Workgroup held five in-person regional listening and discussion sessions as well as three virtual sessions to allow for local input and perspective on issues the 340 Workgroup had been considering. <ul style="list-style-type: none"> September 19, 2022: Central Ohio regional in-person listening session (2:00pm-4:00pm) October 13, 2022: Northeast Ohio regional in-person listening session (2:00pm-4:00pm) October 24, 2022: virtual listening session (6:00pm-8:00pm) October 27, 2022: Appalachia/Southeast Ohio regional in-person listening session (2:00pm-4:00pm) November 1, 2022: virtual listening session specifically for peers and organizations run by peers (6:00pm-8:00pm) November 7, 2022: Southwest Ohio regional in-person listening session (2:00pm-4:00pm) November 9, 2022: virtual listening session (10:00am-12:00pm) November 14, 2022: Northwest Ohio regional in-person listening session (2:00pm-4:00pm)

III. RESULTING THEMES

Survey Results

The Workgroup’s first task was to identify specific sections within Chapter 340 in need of review and prioritize them. To that end, OhioMHAS designed a survey to obtain the initial thoughts and ideas of the larger Workgroup. The survey was designed to help the Workgroup identify the elements of Chapter 340 that merited the most attention. The survey included three components: an evaluation of groups of the Chapter 340 sections, a close look at each section in each group, and an opportunity for additional comments.

The 27 sections of Chapter 340 were grouped into eight general topics. The first component of the survey asked the Workgroup members to rank the eight groups in the order of priority to their organization or constituency. Next, the members were asked to look at each section that was listed in each group and indicate whether the section presents challenges for their organization or constituents, or otherwise warrants Workgroup attention. Members were further asked to summarize the challenges of specific sections and to identify a level of priority the section should be given. Finally, members were given an opportunity to provide additional general comments.

The survey was sent to all Workgroup members and was returned by 25 members. Table 2 displays the groups as they were ranked in importance by the survey respondents, as well as the individual sections that were included in those groups. The sections that are in bold font are those that were identified by two-thirds or more of the survey respondents as meriting the most attention or being of the most concern.



Table 2: Ranked Groupings of Chapter 340 Sections

General Topic	Rank	Sections with two-thirds or more surveyed members stating they merit attention
ADAMHS Boards’ powers and duties	1	340.03 [ADAMHS boards powers and duties] 340.05 [advocacy] 340.036 [authority of boards to contract for services and supports] 340.11 [liability insurance]
Continuum of care	2	340.032 [establishment of community-based continuum of care] 340.033 [minimum addiction treatment and support services options] 340.034 [recovery housing] 340.037 [operation of facility to provide addiction or mental health services]
ADAMHS Boards & residential facilities	3	340.031 [inspecting mental health residential facilities – acquiring property] 340.035 [advocacy by ADAMHS boards]
ADAMHS Boards’ organization and size	4	340.01 [ADAMHS district] 340.02 [ADAMHS board organization] 340.021 [county alternatives for providing alcohol and drug addiction services] 340.022 [ADAMHS board size after withdrawing from joint-county district] 340.04 [executive director] 340.041 [executive director powers and duties]
Opioids	5	340.20 [review and assessment of data] 340.30 [county hub program to combat opioid addiction]
Vulnerable children	6 (tie)	340.15 [referral of parent, guardian, or custodian of child at imminent risk of being abused or neglected] 340.16 [rules for children referred by public children services agency to board]
ADAMHS Board budget	6 (tie)	340.07 [appropriating money in accordance with ADAMHS board budget] 340.08 [duties of ADAMHS boards (submission of budget/other documents to OhioMHAS)] 340.09 [state reimbursement for services]
Miscellaneous	7	340.011 [interpretation and construction of R.C. Chapter 340] 340.10 [county auditor is auditor and fiscal officer of ADAMHS district or joint-county district] 340.12 [discrimination prohibited – affirmative action program] 340.13 [setting aside contracts for bidding by minority business enterprises only]

Workgroup members were asked to give open-ended answers to the following questions: “In thinking about Ohio’s system of community-based care today and for the future, are there topics missing from the chapter—topics that had not even been conceived of by policymakers in the past? Or, do you have thoughts on creative and imaginative ways the system of community-based care could be modified to better serve Ohioans in all regions of the state?” and “If you have any additional comments or thoughts regarding R.C. Chapter 340, please indicate them here.” Table 3 illustrates the themes of the responses for both these questions. Many responses revolved around strengthening the entire behavioral health system and increasing access and capacity.

Table 3: Qualitative Themes of Survey

Topic	Theme	Number of related responses
Strengthening system and capacity	Eliminate unnecessary barriers, improve quality of behavioral healthcare	6
	More efficient continuum of care	3
	Increase the role/function of boards within communities	2
	Workforce development is a critical issue	2
	Develop new innovative care systems	2
	Bring together fragmented systems of care	1
	Increase funds, focus on supporting workers	1
	Establish a system for funds kept in reserve	1
	Integrate crisis work here	1
Access	Behavioral healthcare access should not be district-specific issue	2
	System should be more accessible, predictable	2
	Eliminate barriers to care for individual and families	1
	Care systems and limitations should not vary by county	1
Person-centric	Person-centered approach to behavioral healthcare is needed	1
	Importance of those with lived experience	1
Homelessness	Improve behavioral healthcare for homeless Ohioans	2
	Review of Housing First model	1
Data and Information	Exchange of data between systems needs work; eliminate silos, waste	2
	Transfer of electronic records should be a focus	2
Other	Need to be mindful of health disparities	2
	Focus on needs of Appalachian region	1
	Policy should be specific to board-funded activities	1
	Continue to develop new language	1
	Continue to identify accountable parties	1
	Recovery supports needs to be a focus	1

Discussion Themes

Workgroup members convened five times throughout the spring and summer of 2022. Meeting recordings, transcripts, and detailed minutes were produced for each of the meetings. These materials were reviewed and analyzed for significant topics and discussion points that were raised by Workgroup members. This resulted in the identification of a number of important themes that are highlighted in this report.

Woven through the Workgroup participants’ conversations were overarching themes of how they wanted to approach the Chapter 340 update. Participants brought up their desire for inclusive collaboration with all community members and the need to strengthen the cultural competence aspects of Chapter 340. Health equity was brought up frequently in the context of the continuum of care. In addition, questions of authority and accountability featured prominently in discussions regarding the ADAMHS Boards’ roles, powers, and duties. Finally, participants highlighted the need to clarify and modernize Chapter 340 by providing clear definitions, updating outdated terms, clarifying ambiguous language, and removing obsolete sections. The themes and explanatory details below call attention to a few of the most important discussion points from the recent meetings.



Continuum of Care

Theme: Coordination Between Funding Streams and Care Systems

Regarding the continuum of care, participants noted that funding sources and streams do not necessarily match up well with the existing or planned services. Participants acknowledge that boards lack control over services and related processes within their board districts due to different funding sources, such as Medicaid. Boards should facilitate this relationship for cost savings and oversight. Participants noted that the current requirements from the State do not always match between treatment types, and suggested that the system must be created to direct providers through levels of care, licensure process, etc. Funding should allow for passage through the entire continuum of care; a participant stated that it seems that “[currently] 90% of resources are going to the first 10% of the process.” In addition, participants stated that in the relationship between funding and State standards, the solution is to increase resources rather than lowering standards. One participant summed up this idea by posing the question, “How do we pay for it vs. how do we plan for it?”

Theme: Lack of Integrated Care within the System

Participants brought up that Boards do not have the authority or ability to control who or what exists as the “continuum of care” in a community and that the larger healthcare system plays a stronger role, now, in the delivery of behavioral healthcare services. Participants also felt it was important to recognize that most of the continuum of care is not provided by the community-based providers, so we have a bifurcated system. Some clients’ starting points to access the BH system look really different than other clients’ starting points. Participants acknowledged that it can be difficult to access care and asked how we can make services accessible and facilitate new opportunities to access care.

Theme: Ensuring Quality

Mirroring earlier comments about access points for clients, participants noted that quality may differ between services that are accessible to consumers with and without means. Data collection, adequate planning, and accreditation were identified as the best methods of ensuring quality. However, participants stated that the Boards’ lack of connection to all community services leads to minimized reach to monitor quality. Participants suggested that more funding is a solution to the question of quality: we need to put in the resources to get increased quality.

Theme: Ohio Revised Code language clarifications

Participants stated that they needed clear interpretation of the ORC language and the roles of described entities; there is ambiguity in the interpretation. Regarding the continuum of care, participants want clarification on “continuum of care” vs. “community-based continuum,” and how they work together. In addition, the phrase “to the extent resources are available” in R.C. 340.032 was identified as needing more clarification. Finally, the participants asked how cultural competence could be included in the language.



ADAMHS Boards’ Organization and Size

Theme: What is Required vs. Achievable

A Board/county’s population size can affect their interests and concerns. Smaller Boards reported that area population can directly impact their ability to find

and retain professional members not employed by a contracted provider. In contrast, some larger Boards feared they would be required to reduce their size and lose important voices.

Boards also reported that Ohio ethics laws must be considered before making any changes to current Board prohibitions on membership and employment. While every Board is required to include family members and persons with lived experience, participants suggested that the definitions of these groups should be more explicitly defined. Finally, participants often asked whether Board members and directors should be able to expand their presence and influence within the community.

Theme: Accountability and Authority

Boards and providers requested clarification of “supervision” of services and the actual duties to be performed by the Executive Directors. Similarly, participants asked for explanation of authority for shutdowns and inspections of mental health residential facilities. Participants were unsure who was accountable at the local level. They also requested a statute that clarifies that Boards must contract with providers for the provision of services to those who are indigent and have no other resources. A separate statute that addresses bad actors (regardless of whether they are contracted with Boards or not) and how they are to be dealt with by the Boards or others was suggested.

Theme: Coordination and Standardization of Data

Providers reported feeling burdened with frequent data requests that require too much time and too many resources that could go toward helping Ohioans. Participants suggested standardized, statewide data reporting requirements as a solution to this problem.

Theme: Updated language should define and clarify specific terms, but still allow flexibility

Regarding terminology, participants requested definitions for several essential terms (substance use disorder, behavioral health services, behavioral health, MAT, MOUD, recovery housing, gender, cultural, racial, ethnic, and underserved). Specifically, participants felt that “alcohol and drug-free living environment” should be distinguished from a person’s use of a prescribed treatment medication. Participants also asked to include cultural competence concepts.

Board members and providers suggested guarding against prescriptive language and requested that flexibility be embedded for special situations such as a pandemic. Flexibility can also clarify what is required versus what is preferred but not required. The group agreed that the language should promote collaboration between Boards and providers, not hinder it.



ADAMHS Boards’ Powers and Duties

Theme: Identify and fill gaps in services in their communities

Participants stated there can be service gaps in their communities, resulting in unmet client needs. Participants noted that some clients are discharged without a plan to continue their care. Participants stated that “territorialism” results in clients not getting services paid for in counties where they might be staying temporarily, as well as difficulty receiving services when they wish to move to another county/region. Participants acknowledged that it can be difficult to get input from a completely inclusive group of providers. They recommended using the “4 C’s”: community planning, connecting, convening, and collaborative payor.

Theme: Continuity of care/connecting people with needed resources

Participants identified the need for a system that can connect people with resources based on their needs and insurance coverage. Participants emphasized the importance of engaging with and connecting marginalized populations to care in a streamlined way, for example people who need services but have not accessed them and people with serious and persistent mental illness (SPMI). Participants believed clarification is needed regarding when a Board can step in to operate a facility: under what conditions, what types of providers, and for how long?

Theme: Duty to assist in the redevelopment of the system, including accountability and quality

Subtheme: Macro perspective of the larger system

Participants stated that Boards need authority and responsibility to fulfill the promise of the behavioral healthcare system, and they need resources and support to assist providers to improve quality.

Participants considered how to be inclusive; they suggested convening all of the needed voices for input, including representatives from the larger medical system, child welfare, disability advocacy organizations, and law enforcement.

Participants also discussed how to investigate complaints against providers; they asked, if accrediting bodies and OhioMHAS have investigative units for complaints of abuse/neglect, is it duplicative for Boards to have them as well? In addition, they expressed concern that multiple loci of responsibility for investigations might be overwhelming and disruptive to clients who have just experienced something traumatic. However, they noted that multiple paths to grievances/complaints can help clients who have concerns that their complaint might be ignored or mishandled.

Theme: Ensure community planning is collaborative, inclusive, and results-focused

Subtheme: Workforce shortage and limited resources

Participants expressed concern that providers are doing more (increased client load) with less (workforce shortage) and acknowledged fear of adding more clients to a system with a limited workforce. Participants also felt minimum standards of quality of care are necessary, and approaches to ensure accountability across Board areas/counties should be developed. In

addition, participants stressed that planning should be inclusive and involve not only Boards and providers, but those with lived experience, payors, hospitals, sheriffs, and zoning boards. Participants believe making bids should be a collaborative process rather than a competitive one, with a focus on working together rather than competing.

Theme: Certification Process

Participants stated transparency and national accreditation are parts of person-centered care and service design. Participants discussed certification of recovery housing. They said treatment facilities should be able to access a registry of certified recovery housing and expressed the need to be aware of the possible stigma towards uncertified recovery housing or Boards that do not have certified housing. Participants cautioned that certification changes could lead to a reduction in the number of existing recovery housing.

Theme: Data Collection, Use, and Analysis

Participants communicated difficulty collecting and analyzing data between and across Boards due to varying definitions. Additionally, participants stated that Boards need to be able to access Ohio Department of Medicaid (ODM) data to relieve pressure on providers for client-level data. A participant questioned, “Data is being supplied, but is it being used for community planning?”



Theme: Infrastructure and Technology

Coinciding with previous comments about data collection and analysis, participants identified the need for funding, training, and technical assistance in using technology to communicate and share data.



Contracting

R.C. 340.036(A): Requirement to contract

Theme: Language should be clear regarding purpose

Participants brought up that language should reflect that Boards enter into contracts to ensure a continuum of care. Participants stated that the opening language of R.C. 340.036(A) should be linked back to the community plan and the essential services.

R.C. 340.036(B): Prohibitions

Theme: Current restrictive language can lead to not being able to contract with services that are essential to the continuum of care

Participants expressed that if licensure or certification does not exist for a type of service (e.g., recovery housing, drop-in centers) then those providers can have difficulty contracting with Boards. The Boards reportedly interpret the relevant language differently, leading to a call for clarification.

Theme: Need certification standards that are specific to recovery support centers and peer-run organizations

Participants stated that regulations for licensure or certification offer a level of protection and accountability. They communicated that if recovery support centers and peer-run organizations were certified, it should be under categories that better fit their functions versus being certified as “other” or combined.

Theme: Client/patient protection is important when designing services in the continuum of care

Participants expressed it is beneficial to everyone when we build the continuum of care rather than just fill in gaps. They stated that services can provide integrated

care at the peer level, while assuring that peer support leaders do not work outside their experience/areas of expertise. Participants cautioned that families get confused when there is no grievance process when an organization does not technically fit into a specific definition.

