



**Board of Directors Meeting
Wednesday, August 23, 2023, 11:00 am
Virtual via GoToMeeting**

Revised AGENDA

| | Action Needed | Attachment |
|--|---------------|------------|
| Roll Call | | |
| CALL TO ORDER | | |
| APPROVAL OF MINUTES | ✓ | ✓ |
| <u>Board Chair's Report</u> | | |
| HRSA Review | | ✓ |
| In Person Board Meetings | | |
| <u>CEO Report</u> | | |
| Strategic Plan | | * |
| <u>PROGRAM / QI COMMITTEE</u> | | |
| Patient Rights Report SFY 2023 | ✓ | ✓ |
| Procurement Summary-PHM Tools (With Finance) | ✓ | ✓ |
| Osteopathic Heritage Foundation Grant (With Finance) | ✓ | ✓ |
| City of Columbus Grants: Shelter System (With Finance) | ✓ | ✓ |
| <u>FINANCE</u> | | |
| Financials | ✓ | ✓ |
| Capital Budget | ✓ | ✓ |
| Investment Report | ✓ | ✓ |
| Procurement Summary-PHM Tools (With Program) | ✓ | ✓ |
| Osteopathic Heritage Foundation Grant (With Program) | ✓ | ✓ |
| City of Columbus Grants: Shelter System (With Program) | ✓ | ✓ |
| <u>HUMAN RESOURCES COMMITTEE</u> | | |
| Re-Privileging | | |
| Tom McFarland-Therapist | | |
| Mike Davis-Therapist | | |
| Joe Dunson-Therapist | | |
| Billie Jo Bishop-Therapist | | |
| Kayla Dixon-Therapist | | |
| Lindsay Baugh-Therapist | | |
| Cynthia Sickles-Therapist | | |
| Cassandra Sansone-Therapist | | |
| Tammie Becker-Therapist | | |
| Taylor Williams-Program Manager | | |
| Judy Dean-Program Manager | | |
| Amy Prichard-Team Leader | | |

Taylor Ruh-Assessment Specialist
Tony Frengel-Assistant Clinical Director
Jacob Massie-Assistant Clinical Director
Weslee Warner-Clinical Director
Charlie Huber-Assistant Medical Director/Nurse Practitioner

Good Things

Southeast received and thank you letter from the Gertrude Wood Community Foundation for our participation in the Community Housing Wellness Fair; “On behalf of the Gertrude Wood Community Foundation Board of Trustees and Staff, thank you so much for your active participation in our Annual Community Housing & Wellness Fair. Thank you for sharing your resources, time and talent with the community. Words cannot adequately express the gratitude that GWCF has for you.”

The Times Leader and Wheeling Intelligencer/News Register have recently held the Best of the Ohio Valley Readers' Choice Contest and Southeast Healthcare Inc. has been nominated for Best Mental Health Practice. On August 23rd, we will be publishing the Nomination Tab listing everyone that has been nominated in each category and asking the public to vote for one business per category. Only the Top 5 businesses advance to the next round.

Elder Joseph L. Barnes, Sr., Mayor of Urbancrest, provided Southeast Healthcare a Certificate of Appreciation for our “phenomenal” support of the Mayor’s Health Day. Southeast continues to work with Urbancrest regarding providing behavioral health supports.

Executive Session

**denotes emailed later*



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

Members Present:

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

Members Excused:

Absent:

Art DeLeon
Kim Krone
Steve Sielschott

SE Staff:

Bill Lee, President and CEO
Rebecca Carr, CFO
Melissa Miller, Chief HR Officer
Nisaa Robinson, Adult and Family
Clinical Director
Wendy Williams, Chief Operating Officer
Sandy Stevenson, Special Projects
Director
Kim Cooksey, Clinical Director of SPMI
Services
April Welch, Executive Assistant

Call to Order: Tony Burns called the meeting to order at 11:01 am.

Approval of Board Minutes – Tony Burns moved to approve the June board minutes, and Dave Lane seconded. Motion approved.

Board Chair’s Report – Tony Burns

Tony yielded the floor to Wendy Williams for a review of Board Polices. He noted proposed revisions are noted using track changes. Wendy Williams reviewed proposed policy changes.

Board Policies Reviewed:

- 01.02.03.03 Nominating Committee
- 01.02.03.06 Program and Quality Improvement Committee
- 01.02.02.00 Board Member Responsibilities and Expectations
- 01.02.03.02 Human Resources Committee
- 01.02.03.01 Finance Committee

Motion: Tony Burns moved to approve the policy changes as presented. Dave Lane seconded. Motion approved.

President and CEO Report – Bill Lee, President and CEO provided CEO Report and noted an Executive Session will be held at the end of today’s Board Meeting.

Update on the State Budget; there will be an increase to some Medicaid rates in January for Behavioral Health providers. The 120-day notice issue was not approved and will be part of the Chapter 340 discussions; The Governor vetoed Boards effort to gain access to person specific Medicaid data due to HIPAA issues.

Representative Jarrells visited Southeast Healthcare. He was impressed with our Primary Care, Dental and RREACT teams.

Program Committee

Sarah Lenkay presented the CMHC No Cost Extension, Infection Prevention Control Plan and Goals and the Radiation Plan.