R.C. 340.036(C): Conditions on contracting

Theme: Financial reporting requirements in contracts

Participants reported that financial reporting requirements can feel like a power imbalance or lack of trust. Participants suggested that Boards can work with providers to address any financial concerns without overstepping boundaries or “operating their [the providers’] business.”

Theme: There is always room for improvement, even among accredited and deemed providers

Participants acknowledged that more providers need to focus on culturally and linguistically appropriate services.



R.C. 340.036(D): 120-day notice requirement to not renew a contract or make substantial changes in contract terms

Theme: A resolution process is important and needed

Participants expressed if there isn’t trust or equal power in the Board/provider relationship it is difficult to negotiate. Additionally, the expansion of contract termination language can create tension.

Theme: 120-day period evaluation needed

Some participants find 120 days impractical, and it can be difficult to know what decision to make so far in advance. However, other participants brought up that 120 days seems to be needed to ensure continuity of care for consumers. They pointed out that other entities (e.g., Medicaid, Children’s Services, Developmental Disabilities) use shorter periods; however, this may be due to their ability to provide direct services, unlike ADAMHS Boards.

Theme: Balance between standards and flexibility for funding

Participants believe more in-depth discussion is needed regarding standards and flexibility for funding. While many participants identified that the current model is not effective for everyone, it is not immediately clear what changes should be implemented. Participants raised the question, “what is the best model?”

Participants discussed that contract negotiations need to be more consistent and standardized, perhaps by using a standardized template, to help reduce or eliminate subjectivity. Participants also proposed that flexibility should be incorporated to leave room for local decisions. In addition, participants recommended consumers and families should be the main focus when having this discussion.



Interpretation of Chapter 340

Theme: Interpretation and construction: Intent statement

Participants discussed how to define a “unified system” of behavioral healthcare. Specifically, the group discussed the merits of focusing on a community system or a wider global system. The group suggested

that this section could be the center of conversations about enhancing collaboration. As a result, they believed that additional broader conversations were needed about the placement of this section. Participants also suggested that some outdated terms be updated, and more inclusive language be used throughout Chapter 340.

Theme: Primary goal is facilitating quality prevention, treatment, and recovery services

Related to the wider conversation of this section, participants also discussed whether the Boards were still considered “safety nets” for providers within the current BH system. Some participants considered this to be an outdated concept. Participants recognized the need to identify current gaps in services at all levels. It is important for the system to move from a focus on institutions to recovery and wellness.



Recovery Housing

Theme: Center the client in the discussion on certification

Participants identified that the needs of clients must be paramount in the discussion regarding certification of recovery housing. Some participants fear that sudden changes in the current certification/regulations will disrupt clients’ care. However, others think this would not be the case, and more discussion on the impact on current clients is needed. Participants placed the discussion on recovery housing within the larger context of there not being enough affordable housing in general.

Regarding the discussion on recovery housing and certification, participants identified a need to ensure that places referred to as “recovery housing” are meeting the codified definition. Participants pointed out that recovery housing is housing and not residential programming requiring a license; Ohio has a history of recognizing national accreditation of recovery housing. In their opinion, a state registry of nationally accredited recovery housing would be valuable to ensure clients are being referred to quality housing. However, participants identified concerns with this. Specifically, participants asked, “what is the impact of voluntary accreditation?” Participants wondered if it is problematic if the public is not aware that national accreditation is voluntary.

Finally, participants sought clarification on Chapter 340 language regarding Boards “owning and operating” recovery housing. Participants asked if the meaning that Boards cannot both own and operate but can do one or the other, or Boards cannot own or operate recovery housing at all? Participants stated that there needs to be clear language regarding how local governments may treat recovery housing to avoid unfair treatment and stigma.

ADAMHS Board Budget

Theme: Flexibility in budget regulations

Participants suggested that the statute regarding submission of Board budget documents to OhioMHAS can be less prescriptive to allow for flexibility. Additionally, Boards discussed their desire for flexibility in appropriating money in accordance with their budgets. Participants suggested that it could be specified that reserve amounts will be determined per the policy of each Board, or alternatively, be determined by each Board’s Executive Director.

Theme: Continuity of care agreements

Participants called for modernization of continuity of care agreements with state hospitals and pointed out that current language refers to protocols no longer in use. Participants believe continuity of care agreements require a larger discussion. They asked, does this section now belong elsewhere in the Chapter where it can refer more broadly systemwide?

Vulnerable Children

Theme: Updating procedures

Participants identified concerns with some elements of this section being outdated. They suggested that the section regarding the referral of any parent/guardian of a child potentially at risk of abuse/neglect may need further examination. This section may be outdated in terms of its relationship with statutes that currently govern public children’s services agencies. Participants agreed that the section on rules for children referred by a public children services agency to the Board should be repealed.

Opioids

Theme: Eliminating/Repealing Outdated Sections

Similar to previous discussions regarding out-of-date sections of Chapter 340, participants identified elements within the opioids section that might be obsolete. Some participants suggested eliminating the current wait list reporting requirement. Others suggested possibly repealing the section on county hub programs.

Miscellaneous

Workgroup participants brought up the following miscellaneous items through questions and requests for more discussion:

- Participants believe that the inspection authority for inspecting mental health residential facilities is unclear; they asked, “who is accountable for complaints?”
- Some participants asked for more discussion on whether a specific statute is needed to specify that the Boards can advocate on behalf of Medicaid clients. Some participants questioned the necessity of this statute given that Boards should be advocating on behalf of all clients, not just those who are Medicaid recipients.
- Participants identified that language regarding discrimination should align with required Agreement and Assurances language.



Summary of Themes

For ease of reference, the following summarizes the themes outlined in this report on pages 11-16.

Woven through the Workgroup participants’ conversations were overarching themes of how they wanted to approach the Chapter 340 update. Participants brought up their desire for inclusive collaboration with all community members and the need to strengthen the cultural competence aspects of Chapter 340. Health equity was brought up frequently in the context of the continuum of care. In addition, questions of authority and accountability featured prominently in discussions regarding the ADAMHS Boards’ roles, powers, and duties. Finally, participants highlighted the need to clarify and modernize Chapter 340 by providing clear definitions, updating outdated terms, clarifying ambiguous language, and removing obsolete sections. The themes and explanatory details below call attention to a few of the most important discussion points from the recent meetings.

Continuum of Care

Coordination between funding streams and care systems.

- Boards should facilitate planning and funding relationship for cost savings and oversight.
- Planning in relation to funding: how do we pay for it vs. how do we plan for it.

Lack of integrated care within the system

- Boards do not control who/what exists as the “continuum of care” in a community.
- Most of our continuum of care is not provided by the community-based providers, so we have a bifurcated system.
- A lack of equity exists: some clients’ BH access points look different than others’.

Ensuring quality

- Funding, data collection, adequate planning, and accreditation are best methods of ensuring quality.

ADAMHS Boards’ Organization and Size

What is Required vs. Achievable

- Small Board/county population size can have an impact on ability to find professional members not employed by a contracted provider.
- Boards should include both family members and persons with lived experience; definitions of these groups should be explicitly defined.

Accountability and Authority

- Need clarification of duties of “supervision” of services by Executive Director.
- Who is accountable at the local level for shutdowns and inspecting mental health residential facilities, complaints, etc.?

Coordination and standardization of data

- Providers feel burdened with requests.
- Standardized data reporting that boards could use across the state to answer questions and tell their stories in a consistent way.

Updated language should define and clarify specific terms, but still allow flexibility

- Include cultural competence concepts.
- Embed flexibility for situations such as pandemic or what is required vs. what is preferred.
- Ensure that the language promotes collaboration between Boards and providers.

Boards’ Powers and Duties

Identify and fill gaps in services in their communities

- “Territorialism” results in clients not getting services paid for in counties where they might be staying temporarily.
- Use the “4 C’s”: community planning, connecting, convening, and collaborative payor.

Continuity of Care/Connecting people with needed resources

- System needs to be able to consider clients’ needs and insurance coverage.

- Increase health equity by engaging with and connecting marginalized populations to care in a streamlined way.

Duty to assist in the redevelopment of the system, including accountability and quality

- Boards need authority and responsibility to fulfill the promise of the BH care system.
- Need resources and support to assist providers to improve quality.

Community planning should be collaborative, inclusive, and results-focused

- Providers are doing more (increased client load) with less (workforce shortage).
- How to convene all the needed voices for input: medical system, child welfare, disability advocates, law enforcement, individuals with lived experience, payors, zoning boards, etc.
- Making bids a collaborative process rather than a competitive one.

Certification process

- Certification changes could lead to reduction in capacity of existing recovery housing.
- Would there be stigma towards uncertified housing or Boards without certified housing?

Data collection, use, and analysis

- Difficulty collecting and analyzing data between/ across Boards due to varying definitions.
- Need for funding, training, and technical assistance in using data technology.



Contracting

R.C. 340.036(A): Requirement to contract

Language should be clear regarding purpose

- Language should reflect that Boards enter into contracts to ensure a continuum of care. The opening should be linked back to the community plan and the essential services.

R.C. 340.036(B): Prohibitions

Current restrictive language can lead to not being able to contract with services that are essential to continuum of care

- The Boards interpret this language differently, leading to a call for clarification.

Need for certification standards that are specific to recovery support centers and peer-run organizations

- Recovery support centers and peer-run organizations should be certified under categories that really fit with each of them versus being certified as “other” or combined together.

Consumer/patient protection is important when designing services in the continuum of care

- Services can provide integrated care at the peer level, while assuring that peer support leaders do not work outside their experience/areas of expertise.

R.C. 340.036(C): Conditions on contracting

Providers that contract with boards can feel micromanaged regarding financial reporting requirements in contracts

- It can feel like a power imbalance or lack of trust.

There is always room for improvement, even among accredited and deemed providers

R.C. 340.036(D): 120-day notice

A resolution process is important and needed

- If there isn't trust or equal power in the relationship, it is difficult to negotiate.

120-day period should be re-evaluated

- Some find 120 days impractical; difficult to know what decision to make so far in advance.
- However, 120 days seems to be needed to ensure continuity of care for consumers.

Balance between standards and flexibility for funding

- Contract negotiation needs to be more consistent and standardized, perhaps by using a standardized template.
- Flexibility should be incorporated to leave room for local decisions.
- Consumers and families should be the main focus when having this discussion.



Interpretation of Chapter 340

Interpretation and construction: intent statement

- Is a “unified system” a community system or global system?
- Widely regarded as important: consider prominent placement elsewhere in Chapter?

Primary goal is facilitating quality prevention, treatment, and recovery services

- Are the Boards “safety nets,” or is that an outdated concept?



Recovery Housing

Center the client in the discussion on certification

- Some fear that sudden changes in the current certification will disrupt clients' care.
- A state registry of nationally accredited recovery housing would be valuable to clients.
- It is problematic if Ohioans are not aware accreditation is voluntary.

ADAMH Board Budget, Vulnerable Children, Opioids, and Misc.

Flexibility in budget regulations.

Repealing or modernizing outdated provisions.

Modernization of continuity of care agreements: does this piece now belong elsewhere in Chapter where it can refer more broadly systemwide?

Updating language regarding discrimination to align with required Agreement and Assurances language.



IV. CONCLUSION

Again, we extend our heartfelt appreciation for the efforts of our Workgroup members and for all the Ohioans who took time to be a part of this process. The genuine conversations, assessments, and focus on what's best for Ohioans served by our system provides a clearer understanding of what is working that we want to continue and the areas of challenge that will require our combined creativity, innovation, and imagination. We ask that you use this report to understand the issues at hand and to consider what solutions you may be a part of to ensure that Ohio's behavioral health system is visible, accessible, and effective for every Ohioan who may need our help.



340 REVIEW

Stakeholder Workgroup Summary

APRIL 2023



Lori Criss, Director
Ohio Department of Mental Health and Addiction Services



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Am. Sub. HB 33 Senate Advocacy Talking Points

Medicaid Community Behavioral Health Provider Rate Increase

Today, more Ohioans of all ages need mental health and substance use services – yet most have difficulty accessing care due to the lack of available providers. The community behavioral health direct care workforce is diverse. It encompasses a wide range of disciplines (e.g., psychiatrists, nurses, counselors, social workers, case managers, residential staff, peer supporters) and educational levels that provide a range of prevention, treatment, crisis, and recovery services for mental health conditions and substance use disorders.

We respectfully ask you to support an additional \$143 Million (all funds) investment in Medicaid community behavioral health services rates to stabilize and strengthen the behavioral health workforce.

This request compliments the Governor's as introduced 10% rate increase (\$220 million all funds) and the 3.5% increase (\$77 million all funds) added by the House (ODM Section 333.29 of Am. Sub. HB 33). Data shows our system requires a 20% increase in Medicaid rates to keep up with inflationary costs and to recruit and retain a sufficient workforce.

OhioMHAS Budget – Supporting Healthy People and Ohio's Economic Development

The Ohio Council applauds Governor DeWine for his leadership and bold vision for Ohio's community-based mental health and substance use disorder system of care – and his commitment to invest in the health and economic wellbeing of Ohio's children, families, and communities so they have the tools to succeed and ability to thrive. Similarly, the Ohio General Assembly has invested in Ohio's behavioral health system in recent years. These investments are critical to building on promises of the past and ensuring Ohio has the human infrastructure in place to support our growth and economic development.

We respectfully ask the Ohio Senate to restore funding to the Governor's as-introduced funding levels in the following OhioMHAS line items so that our youth, working families, and communities have access to mental health and substance use services. This investment in healthy kids, parents and workers is an essential investment so we can fill new jobs and take advantage of opportunities to grow Ohio's economy.

- **Line item 336-412 Hospital Services:** Similar to community behavioral health providers, Ohio's state psychiatric hospitals are experiencing increasing costs associated with inflation, payroll, and lower commercial insurance reimbursement. Restore the as-introduced levels to support continued operations of Ohio's six regional hospitals and allow for planned expansion of 80 additional beds.
- **Line item 336-406 Prevention and Wellness:** This investment in prevention and early intervention services promotes wellness and reduces or delays impact and onset of mental illness and substance use.
- **Line Item 336-422 Criminal Justice Services:** This supports access to mental health and substance use services within Ohio's jails and prisons and enhances forensic services in local communities.
- **Line item 336-421 Continuum of Care:** Restoring funding provides sufficient funding for ADAMH Board to sustain funding at existing community levels and cover cost of dedicated funding initiatives.
- **Line item 336-510 Residential State Supplement:** This increased support ensures continued housing options for individuals with serious mental illness.

We also respectfully ask for your support of national accreditation for mental health, substance use, and recovery housing services as important quality and accountability standards across Ohio's system of care.



The Medicaid Community Behavioral Health Workforce

The Medicaid community behavioral health investments in Am. Sub. HB 33 including the Governor’s historic 10% Medicaid rate increase (\$220 Million), combined with efforts of the Ohio House to further increase funding for BH direct care workers (\$77 Million), sets an important foundation for a future that supports the health and economic wellbeing of Ohio’s children, families, and communities so they have the tools to succeed and ability to thrive. **Today, more Ohioans of all ages need mental health and substance use services – yet most have difficulty accessing care due to the lack of available providers.**

The community behavioral health direct care workforce is diverse. It encompasses a wide range of disciplines (e.g., psychiatrists, nurses, counselors, social workers, case managers, residential staff, peer supporters) and educational levels that provide a range of prevention, treatment, crisis, and recovery services for mental health conditions and substance use disorders. Often, these services are delivered in people’s homes or community settings. Salaries in these positions vary by discipline, licensure, and educational level. The labor market pressures since the global pandemic have only worsened the behavioral health workforce challenges.

Community behavioral health organizations struggle to compete with other healthcare sectors for the same workers. Based on the 2022 Ohio Council Compensation and Benefits report, current job openings posted on Indeed.com offer approximately 20% higher wages compared to the 2022 median salaries of a cross section of community behavioral health positions. (See chart below.) Of note, similarly the OhioMHAS budget, as introduced, includes state hospital operating fund increases of around 25% across the biennium in response to inflationary and payroll costs. This too shows the need to offer competitive salaries compared to those in the current labor market.

Community Behavioral Health Positions	Ohio Council 2022 Median Salary*	Indeed.com Current Average Marketplace Salary	Salary Difference: Marketplace vs. Community BH
Independently Licensed Clinician - LPCC	\$58,300	\$71,100	-22%
Independent Chemical Dependency Counselor - LICDC	\$55,600	\$67,300	-21%
Licensed Social Worker – LSW	\$45,900	\$60,000	-23.5%
Chemical Dependency Counselor Assistant - CDCA	\$38,900	\$45,500	-17%
SUD Case Manager/Case Manager Specialist - BA	\$38,700	\$44,700	-15.5%
Qualified MH Specialist/CPST – No Degree	\$35,900	\$44,700	-24.5%
Direct Service Staff – Bachelors**	\$37,500	\$41,600	-11%
Van Driver – No degree	\$32,100	\$43,600	-36%
	Avg. Salary Difference		-21.3%

ASK: We respectfully ask you to support an additional \$143 Million (all funds) investment in Medicaid community behavioral health services rates to stabilize and strengthen the behavioral health workforce. This request compliments the Governor’s as introduced 10% rate increase (\$220 million all funds) and the 3.5% increase (\$77 million all funds) added by the House (ODM Section 333.29 of Am. Sub. HB 33). Data shows our system requires a 20% increase in Medicaid rates to keep up with inflationary costs and simply compete for workers.

Executive Summary

This report is a summary of complaints received during the first half of State Fiscal Year 2023, which covers the period from July 1, 2022 to December 31, 2022.

- A total of 91 complaints were received from 76 unique complainants during the reporting period (twelve patients filed multiple complaints).
- 57% (52/91) of complaints were related to “Quality of Service” issues, such as insufficient/inappropriate services provided or customer service issues.
- No formal written grievances were received.
- 82 complaints were recorded in Franklin County (60 for Behavioral Health programs), eight in Belmont/Harrison/Monroe, zero in Tuscarawas/Carroll Counties, and one in Delaware and Morrow Counties.
- 45% (34/76) of complainants were White, 49% (37/76) were Black or African American.
- 46% (35/76) of complainants were female, 50% (38/76) were male.
- Overall, there were more complaints in the first half of SFY23 (91 complaints) compared to the previous six months (last half of SFY22 – 49 complaints). This represents an 86% increase.
- Twelve patients filed more than one complaint. Three patients filed three, and nine filed two each.
- Southeast served 10,723 unique patients across all sites and programs during the period 7/1/2022 – 12/31/2022. The 91 complaints received during the same period equates to 8.49 complaints per 1,000 patients served. This is higher than SFY22, when the figure was 6.18 complaints per 1,000 patients served.

Introduction

Southeast welcomes feedback from patients about quality of services, staff members, facilities, and other aspects of care. When patients have complaints or concerns that have not been resolved, a Patient Rights Officer is available to help them work through the issue. Patient Rights Officers are assigned to various Southeast program locations to help resolve issues in a timely manner. Southeast’s Patient Rights Officers track the number and type of complaints and grievances received as well as the resolution or outcome. This report is a summary of complaints received during the first half of State Fiscal Year 2023 (July 1, 2022 to December 31, 2022).

Patient rights are described in Southeast’s policies, chapter 13. Policy #13.00.00.01, “Outpatient Rights”, describes patients’ rights and responsibilities, the process for complaints and grievances, the responsibilities of Patient Rights Officers, and definitions (copied below).

Grievances – the result of an event where there is a perceived violation of patient rights, as identified by the patient, a workforce member, or another party. The process of filing a grievance should be initiated under the following circumstances:

1. A patient states that he/she wishes to file a grievance, even if it may be a complaint in nature.
2. A patient is dissatisfied with the resolution of a complaint.
3. Another regulatory agency files a grievance on the behalf of a Southeast patient.

No formal written grievances were received during the first half of SFY23.

Complaints – an option available to persons served that will initiate the process for investigation. Resolution is focused on providing better customer service. A complaint may also be as defined under “grievance” but the patient may select to pursue the issue as a complaint. Nothing prevents a person from filing a grievance instead of a complaint.

A total of 91 complaints were received during the first half of SFY23 from 76 unique patients. This is an increase from the previous six months, when 49 complaints were recorded over the same period. The following report details only these 91 complaints.

Inquiries – In SFY21, PROs began recording some communications with patients as inquiries when they didn’t rise to the level of a complaint. This type of contact is not defined in policy. Twelve inquiries were received in the first half of SFY23.

Patient Rights Officers (PROs)

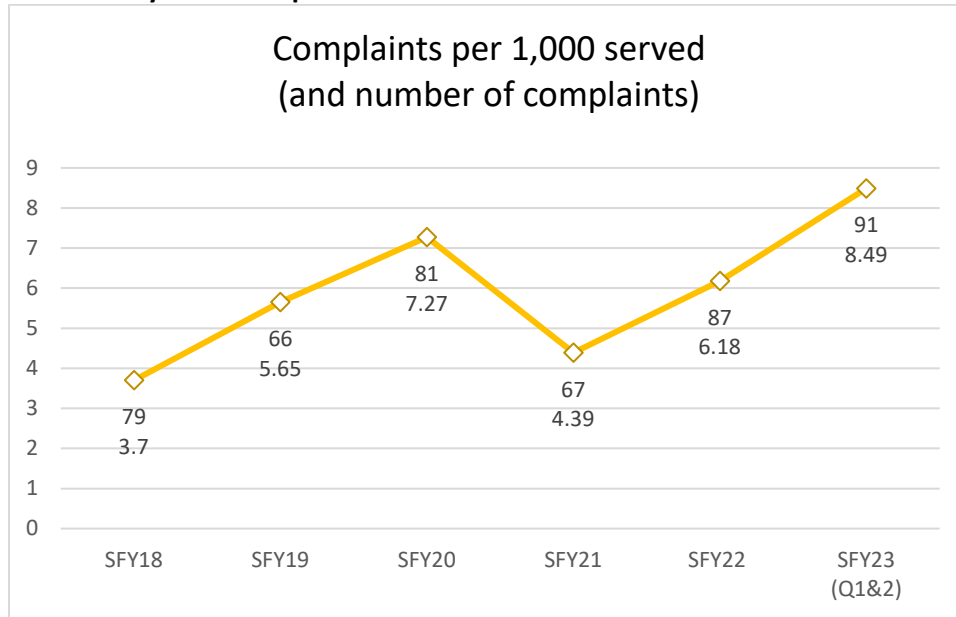
Franklin, Delaware, and Morrow Counties: Rich Gilmore

Belmont, Harrison, Monroe, Tuscarawas, and Carroll Counties: Ryan Turner

Table 1: Category of PRO contact

Type of contact	Number
Grievance	0
Complaint	91
Inquiry	12
TOTAL	103

Chart 1: Past five fiscal years – complaint rate



Type of Complaint

The following table shows the types of complaints received. Note the majority of complaints are related to “Quality of Service” issues, which accounted for 57% of total complaints (52 out of 91).

Table 2: Type of Complaint

Type of Complaint	Number of Complaints	% of Total Complaints
Quality of Service: Customer Service	41	45%
Medication	10	11%
Housing	9	10%
Payeeship/Financial Issues	7	8%
Access to Services	5	5%
Quality of Service: Inappropriate or Insufficient Service	4	4%
Abuse/Neglect	4	4%
Quality of Service: Coordination of Care	4	4%
Quality of Service: Other	3	3%
Access to Records	1	1%
Agency Policies	1	1%
Consumer/Family Issue	1	1%
Community Concern	1	1%
Total	91	100%

Complaint Status and Outcome

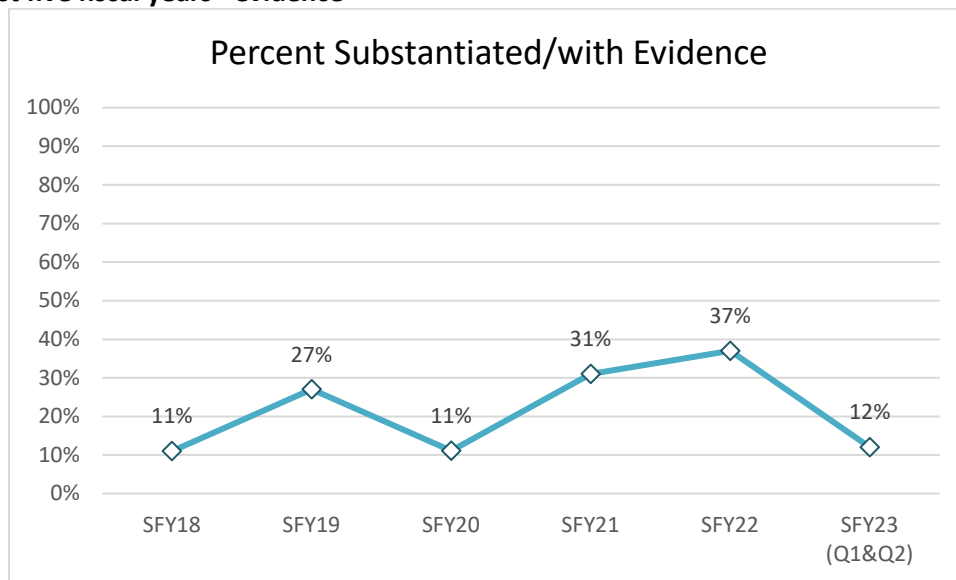
Historically, Patient Rights Officers have determined whether the complaint has merit or basis in fact by recording the status as “substantiated” or “unsubstantiated”. This status has been modified in SFY22 to ask, “Is there evidence to back up the patient’s complaint?”. This was to provide greater clarity to these data and consistency in reporting.

Eleven complaints (12%) were found to have evidence to back them up (SFY22 – 37%), while 46 (51%) did not. Of the 34 that are “unknown”, about 18 were due to not being able to follow up with the patient, one was left blank by the PRO. In SFY21, 11% of complaints were marked as “unknown”.

Table 3: Status of Complaints

Status	Number	Percent
Yes, there is evidence	11	12%
No, there is not evidence	46	51%
Unknown	34	36%
TOTAL	91	100%

Chart 2: Past five fiscal years - evidence



The outcome of a complaint is defined as whether the issue is “Resolved to patient’s satisfaction” according to the Patient Rights Officer. Based on recommendations from Quality Council, Southeast tracks an additional outcomes for each complaint: “Is there any indication that Southeast policies have been violated?” This helps account for situations where the patient remains unsatisfied with the resolution of the complaint, but there is no indication that any agency policies have been violated.

Table 4: Outcome of Complaints

Status	Number	Percent
Resolved to patient’s satisfaction	39	43%
Not resolved to patient’s satisfaction	6	7%
Unknown- unable to contact	46	51%
TOTAL	91	100%

The percentage of complaints resolved to the patient’s satisfaction in the first half of SFY23 (43%) is lower than the percentage recorded in SFY22 (74%). This is primarily due to an increase in the number of unknown complaints (SFY22 – 18%). Many complainants could not be reached for follow-up and therefore it is unknown whether they were satisfied with the resolution, and 12 were left blank by the PRO.

Chart 3: Past five fiscal years - resolved

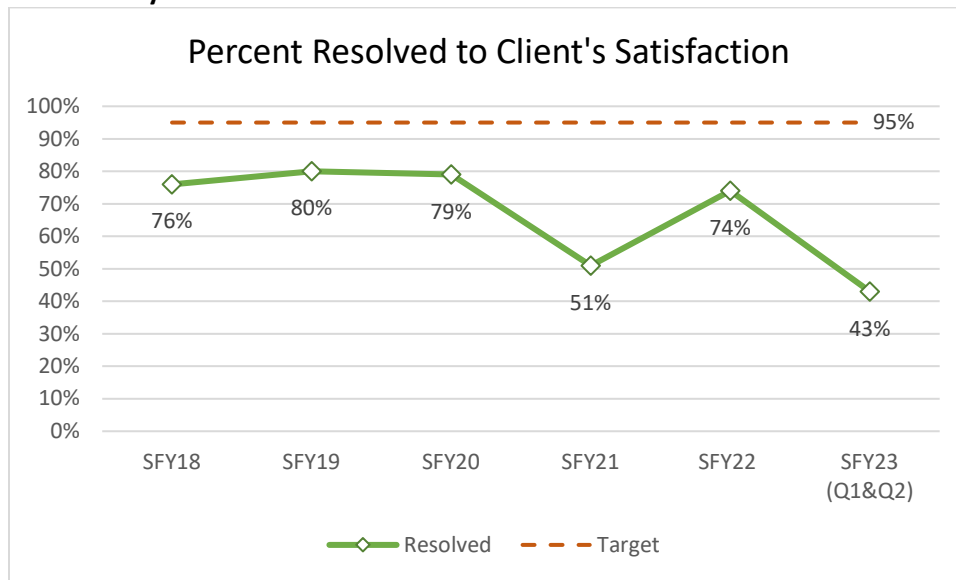


Table 5: Is there any indication that Southeast policies, procedures, or protocols were violated?

Status	Number	Percent
Yes	1	1%
No	65	63%
Unknown	37	36%
TOTAL	91	100%

The case in which Southeast policies were violated involved improper treatment of an FOH shelter resident, however it is unclear whether there is evidence to back the complaint.

Race and Ethnicity

Patients listing their race as black or African American filed more complaints than patients listing their race as white.

Table 6: Race and Ethnicity – Total Patients Served vs. Complainants at all Southeast locations (unduplicated)

Race	Complainants	% of Total complainants	Number reported to have evidence	% Reported to have evidence	% of Total patients served
Black/African American	37	49%	2	5%	28%
White	34	45%	7	21%	65%
Hispanic/Latino	1	1%	1	100%	3%
Unknown	5	7%	1	20%	3%
Other	0	0%	n/a	n/a	4%
TOTAL	91	100%	11	14%	100%

In the first half of SFY23, 49% of complainants were Black or African American and 45% were White. African American or black patients are overrepresented as complainants to a statistically significant degree. The difference between the proportion of black/African American complainants and white complainants is not statistically significant, however, black/African American patients are consistently overrepresented as complainants over the years. Black/African American patients had a slightly smaller proportion of complaints recorded as having evidence in SFY22, slightly less black complainants were substantiated (42%) than white complainants (46%).

Three of the twelve patients who filed multiple complaints were black. Forty-six percent of quality-of-service complaints were from black/African American complainants, versus 50% from white patients. Black patients accounted for most of the housing related complaints.

Table 7: Race and Ethnicity – Total Patients Served vs. Complainants for Franklin County

Race	Number of Complainants	% of Total Complainants	% of Total Patients Served in Franklin County
Black or African American	37	54%	47%
White	26	38%	43%
Unknown	5	7%	6%
Hispanic/Latino	1	1%	4%
Other	0	0%	4%
TOTAL	58	100%	100%

The difference between the proportion of black/African American complainants and white complainants in Franklin County specifically is not statistically significant, and black patients are not overrepresented as complainants (the difference between the proportion of complaints and the proportion in the population is not statistically significant). The percentage of complainants identifying as black or African American in Franklin County is lower than in SFY22 when the figure was 62%.

During the first half of SFY23, 8 complaints were recorded in Belmont, Harrison, and Monroe Counties, one complaint in Delaware/Morrow County, and no complaints in Tuscarawas/Carroll County. Detailed breakdowns by race are not provided for these counties due to the low number of complaints, and the fact that there are very low numbers of patients served identifying as races other than White due to overall demographics of these areas. In the first half of SFY23, all complainants from these other counties identified as white.

Gender

Table 8: Gender of all Complainants (unduplicated)

Gender	Complainants	% of Total Complainants	Number reported to have evidence	% Reported to have evidence	% of Total Patients Served
Female	35	46%	3	9%	49%
Male	38	50%	7	18%	50%
Transgender	0	0%	n/a	n/a	0.4%
Unknown	3	4%	1	33%	0%
TOTAL	76	100%	11	14%	100%

Of the 76 individuals who filed complaints during the first half of SFY23, 46% were female and 50% were male. In SFY22 44% of complainants were female and 56% were male. Southeast has historically recorded more male than female complainants, with the exception of SFY19 and SFY21. Females had a smaller proportion of their complaints recorded as having evidence than males.

Team or Program Area

Behavioral health programs at Long Street in Columbus had more complaints than other programs (68% of total complaints). This is higher than SFY21, when 54% of complaints were related to Long Street behavioral health programs.

Table 9: Complaints by Program Area

Team/Program	Number of Complaints	Total Number of Patients Served first half SFY23	Complaints per 1,000 Patients served first half SFY23	Complaints per 1,000 Patients served SFY22
Behavioral Health – Franklin County	60	4,380	13.70	10.07
Primary Care – Franklin County	4	2,433	1.64	0.22
Vocational Services/Project Work	2	806	2.48	0.68
Housing Outreach Programs*	0		0	2.25
Residential Housing Programs**	9			3.72
Belmont/Harrison/Monroe - Behavioral Health Programs	4	2,752	1.45	2.33
Belmont/Harrison/Monroe – Primary Care	2	1,955	1.02	0.67
Tuscarawas/Carroll	0	489	0	1.91
Delaware/Morrow	2	1,664	1.20	1.35
Administration, Payee, Support	8	N/A	N/A	N/A

*Housing Outreach Programs includes PATH, CHN Supportive Housing Program.

** Residential Housing Programs includes Friends of the Homeless, Bridge to Success, Redmond House, Carpenter House, and Four Oaks.

Table 10: Substantiated Complaints by Program Area

Team/Program	Number of Complaints with evidence	Total Number of Patients Served	Complaints with evidence per 1,000 patients served first half SFY23	Complaints with evidence per 1,000 patients served SFY22
Behavioral Health – Franklin County	5	4,380	1.14	3.86
Primary Care – Franklin County	1	2,433	0.41	0.22
Vocational Services/Project Work	1	806	1.24	0
Housing Outreach Programs*	N/A		N/A	2.25
Residential Housing Programs**	1			0.74
Belmont/Harrison/Monroe - Behavioral Health Programs	1	2,752	0.36	0
Belmont/Harrison/Monroe – Primary Care	0	1,955	0	0
Tuscarawas/Carroll	N/A	489	N/A	1.91
Delaware/Morrow	0	1,664	0	0.90
Administration, Payee, Support	2	N/A	N/A	N/A

*Housing Outreach Programs includes PATH, CHN Supportive Housing Program.

** Residential Housing Programs includes Friends of the Homeless, Bridge to Success, Redmond House, Carpenter House, and Four Oaks.

Grievances

No grievances were received in the first half of SFY23.

Trends and Patterns

- The number of complaints received during the first half of SFY23 increased by 86% compared to the previous six months. Southeast will continue to monitor complaints throughout SFY23. This increase was primarily in Franklin County, and could be related to the ADAMH board having a new staff person in the Client Rights Officer position, which was previously vacant for some time.
- Quality of Service complaints accounted for 57% of all complaints (52 of 91); many were focused on dissatisfaction with case management.
- There was a large decrease in the proportion of complaints that were found to have evidence to back them in the first half of SFY23 (12%) compared to SFY22 (37%). This was largely due to a large number of complaints marked as “unknown” (37%).

- Twelve patients filed more than one complaint. Three patients filed three, and nine filed two each. These twelve people therefore accounted for 13% of all complaints.
- Of the 6 complaints that were not resolved to the satisfaction of the patient, 4 were related to quality of service issues, one was related to housing, and one to medication.
- Of the 60 complaints received for Behavioral Health programs in Franklin County, 11 were for Renaissance, 11 for Dream, 8 for Recovery, 7 for Unity.

Recommendations and Current Progress

SFY20 Recommendations	SFY21 Progress
In response to the number of complaints related to insufficient case management and assistance around housing related issues, ensure that we are making an effort to explain to our Patients what we can/cannot do regarding assistance with housing issues. Ensure that Patients understand that we do not have housing available, housing vouchers, etc. This will help to reduce the number of complaints related to patients misunderstanding the nature of the assistance we can provide.	In progress (ongoing)
Add number of substantiated complaints per 1,000 Patients served to Patient rights report.	Complete
SFY21 Recommendations	SFY22 Progress
Review complaints that were listed as substantiated by patient rights officers during SFY21. Ensure that we are accurate and consistent in these determinations.	Complete
Look into Patient demographics for substantiated vs. unsubstantiated complaints to see if there is any disparity.	Complete – the number and percent of substantiated complaints by race/ethnicity and gender were added to the respective tables.
Examine complaints related to frequency of contact to see if there are any trends or patterns tied to specific staff members, teams, or program areas. This will also help SE to identify points at which contact with a patient may be interrupted (e.g. when case is transferred or staff member is off work).	Reviewed expectations about client contact in Team Leader meeting.
SFY22 Six Month Report Recommendations	SFY22 Progress
Rather than showing complaints by quarter over time, include trends over time for overall number per year, rate, percent substantiated/with evidence, and percent resolved (to match annual QI report charts).	Complete – included in report.
When the PRO indicates that Southeast policy, procedure, or protocol was violated, track which policy/protocol was specifically violated to Track policies specific to ones when P&P is violated.	Complete – column added to tracking spreadsheet and PRO’s notified.
SFY22 Annual Report Recommendations	SFY22 Progress
Include further information on grievances – whether they had evidence to support them, whether the patient was satisfied, etc.	Complete – included in report.
Remove the question “Did the PRO attempt to resolve according to Southeast policy and procedure?” from tracking.	Complete.
Evaluate Franklin County race data further. Look at type of complaints for non-white complainants, statistical significance of increase from last year for black/African American complainants, and number of complaints per complainant by race.	Complete – included in report.

First half SFY 2023 Report Recommendations	Progress
Investigate large increase in number of complaints, including whether some should have been recorded as inquiries, and how new CRO at the Franklin County ADAMH board may have contributed.	
Analyze large number of “unknown” data points and increase in the inability to contact complainants. Pull voicemail data to determine if less complaints are being heard real-time. Determine if additional data points should be recorded going forward to support number/types of attempts made to contact.	

Executive Summary

This report is a summary of complaints received during the first half of State Fiscal Year 2023, which covers the period from July 1, 2022 to December 31, 2022.

- A total of 91 complaints were received from 76 unique complainants during the reporting period (twelve patients filed multiple complaints).
- 57% (52/91) of complaints were related to “Quality of Service” issues, such as insufficient/inappropriate services provided or customer service issues.
- No formal written grievances were received.
- 82 complaints were recorded in Franklin County (60 for Behavioral Health programs), eight in Belmont/Harrison/Monroe, zero in Tuscarawas/Carroll Counties, and one in Delaware and Morrow Counties.
- 45% (34/76) of complainants were White, 49% (37/76) were Black or African American.
- 46% (35/76) of complainants were female, 50% (38/76) were male.
- Overall, there were more complaints in the first half of SFY23 (91 complaints) compared to the previous six months (last half of SFY22 – 49 complaints). This represents an 86% increase.
- Twelve patients filed more than one complaint. Three patients filed three, and nine filed two each.
- Southeast served 10,723 unique patients across all sites and programs during the period 7/1/2022 – 12/31/2022. The 91 complaints received during the same period equates to 8.49 complaints per 1,000 patients served. This is higher than SFY22, when the figure was 6.18 complaints per 1,000 patients served.

Introduction

Southeast welcomes feedback from patients about quality of services, staff members, facilities, and other aspects of care. When patients have complaints or concerns that have not been resolved, a Patient Rights Officer is available to help them work through the issue. Patient Rights Officers are assigned to various Southeast program locations to help resolve issues in a timely manner. Southeast’s Patient Rights Officers track the number and type of complaints and grievances received as well as the resolution or outcome. This report is a summary of complaints received during the first half of State Fiscal Year 2023 (July 1, 2022 to December 31, 2022).

Patient rights are described in Southeast’s policies, chapter 13. Policy #13.00.00.01, “Outpatient Rights”, describes patients’ rights and responsibilities, the process for complaints and grievances, the responsibilities of Patient Rights Officers, and definitions (copied below).

Grievances – the result of an event where there is a perceived violation of patient rights, as identified by the patient, a workforce member, or another party. The process of filing a grievance should be initiated under the following circumstances:

1. A patient states that he/she wishes to file a grievance, even if it may be a complaint in nature.
2. A patient is dissatisfied with the resolution of a complaint.
3. Another regulatory agency files a grievance on the behalf of a Southeast patient.

No formal written grievances were received during the first half of SFY23.

Complaints – an option available to persons served that will initiate the process for investigation. Resolution is focused on providing better customer service. A complaint may also be as defined under “grievance” but the patient may select to pursue the issue as a complaint. Nothing prevents a person from filing a grievance instead of a complaint.

A total of 91 complaints were received during the first half of SFY23 from 76 unique patients. This is an increase from the previous six months, when 49 complaints were recorded over the same period. The following report details only these 91 complaints.

Inquiries – In SFY21, PROs began recording some communications with patients as inquiries when they didn’t rise to the level of a complaint. This type of contact is not defined in policy. Twelve inquiries were received in the first half of SFY23.

Patient Rights Officers (PROs)

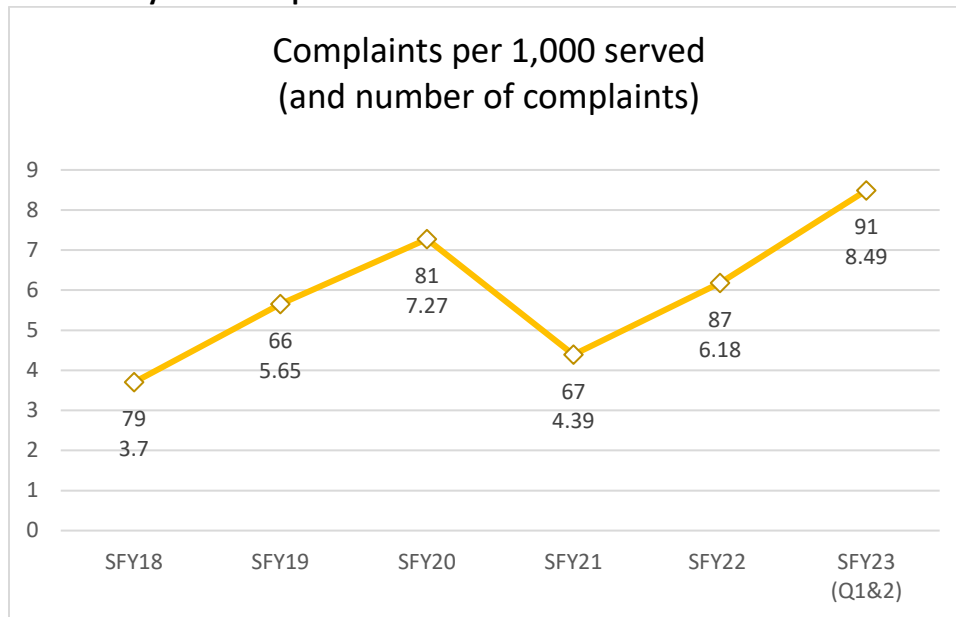
Franklin, Delaware, and Morrow Counties: Rich Gilmore

Belmont, Harrison, Monroe, Tuscarawas, and Carroll Counties: Ryan Turner

Table 1: Category of PRO contact

Type of contact	Number
Grievance	0
Complaint	91
Inquiry	12
TOTAL	103

Chart 1: Past five fiscal years – complaint rate



Type of Complaint

The following table shows the types of complaints received. Note the majority of complaints are related to “Quality of Service” issues, which accounted for 57% of total complaints (52 out of 91).

Table 2: Type of Complaint

Type of Complaint	Number of Complaints	% of Total Complaints
Quality of Service: Customer Service	41	45%
Medication	10	11%
Housing	9	10%
Payeeship/Financial Issues	7	8%
Access to Services	5	5%
Quality of Service: Inappropriate or Insufficient Service	4	4%
Abuse/Neglect	4	4%
Quality of Service: Coordination of Care	4	4%
Quality of Service: Other	3	3%
Access to Records	1	1%
Agency Policies	1	1%
Consumer/Family Issue	1	1%
Community Concern	1	1%
Total	91	100%

Complaint Status and Outcome

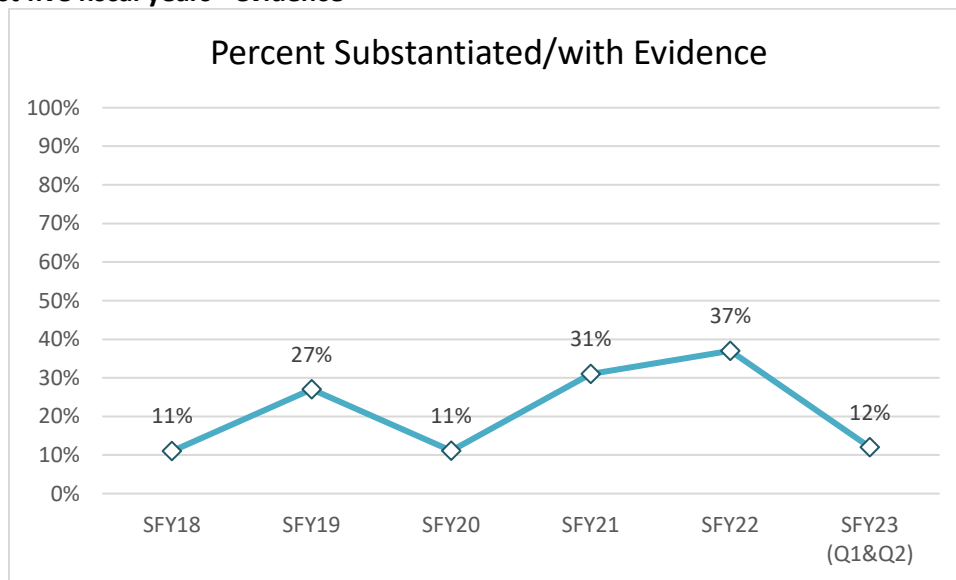
Historically, Patient Rights Officers have determined whether the complaint has merit or basis in fact by recording the status as “substantiated” or “unsubstantiated”. This status has been modified in SFY22 to ask, “Is there evidence to back up the patient’s complaint?”. This was to provide greater clarity to these data and consistency in reporting.

Eleven complaints (12%) were found to have evidence to back them up (SFY22 – 37%), while 46 (51%) did not. Of the 34 that are “unknown”, about 18 were due to not being able to follow up with the patient, one was left blank by the PRO. In SFY21, 11% of complaints were marked as “unknown”.

Table 3: Status of Complaints

Status	Number	Percent
Yes, there is evidence	11	12%
No, there is not evidence	46	51%
Unknown	34	36%
TOTAL	91	100%

Chart 2: Past five fiscal years - evidence



The outcome of a complaint is defined as whether the issue is “Resolved to patient’s satisfaction” according to the Patient Rights Officer. Based on recommendations from Quality Council, Southeast tracks an additional outcomes for each complaint: “Is there any indication that Southeast policies have been violated?” This helps account for situations where the patient remains unsatisfied with the resolution of the complaint, but there is no indication that any agency policies have been violated.

Table 4: Outcome of Complaints

Status	Number	Percent
Resolved to patient’s satisfaction	39	43%
Not resolved to patient’s satisfaction	6	7%
Unknown- unable to contact	46	51%
TOTAL	91	100%

The percentage of complaints resolved to the patient’s satisfaction in the first half of SFY23 (43%) is lower than the percentage recorded in SFY22 (74%). This is primarily due to an increase in the number of unknown complaints (SFY22 – 18%). Many complainants could not be reached for follow-up and therefore it is unknown whether they were satisfied with the resolution, and 12 were left blank by the PRO.

Chart 3: Past five fiscal years - resolved

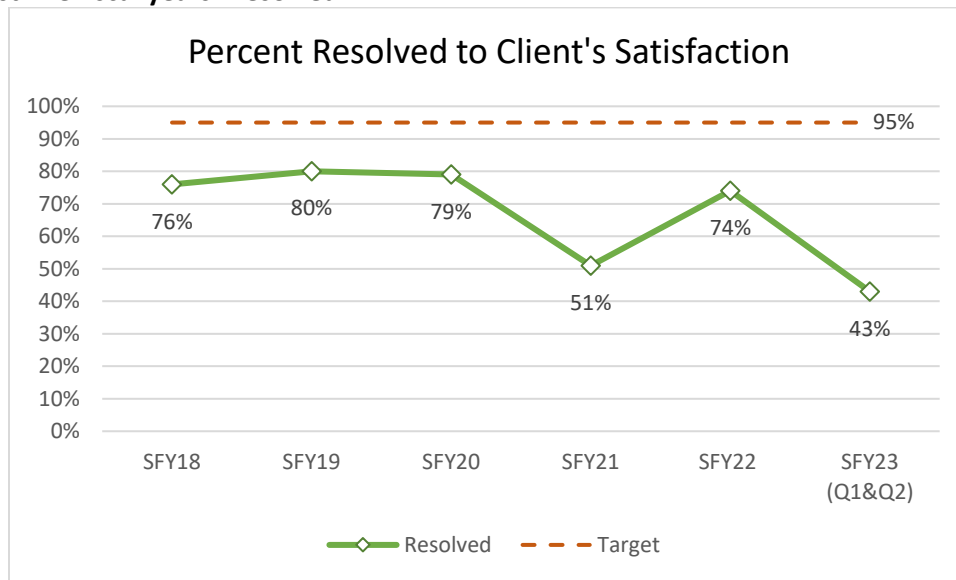


Table 5: Is there any indication that Southeast policies, procedures, or protocols were violated?

Status	Number	Percent
Yes	1	1%
No	65	63%
Unknown	37	36%
TOTAL	91	100%

The case in which Southeast policies were violated involved improper treatment of an FOH shelter resident, however it is unclear whether there is evidence to back the complaint.

Race and Ethnicity

Patients listing their race as white filed more complaints than patients listing their race as black or African American.

Table 6: Race and Ethnicity – Total Patients Served vs. Complainants at all Southeast locations (unduplicated)

Race	Complainants	% of Total complainants	Number reported to have evidence	% Reported to have evidence	% of Total patients served
Black/African American	37	49%	2	5%	28%
White	34	45%	7	21%	65%
Hispanic/Latino	1	1%	1	100%	3%
Unknown	5	7%	1	20%	3%
Other	0	0%	n/a	n/a	4%
TOTAL	91	100%	11	14%	100%

In the first half of SFY23, 49% of complainants were Black or African American and 45% were White. African American or black patients are overrepresented as complainants to a statistically significant degree. The difference between the proportion of black/African American complainants and white complainants is not statistically significant, however, black/African American patients are consistently overrepresented as complainants over the years. Black/African American patients had a slightly smaller proportion of complaints recorded as having evidence in SFY22, slightly less black complainants were substantiated (42%) than white complainants (46%).

Three of the twelve patients who filed multiple complaints were black. Forty-six percent of quality-of-service complaints were from black/African American complainants, versus 50% from white patients. Black patients accounted for most of the housing related complaints.

Table 7: Race and Ethnicity – Total Patients Served vs. Complainants for Franklin County

Race	Number of Complainants	% of Total Complainants	% of Total Patients Served in Franklin County
Black or African American	37	54%	47%
White	26	38%	43%
Unknown	5	7%	6%
Hispanic/Latino	1	1%	4%
Other	0	0%	4%
TOTAL	58	100%	100%

The difference between the proportion of black/African American complainants and white complainants in Franklin County specifically is not statistically significant, and black patients are not overrepresented as complainants (the difference between the proportion of complaints and the proportion in the population is not statistically significant). The percentage of complainants identifying as black or African American in Franklin County is lower than in SFY22 when the figure was 62%.

During the first half of SFY23, 8 complaints were recorded in Belmont, Harrison, and Monroe Counties, one complaint in Delaware/Morrow County, and no complaints in Tuscarawas/Carroll County. Detailed breakdowns by race are not provided for these counties due to the low number of complaints, and the fact that there are very low numbers of patients served identifying as races other than White due to overall demographics of these areas. In the first half of SFY23, all complainants from these other counties identified as white.

Gender

Table 8: Gender of all Complainants (unduplicated)

Gender	Complainants	% of Total Complainants	Number reported to have evidence	% Reported to have evidence	% of Total Patients Served
Female	35	46%	3	9%	49%
Male	38	50%	7	18%	50%
Transgender	0	0%	n/a	n/a	0.4%
Unknown	3	4%	1	33%	0%
TOTAL	76	100%	11	14%	100%

Of the 76 individuals who filed complaints during the first half of SFY23, 46% were female and 50% were male. In SFY22 44% of complainants were female and 56% were male. Southeast has historically recorded more male than female complainants, with the exception of SFY19 and SFY21. Females had a smaller proportion of their complaints recorded as having evidence than males.

Team or Program Area

Behavioral health programs at Long Street in Columbus had more complaints than other programs (68% of total complaints). This is higher than SFY21, when 54% of complaints were related to Long Street behavioral health programs.

Table 9: Complaints by Program Area

Team/Program	Number of Complaints	Total Number of Patients Served first half SFY23	Complaints per 1,000 Patients served first half SFY23	Complaints per 1,000 Patients served SFY22
Behavioral Health – Franklin County	60	4,380	13.70	10.07
Primary Care – Franklin County	4	2,433	1.64	0.22
Vocational Services/Project Work	2	806	2.48	0.68
Housing Outreach Programs*	0		0	2.25
Residential Housing Programs**	9			3.72
Belmont/Harrison/Monroe - Behavioral Health Programs	4	2,752	1.45	2.33
Belmont/Harrison/Monroe – Primary Care	2	1,955	1.02	0.67
Tuscarawas/Carroll	0	489	0	1.91
Delaware/Morrow	2	1,664	1.20	1.35
Administration, Payee, Support	8	N/A	N/A	N/A

*Housing Outreach Programs includes PATH, CHN Supportive Housing Program.

** Residential Housing Programs includes Friends of the Homeless, Bridge to Success, Redmond House, Carpenter House, and Four Oaks.

Table 10: Substantiated Complaints by Program Area

Team/Program	Number of Complaints with evidence	Total Number of Patients Served	Complaints with evidence per 1,000 patients served first half SFY23	Complaints with evidence per 1,000 patients served SFY22
Behavioral Health – Franklin County	5	4,380	1.14	3.86
Primary Care – Franklin County	1	2,433	0.41	0.22
Vocational Services/Project Work	1	806	1.24	0
Housing Outreach Programs*	N/A		N/A	2.25
Residential Housing Programs**	1			0.74
Belmont/Harrison/Monroe - Behavioral Health Programs	1	2,752	0.36	0
Belmont/Harrison/Monroe – Primary Care	0	1,955	0	0
Tuscarawas/Carroll	N/A	489	N/A	1.91
Delaware/Morrow	0	1,664	0	0.90
Administration, Payee, Support	2	N/A	N/A	N/A

*Housing Outreach Programs includes PATH, CHN Supportive Housing Program.

** Residential Housing Programs includes Friends of the Homeless, Bridge to Success, Redmond House, Carpenter House, and Four Oaks.

Grievances

No grievances were received in the first half of SFY23.

Trends and Patterns

- The number of complaints received during the first half of SFY23 increased by 86% compared to the previous six months. Southeast will continue to monitor complaints throughout SFY23. This increase was primarily in Franklin County, and could be related to the ADAMH board having a new staff person in the Client Rights Officer position, which was previously vacant for some time.
- Quality of Service complaints accounted for 57% of all complaints (52 of 91); many were focused on dissatisfaction with case management.
- There was a large decrease in the proportion of complaints that were found to have evidence to back them in the first half of SFY23 (12%) compared to SFY22 (37%). This was largely due to a large number of complaints marked as “unknown” (37%).

- Twelve patients filed more than one complaint. Three patients filed three, and nine filed two each. These twelve people therefore accounted for 13% of all complaints.
- Of the 6 complaints that were not resolved to the satisfaction of the patient, 4 were related to quality of service issues, one was related to housing, and one to medication.
- Of the 60 complaints received for Behavioral Health programs in Franklin County, 11 were for Renaissance, 11 for Dream, 8 for Recovery, 7 for Unity.

Recommendations and Current Progress

SFY20 Recommendations	SFY21 Progress
In response to the number of complaints related to insufficient case management and assistance around housing related issues, ensure that we are making an effort to explain to our Patients what we can/cannot do regarding assistance with housing issues. Ensure that Patients understand that we do not have housing available, housing vouchers, etc. This will help to reduce the number of complaints related to patients misunderstanding the nature of the assistance we can provide.	In progress (ongoing)
Add number of substantiated complaints per 1,000 Patients served to Patient rights report.	Complete
SFY21 Recommendations	SFY22 Progress
Review complaints that were listed as substantiated by patient rights officers during SFY21. Ensure that we are accurate and consistent in these determinations.	Complete
Look into Patient demographics for substantiated vs. unsubstantiated complaints to see if there is any disparity.	Complete – the number and percent of substantiated complaints by race/ethnicity and gender were added to the respective tables.
Examine complaints related to frequency of contact to see if there are any trends or patterns tied to specific staff members, teams, or program areas. This will also help SE to identify points at which contact with a patient may be interrupted (e.g. when case is transferred or staff member is off work).	Reviewed expectations about client contact in Team Leader meeting.
SFY22 Six Month Report Recommendations	SFY22 Progress
Rather than showing complaints by quarter over time, include trends over time for overall number per year, rate, percent substantiated/with evidence, and percent resolved (to match annual QI report charts).	Complete – included in report.
When the PRO indicates that Southeast policy, procedure, or protocol was violated, track which policy/protocol was specifically violated to Track policies specific to ones when P&P is violated.	Complete – column added to tracking spreadsheet and PRO’s notified.
SFY22 Annual Report Recommendations	SFY22 Progress
Include further information on grievances – whether they had evidence to support them, whether the patient was satisfied, etc.	Complete – included in report.
Remove the question “Did the PRO attempt to resolve according to Southeast policy and procedure?” from tracking.	Complete.
Evaluate Franklin County race data further. Look at type of complaints for non-white complainants, statistical significance of increase from last year for black/African American complainants, and number of complaints per complainant by race.	Complete – included in report.

First half SFY 2023 Report Recommendations	Progress
Investigate large increase in number of complaints, including whether some should have been recorded as inquiries, and how new CRO at the Franklin County ADAMH board may have contributed.	
Analyze large number of “unknown” data points and increase in the inability to contact complainants. Pull voicemail data to determine if less complaints are being heard real-time. Determine if additional data points should be recorded going forward to support number/types of attempts made to contact.	

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: \$385,887	
Deadline for Proposal: 5/26/2023	Match Required: No
Funding Period of Performance: 9/1/2023 – 8/31/2024 (Project period is three years: 9/1/2021 – 8/31/2024)	Renewal Available: Yes, but next year will be a competitive renewal and the start of a new project period cycle
<p><u>Background:</u> 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><u>Proposed Program Overview:</u> Southeast currently receives \$385,887 annually in CMS funding which supports 4.0 FTE Navigators (2.0 FTE based in Central Ohio and 2.0 FTE based in Eastern Ohio). Funding also supports 0.7 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 9/1/23 – 8/31/24 budget period by 5/26/23.</p> <p><u>Financial Impact on Southeast:</u> 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><u>Proposed Action:</u> 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 \$385,887 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>	



Financial Statements

April 30, 2023



Southeast, Inc.
Financial Report
For the Month ended April 30, 2023
Finance Committee Meeting held May 22, 2023
Board Meeting held May 24, 2023

Statement of Revenue and Expenditures

- Net loss for the current month of **(\$712,652)** brings the cumulative year to date to Net operating income to \$2,758,433. This loss is a result of pharmacy revenue incorrectly recognized in previous months thus resulting in an adjustment/correction in April (see the Pharmacy Revenue Adjustments chart summary on the next page which provides the months impacted). Operating loss (net Income less Investment income, interest income, rent, other income, and gain/loss on disposals) is **(\$939,711)**.
- Client service revenue increased significantly in April due to adjustments made to previous month revenue. See the Client Service Revenue chart summary on the next page for more detail.
- Fair value of investments held increased in March by \$145,784.

Balance Sheet & Statement of Cash Flows

- The cash balance increased in April to just under \$2.8 million.
- Accounts Receivable decreased slightly based on pharmacy adjustment and increase in client service revenue.
- The independent audit firm continues to work through the claims accounts receivable to determine accuracy.

Risk & Opportunities

- We continue to review posting accuracy for accounts receivable to determine appropriate amounts are recorded. We anticipate there may be more changes to current and previous financial statements in the future.
- Medicaid Eligibility determination continues to be a concern for Southeast. We are collaborating with a consultant to ensure we capture patients that need linked to services if their Medicaid eligibility is terminated.



In previous months/years pharmacy revenue was reconciled to the pharmacy system accounts receivable reports. This did not take into consideration the posting process of those receipts to the pharmacy system. This process has been changed to post only sales and cost of goods sold reflected on the monthly pharmacy reports. If there is a significant variance between the accounting records and the pharmacy system a reconciliation process will be performed to determine if there is an issue. This difference was not material in prior year but this year in October the State of Ohio changed the payments system for pharmacy claims. They no longer send a separate remit for pharmacy claims versus client services claims. This resulted in a delay in posting of payments to the system. When it was determined by the new CFO that this was the way revenue was recognized a completed reconciliation was performed to determine the overstatement. The financial impact is summarized below by month; however, the entire adjustment was made in April. There is one month left to reconcile- October. This will be completed and reflected in the May financial statements.

Pharmacy Revenue Adjustments

Month	Adjustments To AR
November	\$ (1,099,410.39)
December	\$ (1,265,028.16)
January	\$ (71,071.15)
February	\$ (338,943.57)
March	\$ 329,827.26
Total	\$ (2,444,626.01)

Southeast continues to work through the client’s services revenue posting and accounts receivable with the independent accounting firm. As discussed in previous board meetings revenue is not booked at gross with allowance and actual adjustments reflected on the financial statements. Instead, revenue is booked at sixty percent of total charges. However, there is not a process to go back and pick up any revenue that is posted in the billing software after the month end entry is completed. Per discussion with the independent accounting firm, it was determined that this revenue should be recorded. Currently, all revenue is recognized at the sixty percent amount until a true accounts receivable is determined. This determination will be made by June 30th so we can begin booking accounts receivable appropriately in accordance with the auditing recommendation and best practices.

Client Service Revenue

Month	Adjustments to Charges
July	\$ 264,850.20
August	\$ 273,823.20
September	\$ 240,441.60
October	\$ 311,584.20
November	\$ 156,732.00
December	\$ 97,627.80
January	\$ 156,208.20
February	\$ 88,907.40
Total	\$ 1,590,174.60

SOUTHEAST, INC.
CONSOLIDATED STATEMENT OF ACTIVITY
FOR THE PERIOD ENDED APRIL 30, 2023

	FY23 BUDGET	***** ACTUAL *****		LAST YEAR YTD	YTD BUDGET	ACT vs. BUD \$ VARIANCE	% VAR OF BUDGET
		April	YTD				
<i>REVENUE</i>							
<i>ADAMH FUNDING</i>							
ADAMH-FFS	\$ 9,232,154	\$ 696,975	\$ 4,990,798	\$ 8,077,715	\$ 7,693,461	(\$2,702,663)	(35.1%)
ADAMH - BLOCK GRANT	4,928,013	320,889	2,287,080	4,680,401	4,106,678	(1,819,598)	(44.3%)
ADAMH PHARMACY	11,161	0	0	2,000	9,301	(9,301)	(100.0%)
ADAMH - OTHER	-	0	0	-	-	-	
TOTAL	14,171,327	1,017,864	7,277,878	12,760,116	11,809,440	(4,531,562)	(38.4%)
<i>FIRST & THIRD PARTY</i>							
CLIENT FEES	131,627	8,486	78,803	83,309	109,689	(30,886)	(28.2%)
INSURANCE	700,440	333,644	1,082,473	611,393	583,700	498,773	85.5%
MEDICARE	1,449,197	261,457	945,599	845,525	1,207,664	(262,065)	(21.7%)
MEDICAID	12,371,238	1,904,294	11,524,729	8,579,278	10,309,365	1,215,364	11.8%
CONTRACTS	6,662,770	555,488	9,482,205	8,313,539	5,552,309	3,929,896	70.8%
PHARMACY SALES	21,454,297	108,375	22,106,268	17,214,199	17,878,581	4,227,687	23.6%
IN KIND REVENUE	-	0	0	-	-	0	#DIV/0!
TOTAL THIRD PARTY	42,769,570	3,171,744	45,220,077	35,647,243	35,641,308	9,578,769	26.9%
OPERATING REVENUE	\$ 56,940,897	\$ 4,189,608	\$ 52,497,955	\$ 48,407,359	\$ 47,450,748	\$5,047,207	10.6%
<i>EXPENSES</i>							
SALARIES	28,840,383	2,378,719	25,422,814	22,740,285	24,033,653	1,389,161	5.8%
EMPLOYEE BENEFITS	8,209,534	573,657	5,321,870	5,427,546	6,841,279	(1,519,409)	(22.2%)
CONTRACT SERVICES	1,142,255	124,218	1,142,260	899,390	951,879	190,381	20.0%
COMPUTER EXPENSE	710,896	132,150	955,876	776,495	592,413	363,463	61.4%
OPERATING SUPPLIES	526,375	81,918	511,953	261,780	438,646	73,307	16.7%
OPERATING EXPENSES	2,625,925	262,860	2,679,289	2,063,561	2,188,271	491,018	22.4%
OFFICE EXPENSES	485,906	48,353	269,986	315,727	404,922	(134,936)	(33.3%)
MOBILE PHONES	192,689	26,886	281,453	224,310	160,574	120,879	75.3%
TRAVEL/TRANSPORTATION	1,205,723	60,600	738,137	574,493	1,004,769	(266,632)	(26.5%)
BUILDING & GROUNDS	2,237,448	176,076	1,933,925	1,657,496	1,864,540	69,385	3.7%
DEPRECIATION	714,627	49,850	492,103	538,732	595,523	(103,420)	(17.4%)
AUDIT & LEGAL FEES	165,111	10,617	174,538	193,677	137,593	36,945	26.9%
INSURANCE EXPENSE	882,770	60,760	607,251	607,788	735,642	(128,391)	(17.5%)
PHARMACY COG	10,254,996	1,122,423	10,455,258	8,709,463	8,545,830	1,909,428	22.3%
IN KIND EXPENSE	-	0	0	-	-	0	#DIV/0!
OTHER EXPENSES	228,752	20,232	202,290	213,452	190,627	11,663	6.1%
TOTAL EXPENSES	\$ 58,423,393	\$ 5,129,319	\$ 51,189,003	\$ 45,204,195	\$ 48,686,161	\$2,502,842	5.1%
OPERATING NET INCOME/(LOSS)	\$ (1,482,495)	\$ (939,711)	\$ 1,308,952	\$ 3,203,164	\$ (1,235,413)	\$2,544,365	
<i>MISCELLANEOUS REVENUE</i>							
INTEREST INCOME	123	41	340	26	103	237	231.4%
INVESTMENT	145,218	145,784	737,871	(1,072,830)	121,015	616,856	509.7%
RENT	135,913	13,295	119,157	131,723	113,261	5,896	5.2%
GAIN/(LOSS) ON PURCHASE	-	0	0	55,000	-	-	
OTHER	1,420,557	67,939	592,113	659,256	1,183,798	(591,685)	(50.0%)
TOTAL MISCELLANEOUS	1,701,811	227,059	1,449,481	(226,825)	1,418,176	31,305	2.2%
SOUTHEAST NET REVENUE	\$ 219,316	\$ (712,652)	\$ 2,758,433	2,976,339	\$182,763	\$2,575,670	
Margin on Operating Revenue	(2.6%)	(22.4%)	2.5%	6.6%			
Margin on Total Revenue	.4%	(16.1%)	5.1%	6.2%			

SOUTHEAST, INC.
CONSOLIDATED STATEMENT OF FINANCIAL POSITION
FOR THE PERIOD ENDED APRIL 30, 2023

ASSETS

<i>CASH:</i>			
CASH IN BANK - UNRESTRICTED	\$	2,778,724	
SCHOLARSHIP ACCOUNT			
BUILDING MANAGEMENT		22,931	
PETTY CASH		<u>3,430</u>	2,805,085
 <i>INVESTMENTS:</i>			
SHORT TERM INVESTMENTS		3,648,956	
AMERICAN FUNDS		9,489,622	
RESTRICTED INVESTMENTS		<u>284,751</u>	13,423,329
 <i>ACCOUNTS RECEIVABLE:</i>			
Claims Based Receivables			
CLIENT & THIRD PARTY		5,132,984	
MEDICAID		11,043,746	
ADAMH			1,703,193
Franklin County		640,419	
Delaware & Morrow Counties		679,049	
Belmont,Harrison & Monroe Counties		383,334	
Tuscarawas & Carroll Counties		390	
ALLOWANCE FOR DOUBTFUL ACCOUNTS		<u>0</u>	
Total Claims Based Receivables		17,879,923	
 Other Receivables			
OTHER GRANTS & CONTRACTS		2,214,123	
APOTHECARE		2,188,173	
MISCELLANEOUS		<u>53,323</u>	22,335,542
Total Other Receivables		4,455,619	
 <i>OTHER CURRENT ASSETS:</i>			
APOTHECARE INVENTORY		1,624,524	
PREPAIDS		1,195,705	
EMPLOYEE LOAN/EPP		5,492	
OTHER		9,087	2,834,808
TOTAL CURRENT ASSETS			<u>41,398,764</u>
 <i>FIXED ASSETS:</i>			
VEHICLES		576,228	
BUILDING, LAND & IMPROVEMENTS		12,634,388	
FURNITURE & EQUIPMENT		3,695,865	
TENANT IMPROVEMENT		<u>174,753</u>	
subtotal		17,081,234	
LESS accumulated depreciation		<u>(11,407,755)</u>	
NET FIXED ASSETS			<u>5,673,479</u>
TOTAL ASSETS			<u>\$ 47,072,245</u>

LIABILITIES & NET ASSETS

<i>LIABILITIES:</i>			
ACCOUNTS PAYABLE	\$	1,052,238	
ACCRUED EXPENSES		-	
PROPERTY TAX PAYABLE		29,879	
TENANT DEPOSIT		<u>7,138</u>	1,089,255
 <i>ACCRUED WAGES & FRINGE BENEFITS:</i>			
ACCRUED VACATION		1,624,237	
ACCRUED PAYROLL		1,689,072	
ACCRUED RETIREMENT			
ACCRUED OTHER		<u>373,658</u>	3,686,967
TOTAL CURRENT LIABILITIES			4,776,222
 <i>DEFERRED REVENUE</i>			 1,510,976
 <i>LONG TERM DEBT</i>			 2,515,156
 <i>ADVANCES FROM THE STATE</i>			 516,219
 <i>CAPITALIZED LEASE AGREEMENT</i>			 <u>280,715</u>
TOTAL LIABILITIES			9,599,288
 <i>NET ASSETS:</i>			
UNRESTRICTED		35,331,170	
DESIGNATED		1,817,924	
RESTRICTED		39,112	
SCHOLARSHIP		<u>284,751</u>	
TOTAL NET ASSETS			<u>37,472,957</u>
TOTAL LIABILITIES & NET ASSETS			<u>\$ 47,072,245</u>

April 30, 2023
Statement of Cash Flows

	<u>Current Period</u>
Cash From Operations	
Change in net assets	(712,651.00)
Adjustments to reconcile change in net assets to net cash	
Depreciation	49,850.00
Forgiveness of advance from State of Ohio	(4,615.00)
Total Adjustments to reconcile change in net assets to net cash	45,235.00
(Increase) decrease in:	
Accounts receivable	(2,757.00)
Inventory	(42,696.00)
Other current assets	<u>108,495.00</u>
Total (Increase) decrease in:	63,043.00
Increase (decrease)	
Accounts payable	(16,899.00)
Accrued expenses and taxes	<u>30,658.00</u>
Total Increase (decrease)	<u>13,758.00</u>
Total Cash From Operations	<u>(590,614.00)</u>
Cash From Investing Activities	
Purchase of investments	(205,784.00)
Total Cash From Investing Activities	<u>(205,784.00)</u>
Cash Flows From Financing Activities	
Principal payments on long-term debt	(10,895.00)
Principal payments on capital lease obligations	(7,318.00)
Total Cash Flows From Financing Activities	<u>(18,213.00)</u>
Net Increase/Decrease in Cash	(814,611.00)
Cash and Cash Equivalents, beginning of period	<u>3,619,695.00</u>
Cash and Cash Equivalents, end of period	<u>2,805,085.00</u>

SOUTHEAST, INC.
RATIO ANALYSIS
FOR THE PERIOD ENDED APRIL 30, 2023

Year to date performance

Current Ratio	(CURRENT ASSETS/CURRENT LIABILITIES)	8.7	Ability to pay current debt with current assets; 2 to 4 is standard.
Revenue over Expense Margin	(YTD REVENUE/YTD EXPENSES)	1.068	Indicates revenues (net income) over expenses; Over 1.03 is excellent.
Assets to Liabilities	(TOTAL ASSETS/TOTAL LIABILITIES)	4.90	Indicates debt structure of Organization; 2.0 is standard.
Debt to Net Assets (Equity)	(TOTAL LIABILITIES/NET ASSETS)	.26	Compares borrowed capital to invested capital; .40 is standard.
Days of Cash	CASH & ST INVESTMENTS/AVE. DAY'S EXPENSES	38.4	Indicates number of days of cash SE has on hand. 90 days is good
Average Days in Receivables	(REVENUE/365)AR/Revenue per day)	129.4	Indicates the number of days it takes to collect our receivables

ADAMH Key Performance Indicators

	SOUTHEAST RATIO	ADAMH STANDARDS		INDEX PTS
		EXCELLENT	GOOD	
Administrative Costs to Expenses (Admin/Total expenses)	15.23%	7% - 9.99%	10% - 10.99%	3
Debt to Equity Ratio (Total Liabilities/Net Assets)	0.256	.40 - .49	.50 - 1.19	5
Revenue to Expenses (Total Revenue / Total Expense)	0.82	1.03 - 1.0599	1 - 1.0299	3
Current Ratio (Current Assets/Current Liabilities)	8.67	1.80 - 2.39	1.4 - 1.79	5
Cash to Avg. Mo. Expense (Days) (Cash + ST Invest/Total Expenses)	38.4	80 - 89.99	50 - 79.99	3
Fund Balance Reserve (Net Assets / Ave. Monthly expenses- including CGS)	6.59	6 - 6.99	4 - 5.99	5
% of Revenue from ADAMH (ADAMH Revenue/Total Revenue)	23.0%	< 55.0%	70% - 55%	5
				4.1

Index Coding

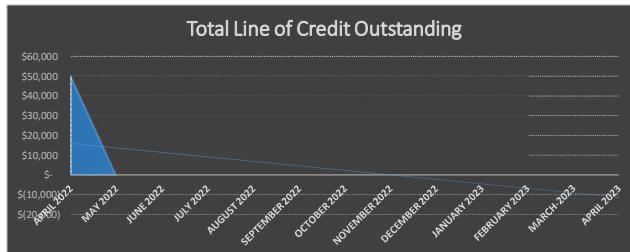
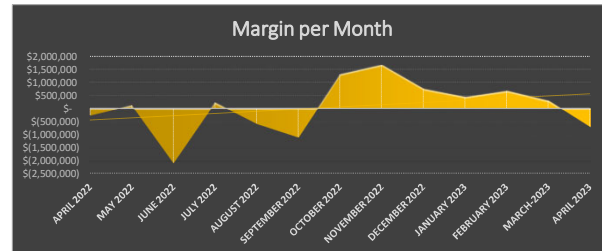
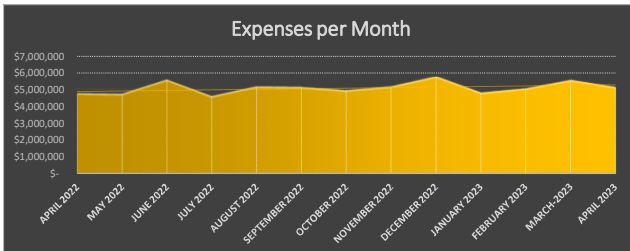
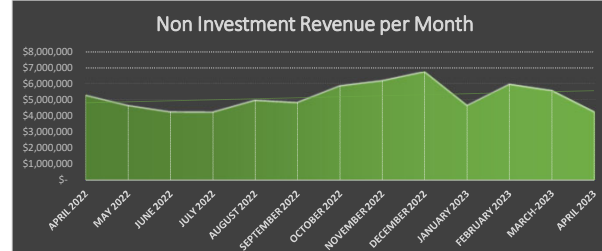
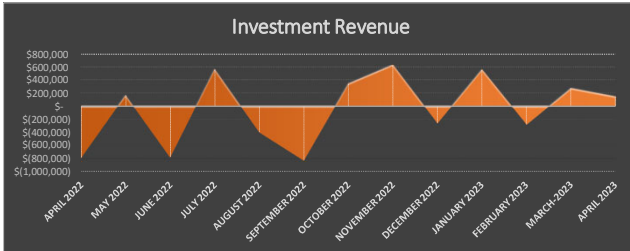
5 - Excellent
4 - Good
3 - Fair
2 - Poor
1 - Correction Required

Historical Ratio Dashboard
For the period ended April 30, 2023



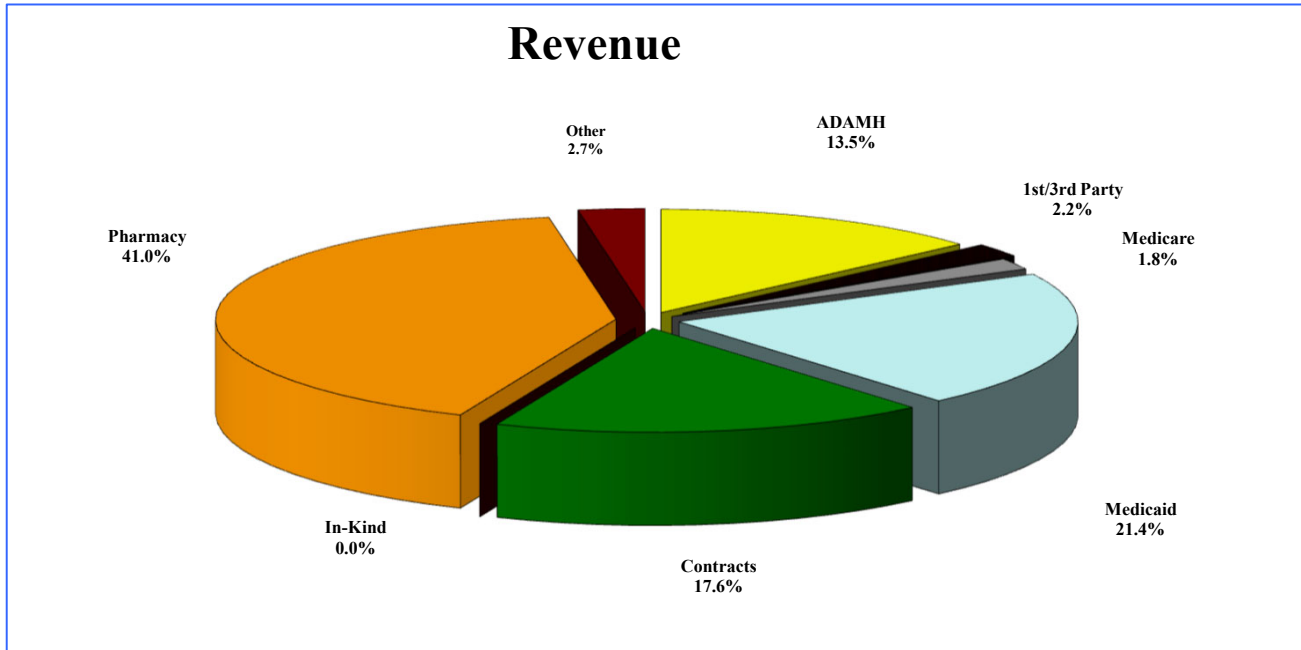
Ratio	Formula	Description
Current Ratio	(CURRENT ASSETS/CURRENT LIABILITIES)	Ability to pay current debt with current assets; 2 to 4 is standard.
Revenue over Expense Margin	(YTD REVENUE/YTD EXPENSES)	Indicates revenues (net income) over expenses; Over 1.03 is excellent.
Assets to Liabilities	(TOTAL ASSETS/TOTAL LIABILITIES)	Indicates debt structure of Organization; 2.0 is standard.
Debt to Net Assets (Equity)	(TOTAL LIABILITIES/NET ASSETS)	Compares borrowed capital to invested capital; .40 is standard.
Days of Cash	CASH & ST INVESTMENTS/AVE. DAY'S EXPENSES	Indicates number of days of cash SE has on hand. 90 days is good
Average Days in Receivables	(REVENUE/365)/AR/Revenue per day)	Indicates the number of days it takes to collect our receivables
Total Liabilities	Current Liabilities + Long Term Liabilities	Note - December 2018 Garage purchase closed @ 2.4M

Historical Ratio Dashboard
For the period ended April 30, 2023

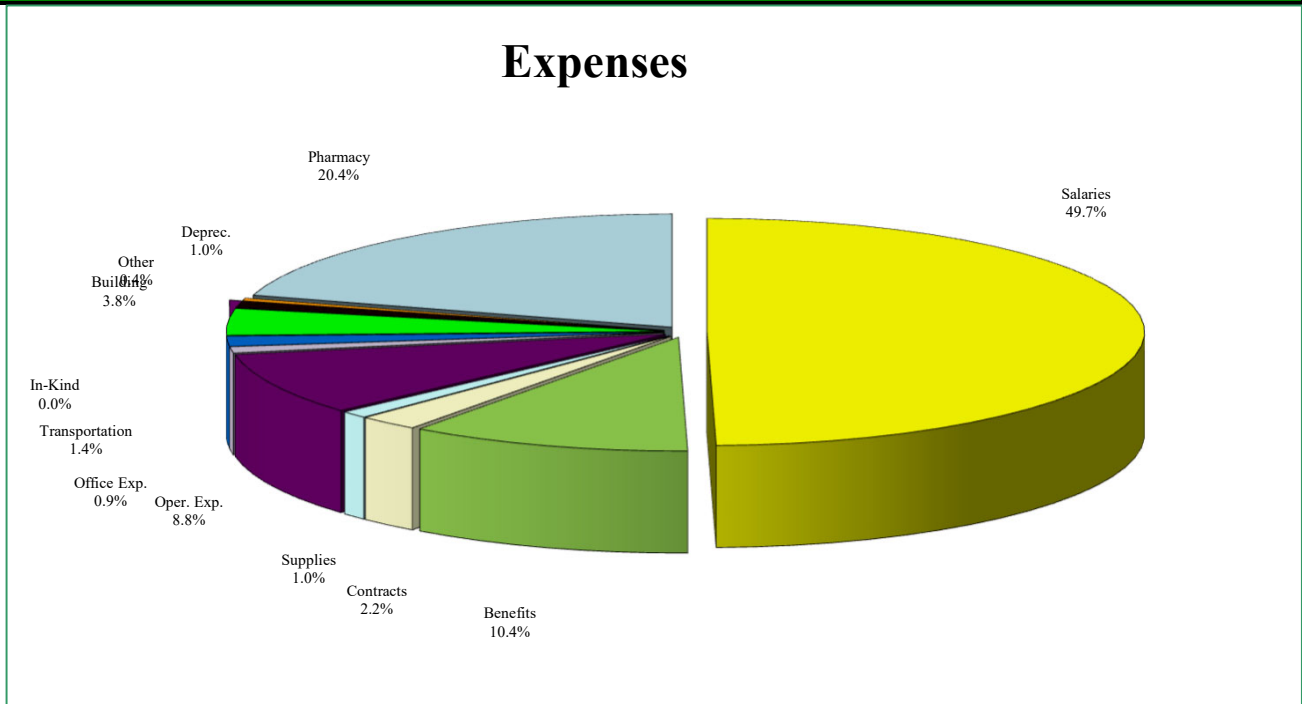


Southeast, Inc. Revenue & Expenses by Category

YTD FY 2023 TOTAL CONSOLIDATED REVENUE \$53,947,346



YTD FY 2023 TOTAL CONSOLIDATED EXPENSES \$51,189,003



Southeast, Inc.

Investment Funds

	FISCAL YEAR					CALENDAR YEAR		
	As of 6/30/22	As of 6/30/21	As of 7/1/21	GAIN/(LOSS) 7/1/21 - 6/30/22	% of Gain/(Loss)	As of 1/1/22	GAIN/(LOSS) 1/1/22- 6/30/2022	Percent
AMERICAN FUNDS								
AMCAP Fund - A	667,977	867,883	867,883	(199,906)	(23.0)%	948,630	(280,653)	(29.6)%
EUROPACIFIC GROWTH FUND	245,182	340,214	340,214	(95,032)	(27.9)%	327,971	(82,789)	(25.2)%
GROWTH FUND OF AMERICA	870,843	1,162,374	1,162,374	(291,531)	(25.1)%	1,249,829	(378,986)	(30.3)%
NEW WORLD FUND-A (<i>Growth</i>)	84,667	116,673	116,673	(32,006)	(27.4)%	111,069	(26,402)	(23.8)%
CAPITAL WORLD GROWTH & INCOME	567,540	692,165	692,165	(124,625)	(18.0)%	720,275	(152,735)	(21.2)%
FUNDAMENTAL INVESTORS	757,352	888,911	888,911	(131,559)	(14.8)%	954,731	(197,379)	(20.7)%
WASHINGTON MUTUAL INVESTORS FUND	1,001,655	1,033,732	1,033,732	(32,077)	(3.1)%	1,151,324	(149,669)	(13.0)%
CAPITAL INCOME BUILDER (Equity Income)	1,124,176	1,486,596	1,486,596	(362,420)	(24.4)%	1,557,422	(433,246)	(27.8)%
INCOME FUND OF AMERICA (Equity Income)	1,315,286	2,163,711	2,163,711	(848,425)	(39.2)%	2,287,524	(972,238)	(42.5)%
AMERICA HIGH INCOME TRUST (Bond)	695,008	984,019	984,019	(289,011)	(29.4)%	1,001,239	(306,231)	(30.6)%
INTERMEDIATE BOND FUND of AMERICA	752,228	1,001,793	1,001,793	(249,565)	0.0%	999,879	(247,651)	0.0%
CAPITAL WORLD BOND	712,001	1,397,877	1,397,877	(685,876)	(49.1)%	1,371,883	(659,882)	(48.1)%
CASH MGT TRUST OF AMERICA	-	134	134	(134)	(100.0)%	134	(134)	(100.0)%
TOTAL AMERICAN FUND INVESTMENTS	8,793,915	12,136,082	12,136,082	(3,342,167)	(27.5)%	12,681,910	(3,887,995)	(30.7)%
BANK FUNDS								
PREMIER MONEY MARKET/Scholarship Fd.	280,757	280,601	280,601	156	0.1%	280,652	105	0.0%
5/3 BANK - Money Market & Fixed Income	3,474,281	1,572,428	1,572,428	1,901,853	121.0%	1,789,925	1,684,356	94.1%
TOTAL BANK FUND INVESTMENTS	3,755,038	1,853,029	1,853,029	1,902,009	102.6%	2,070,577	1,684,461	81.4%
TOTAL SOUTHEAST INVESTMENTS	12,548,953	13,989,111	13,989,111	(1,440,157)	(10.3)%	14,752,487	(2,203,534)	(14.9)%

Southeast, Inc.

Investment Funds

	FISCAL YEAR					CALENDAR YEAR		
	As of 9/30/22	6/30/2022	As of 7/1/22	GAIN/(LOSS) 7/1/21 - 6/30/22	% of Gain/(Loss)	As of 1/1/22	GAIN/(LOSS) 1/1/22- 9/30/2022	Percent
AMERICAN FUNDS								
AMCAP Fund - A	640,800	667,977	667,977	(27,177)	(4.1)%	948,630	(307,830)	(32.4)%
EUROPACIFIC GROWTH FUND	222,073	245,182	245,182	(23,109)	(9.4)%	327,971	(105,898)	(32.3)%
GROWTH FUND OF AMERICA	847,293	870,843	870,843	(23,550)	(2.7)%	1,249,829	(402,536)	(32.2)%
NEW WORLD FUND-A (Growth)	78,767	84,667	84,667	(5,900)	(7.0)%	111,069	(32,302)	(29.1)%
CAPITAL WORLD GROWTH & INCOME	526,461	567,540	567,540	(41,079)	(7.2)%	720,275	(193,814)	(26.9)%
FUNDAMENTAL INVESTORS	717,845	757,352	757,352	(39,507)	(5.2)%	954,731	(236,886)	(24.8)%
WASHINGTON MUTUAL INVESTORS FUND	940,801	1,001,655	1,001,655	(60,854)	(6.1)%	1,151,324	(210,523)	(18.3)%
CAPITAL INCOME BUILDER (Equity Income)	1,039,137	1,124,176	1,124,176	(85,039)	(7.6)%	1,557,422	(518,285)	(33.3)%
INCOME FUND OF AMERICA (Equity Income)	1,232,173	1,315,286	1,315,286	(83,113)	(6.3)%	2,287,524	(1,055,351)	(46.1)%
AMERICA HIGH INCOME TRUST (Bond)	693,474	695,008	695,008	(1,534)	(0.2)%	1,001,239	(307,765)	(30.7)%
INTERMEDIATE BOND FUND of AMERICA	726,094	752,228	752,228	(26,134)	0.0%	999,879	(273,785)	0.0%
CAPITAL WORLD BOND	659,975	712,001	712,001	(52,026)	(7.3)%	1,371,883	(711,908)	(51.9)%
TOTAL AMERICAN FUND INVESTMENTS	8,324,893	8,793,915	8,793,915	(469,022)	(5.3)%	12,681,776	(4,356,883)	(34.4)%
BANK FUNDS								
PREMIER MONEY MARKET/Scholarship Fd.	281,053	280,757	280,757	296	0.1%	280,652	400	0.1%
5/3 BANK - Money Market & Fixed Income	3,230,027	3,474,281	3,474,281	(244,254)	(7.0)%	1,789,925	1,440,102	80.5%
TOTAL BANK FUND INVESTMENTS	3,511,080	3,755,038	3,755,038	(243,958)	(6.5)%	2,070,577	1,440,503	69.6%
TOTAL SOUTHEAST INVESTMENTS	11,835,973	12,548,953	12,548,953	(712,980)	(5.7)%	14,752,353	(2,916,380)	(19.8)%

Southeast, Inc.

Investment Funds

	FISCAL YEAR					CALENDAR YEAR		
	As of 12/31/22	6/30/2022	As of 7/1/22	GAIN/(LOSS) 7/1/21 - 6/30/22	% of Gain/(Loss)	As of 1/1/22	GAIN/(LOSS) 1/1/22- 12/31/2022	Percent
AMERICAN FUNDS								
AMCAP Fund - A	675,613	667,977	667,977	7,636	1.1%	948,630	(273,017)	(28.8)%
EUROPACIFIC GROWTH FUND	252,473	245,182	245,182	7,291	3.0%	327,971	(75,498)	(23.0)%
GROWTH FUND OF AMERICA	865,883	870,843	870,843	(4,960)	(0.6)%	1,249,829	(383,946)	(30.7)%
NEW WORLD FUND-A (Growth)	86,562	84,667	84,667	1,895	2.2%	111,069	(24,507)	(22.1)%
CAPITAL WORLD GROWTH & INCOME	595,672	567,540	567,540	28,132	5.0%	720,275	(124,603)	(17.3)%
FUNDAMENTAL INVESTORS	795,534	757,352	757,352	38,182	5.0%	954,731	(159,197)	(16.7)%
WASHINGTON MUTUAL INVESTORS FUND	1,053,837	1,001,655	1,001,655	52,182	5.2%	1,151,324	(97,487)	(8.5)%
CAPITAL INCOME BUILDER (Equity Income)	1,156,486	1,124,176	1,124,176	32,310	2.9%	1,557,422	(400,936)	(25.7)%
INCOME FUND OF AMERICA (Equity Income)	1,358,596	1,315,286	1,315,286	43,310	3.3%	2,287,524	(928,928)	(40.6)%
AMERICA HIGH INCOME TRUST (Bond)	720,414	695,008	695,008	25,406	3.7%	1,001,239	(280,825)	(28.0)%
INTERMEDIATE BOND FUND of AMERICA	735,772	752,228	752,228	(16,456)	0.0%	999,879	(264,107)	0.0%
CAPITAL WORLD BOND	698,321	712,001	712,001	(13,680)	(1.9)%	1,371,883	(673,562)	(49.1)%
TOTAL AMERICAN FUND INVESTMENTS	8,995,163	8,793,915	8,793,915	201,248	2.3%	12,681,776	(3,686,612)	(29.1)%
BANK FUNDS								
PREMIER MONEY MARKET/Scholarship Fd.	281,667	280,757	280,757	910	0.3%	280,652	1,014	0.4%
5/3 BANK - Money Market & Fixed Income	3,294,086	3,474,281	3,474,281	(180,195)	(5.2)%	1,789,925	1,504,161	84.0%
TOTAL BANK FUND INVESTMENTS	3,575,753	3,755,038	3,755,038	(179,285)	(4.8)%	2,070,577	1,505,176	72.7%
TOTAL SOUTHEAST INVESTMENTS	12,570,916	12,548,953	12,548,953	21,963	0.2%	14,752,353	(2,181,437)	(14.8)%

Southeast, Inc.

Investment Funds

	FISCAL YEAR					CALENDAR YEAR		
	As of 03/31/2023	6/30/2022	As of 7/1/22	GAIN/(LOSS) 7/1/21 - 6/30/22	% of Gain/(Loss)	As of 1/1/23	GAIN/(LOSS) 1/1/23- 03/31/2023	Percent
AMERICAN FUNDS								
AMCAP Fund - A	743,444	667,977	667,977	75,467	11.3%	675,613	67,831	10.0%
EUROPACIFIC GROWTH FUND	277,139	245,182	245,182	31,957	13.0%	252,473	24,666	9.8%
GROWTH FUND OF AMERICA	962,637	870,843	870,843	91,794	10.5%	865,883	96,754	11.2%
NEW WORLD FUND-A (Growth)	92,240	84,667	84,667	7,573	8.9%	86,562	5,678	6.6%
CAPITAL WORLD GROWTH & INCOME	632,861	567,540	567,540	65,321	11.5%	595,672	37,189	6.2%
FUNDAMENTAL INVESTORS	842,796	757,352	757,352	85,444	11.3%	795,534	47,262	5.9%
WASHINGTON MUTUAL INVESTORS FUND	1,065,469	1,001,655	1,001,655	63,814	6.4%	1,053,837	11,632	1.1%
CAPITAL INCOME BUILDER (Equity Income)	1,180,126	1,124,176	1,124,176	55,950	5.0%	1,156,486	23,640	2.0%
INCOME FUND OF AMERICA (Equity Income)	1,369,684	1,315,286	1,315,286	54,398	4.1%	1,358,596	11,088	0.8%
AMERICA HIGH INCOME TRUST (Bond)	741,148	695,008	695,008	46,140	6.6%	720,414	20,734	2.9%
INTERMEDIATE BOND FUND of AMERICA	753,155	752,228	752,228	927	0.0%	735,772	17,383	0.0%
CAPITAL WORLD BOND	717,403	712,001	712,001	5,402	0.8%	698,321	19,082	2.7%
TOTAL AMERICAN FUND INVESTMENTS	9,378,102	8,793,915	8,793,915	584,187	6.6%	8,995,163	382,939	4.3%
BANK FUNDS								
PREMIER MONEY MARKET/Scholarship Fd.	283,951	280,757	280,757	3,194	1.1%	281,667	2,284	0.8%
5/3 BANK - Money Market & Fixed Income	3,470,935	3,474,281	3,474,281	(3,346)	(0.1)%	3,294,086	176,849	5.4%
TOTAL BANK FUND INVESTMENTS	3,754,886	3,755,038	3,755,038	(152)	(0.0)%	3,575,753	179,133	5.0%
TOTAL SOUTHEAST INVESTMENTS	13,132,988	12,548,953	12,548,953	584,035	4.7%	12,570,916	562,072	4.5%

SOUTHEAST, INC. PROCUREMENT SUMMARY

Describe Goods and Services Being Purchased: Audit and 990 preparation services for Southeast, Friends of the Homeless, and Alternative Lifestyles. We requested RFPs from the following audit firms; Forvis, GBQ, REA and Associates, Blue and Company and Wells CPA. Wells and REA declined to submit based on the HUD audit procedures required for Friends of the Homeless. Blue and Company submitted late.

Vendors:

Firm	2023	2024	2025
Forvis	\$78,000	\$78,000	\$81,000
GBQ	\$93,950	\$94,100	\$95,000

Vendor Recommended: Forvis

Reason for Selection (Check all that apply):

- Price Quality of goods/services Availability of goods/services within the required timeframe
- After sale services, including availability of parts/supplies Bidder's previous records of performance and service.
- Ability of bidder to render satisfactory service in this instance Payment terms Warranty offered
- Ability to provide samples Other:

Summary of Reason for Recommendation:

Southeast has utilized GBQ for a considerable number of years and auditing standards recommend switching auditors every few years to ensure the integrity of the audit. Forvis has audit expertise with entities like Southeast. Finally, the cost is less than GBQ cost.

Recommended Motion:

Approval Date: _____

Approved By: _____

Print Name

Title

Below is our summary of proposed maximum fees for the years ending June 30th. The fees quoted are all inclusive, with no additional out-of-pocket expenses (i.e. telephone, travel, copying, printing, etc.), and also include best practices information and other value-added services.

Professional Services for Southeast	2023	2024	2025
→ Audited financial statements and report to the Finance Committee (management letter)	\$65,500	\$66,000	\$66,500
→ Preparation of IRS Form 990 filing for Southeast	\$4,750	\$4,800	\$4,900
→ Preparation of IRS Form 990 filing for Friends of the Homeless, Inc.	\$2,100	\$2,100	\$2,100
Total	\$73,350	\$72,900	\$73,500

Professional Services for ALS	2023	2024	2025
→ Audited financial statements and report to the Finance Committee (management letter)	\$18,600	\$19,200	\$19,500
→ Preparation of IRS Form 990 filing	\$2,000	\$2,000	\$2,000
Total	\$20,600	\$21,200	\$21,500

**Reflects maximum pricing assuming similar levels of operating activity. Subject to re-evaluation based on decreased levels of activity from year to year.*

Standard Hourly Rates

If it is mutually agreed that you would like us to provide services beyond those listed above, they will be billed at our standard hourly rates, or more typically, on a negotiated project basis.

Associate Level	Billing Rate
Partner	\$500
Director/Senior Manager	\$245 - \$400
Manager	\$190 - \$245
Senior	\$160 - \$205
Staff	\$135 - \$145

Your Investment

g. Proposed fee structure for each of the three years of the proposal period, including whatever guarantees can be given regarding increases in future years, and the maximum fee that would be charged;

Proposed Maximum Fees

Our goal is to be candid, timely, answer your questions about fees upfront, and avoid fee surprises. We determine our fees by evaluating a number of variables: the complexity of the work, the project's scope, the time we will spend, and the level of professional staff needed. Included in our fees are all travel costs, however, in addition to our fees you will be billed an administrative fee of 5%. This fee covers items such as copies, postage and other delivery charges, supplies, technology-related costs, such as computer processing, software licensing, research and library databases, and similar expense items.

Our fees may increase if our duties or responsibilities change because of new rules, regulations, and accounting or auditing standards. We will consult with you should this happen.

These fees do not include any time that may be required to address a restatement of previously audited financial statements. Accordingly, any such work will be billed based on our hourly rates.

For the Years Ending June 30	2023	2024	2025
Financial Statement Audit in Accordance with <i>Government Auditing Standards</i>	\$38,000	\$40,000	\$42,000
Compliance Audit in Accordance with the Uniform Guidance, including one major program*	\$11,500	\$12,000	\$12,500
Financial Statement Audit of Alternative Lifestyles, Inc.	\$12,000	\$12,000	\$12,000
Agreed-Upon Procedures Engagement – Alternative Lifestyles, Inc.	\$3,000	N/A	N/A
Form 990 Tax Services	\$13,500	\$14,000	\$14,500
TOTAL	\$78,000	\$78,000	\$81,000

*Additional programs will be billed at a rate of \$4,000 - \$6,000 per program.

Future Year Fees

We anticipate an increase in our professional fees by 3% to 7% annually. If there are significant changes in your operations or changes in accounting or auditing standards, we will meet with you to discuss how these changes will affect your fees.

Hourly Rates

Any work outside the proposed scope will be billed according to our hourly rates.

Staff Level	Hourly Rates
Partner / Principal / Managing Director / Director	\$400–\$550
Senior Manager / Manager	\$285–\$400
Senior Associate / Senior Consultant	\$190–\$285
Associate / Consultant	\$125–\$190

h. Describe your billing rates and procedures for technical questions that may come up during the year, or whether these occasional services are covered in the proposed fee structure;

Providing a high level of value for the fees you pay is an integral part of our basic engagement philosophy, which means we respond to questions quickly and do so without hidden fees. We do not bill for responses to your day-to-day questions that require no significant investment of research, time, or other costs. If an issue is going to take more than one hour to research, we will inform you in advance of the estimated hours and fees it will require.

SOUTHEAST, INC.

Area: Human Resources Department
Subject: Emergency Loan Fund

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SE Doc#: 07.12.04.03

Effective Date: 11/22/93

Approved by: Board of Directors

Issue/Revision Date: 06/18/08

Signatory: Chief Executive Officer

Reviewed Date: 12/10/04, 07/08/09, 04/02/12, 9/12/16, 2/12/19

Supersedes: doc. # 5:1107.12.04.03 dated November 22, 1993 June 1, 1996, 8/5/02, 03/03/03, 07/03/03, 05/03/04, 06/15/04, 09/10/07

EMERGENCY LOAN FUND

PURPOSE:

To make available emergency loans to Southeast employees when applied for and approved by Southeast.

POLICY:

It is the policy of Southeast, Inc. to provide an emergency loan fund to be used by Southeast employees who apply for the loan and who meet eligibility requirements as defined by Southeast Inc. The emergency fund may be dissolved by the Board of Directors at its discretion and/or upon recommendation by Southeast Administration.

Annually, the Executive Staff will determine the total amount of the loan fund available ~~and the amount allocated per program area based on FTE.~~

PROCEDURES:

1. Employees requesting financial assistance will complete an Emergency Loan Application form ~~in the Human Resources Department.~~
2. Emergency loans must be of a nature that they directly affect the employee (exclusive of spouse, children, and domestic partners), and are needed to maintain an employee's living situation, health, and/or employment. The need for the loan must constitute an emergency.
3. On the application, the employee will include the amount requested and the schedule for reimbursing Southeast.
4. Reimbursement will be completed through payroll reduction.
5. Southeast must approve the reimbursement schedule before the loan is approved.
6. Employees will sign a promissory statement agreeing that if they leave Southeast for any reason, any outstanding balance will be deducted from their last paycheck(s).
7. A full-time employee is eligible for a ~~total~~ loan amount of up to \$~~500-650~~ twice per fiscal year (July 1 to June 30). A loan request(s) cannot exceed this amount during

SOUTHEAST, INC.

Area: Human Resources Department
Subject: Emergency Loan Fund

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SE Doc#: 07.12.04.03

this twelve-month period. Part-time employees are eligible for a loan on a pro-rated basis based on FTE. Loans are interest free. Southeast charges a \$25 administrative fee for loans in the amount of \$250 – ~~\$500~~650, and \$10 for any loan under \$250. In order to be eligible for another loan, the prior loan must be paid in full.

8. Employees are not eligible for an emergency loan until the orientation period is satisfactorily completed. If an employee has previously been employed at Southeast, an exception to this may be granted, at the discretion of the Chief Executive Officer.

9. Loans will be delayed if the ~~total~~ loan fund ~~or amount allocated per program~~ is exhausted at any time. Applicants will be notified when adequate funds are again available.

~~10. Employees may also apply for loans through the Columbus Municipal Employees Federal Credit Union (see SE Doc# 07.12.04.02).~~

~~11.~~10. Southeast reserves the right to ask for a receipt for any expenditures under an approved loan.

~~11.~~12. Members of the Southeast executive staff are not eligible to borrow from the emergency loan fund.

~~12.~~14. Exceptions to this policy may be made at the discretion of the CEO, except that #12 may not be excepted.

RESPONSIBILITIES:

Human Resources Department
Staff

FORMS:

Emergency Loan Application