CMHC No Cost Extension: FYI

Southeast submitted a no-cost extension request to SAMHSA so that we can use unspent grant funds to continue to support CMHC program activities through 9/29/24. Due to staffing challenges and delays in project start-up, Southeast spent \$621,787 during year 1 of the project, and we project that we will spend \$1,260,444 during year 2, leaving a total of up to \$1,898,935 available for the no-cost extension request. Grantees are permitted to request a one-time no-cost extension of up to 12 months in order to complete project goals and objectives and to facilitate orderly phase-out of the project. Funds will be used during the no-cost extension period to sustain existing CMHC staff for an additional 12 months. During the extension period, SE will continue work toward achieving performance targets for our major self-declared goals (e.g., establishing linkages, ensuring enrollees' Social Determinants of Health [SDOH] related needs are addressed), SAMHSA goals (e.g., consumers served target, reassessment rate target), and monitoring indicators to determine if subgroup (e.g., racial, age-based) differences exist in access and engagement with the CMHC program as identified in the Disparity Impact Statement. Southeast also will focus on orderly phase-out of the project, in terms of programming, staffing, and patient care. Due to difficulties and delays filling key grant positions, combined with a strong push to accelerate our enrollment in recent months to compensate for the slower pace early on due to our inability to fully staff the grant, we must implement a multi-pronged phase-out approach. This approach will focus on ensuring that patients are linked and engaged with services to address areas of need, and on collecting required 6-month follow up and discharge data (NOMS) from enrollees to facilitate evaluation of the project's impact. Southeast is awaiting a reply.

Infection Prevention Control Plan and Goals:

The Plan and goals are reviewed and approved by SE Board annually. Revisions are identified using track changes and goals changes are highlighted in yellow.

The Quality Council has reviewed the plan and goals and has made recommended changes. Plan wording changes are for readability and updating references. There were changes to the TB section beginning on pg. 15 reflecting current best practices.

Goal targets that were changed include:

Goal 2 objective- 100% compliance with flu vaccine for primary care staff

Goal 6 objective - Communication and education to be provided to staff for 100% of emerging infectious diseases within the service provision area

Goal 7 is new adding a Hepatitis C goal that is driven by a grant to increase screening and lineage to care.

Motion:

Sarah Lenkey moved that The Southeast Board has reviewed and approves the SFY 2024 Infection Prevention and Control Plan and Goals. Kori Manus seconded. Motion approved.

Radiation Plan:

The purpose of the Radiation Safety Program is to communicate administrative policy, operational procedures, and standards of conduct regarding the use of radiation generating equipment (RGE) at Southeast Healthcare Dental Clinic. Our Dental Doctor reviewed and made changes for readability and updating references.

Motion:

Sarah Lenkey moved to approve the Radiation Plan. Kori Manus seconded. Motion approved.

Finance Committee

Kori Manus presented Financials, Finance Policies for review and 457 Plan.

Financials:

Kori Manus yielded floor to Rebecca Carr to review Financials.

Statement of Revenue and Expenditures

Net income for the current month of \$1,085,838 brings the cumulative year to date to Net operating income to \$2,658,496. This income is a result of the 2022 reconciliation of Franklin County ADAHM funding which resulted in a \$500,000 payment to Southeast. In addition, Pharmacy Revenue increased when compared to prior month due to prior month revenue adjustment. Pharmacy sales have balanced out as well. Operating income (net Income less Investment income, interest income, rent, other income, and gain/loss on disposals) is \$429,845.

Fair value of investments held increased in June by \$389,569.

We continue to work with an independent accounting firm to ensure accounts receivable is booked appropriately. Adjustments to Accounts receivable from this process could result in a reduction in revenue for Fiscal Year 2023. An updated June 30, 2023, financial statement will be presented to the board when the process is complete.

Balance Sheet & Statement of Cash Flows

The cash balance decreased in June to just over 3 million. The independent audit firm continues to work through the claims accounts receivable to determine accuracy. We have claims waiting to be reviewed in our clearing house. Southeast switched clearing houses as of July 1st, 2023. Southeast was with Claims Logic, but Claims Logic was not an approved Medicaid clearing house. Southeast is not with Etactics. Any claims that are being held with Claims Logic will now

be run through Etactics. This is the reason for the decrease in June. Payments should be in by the end of July for outstanding claims.

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. Monthly meetings with county boards continue to have a positive impact on our billing practices.

Motion:

Kori Manus moved to approve financials for June 2023 and ending fiscal year. Tom Shanahan seconded. Motion approved.

Finance Policies Reviewed:

- 04.01.02.00 Federal, State and Local Audit Policy:
- 04.02.01.00 State of Investment Policy:
- 04.02.02.00 Ratio Analysis Policy
- 04.02.03.00 Working Capital Reserve Standard Policy:
- 04.02.04.00 Restricted/Designated Funds Policy Review:
- 04.02.05.00 Write Off Uncollectable Accounts Policy Review:
- 04.02.08.00 Federal Funds Drawdown Policy Review
- 04.03.01.00 Financial Reporting Policy Review
- 04.07.04.00 Check Signing Policy Review

Kori Manus reviewed the proposed policy changes for each policy.

Motion:

Kori Manus moved to approve the policy changes as presented. Pat Halaiko seconded. Motion approved.

457 Plan (with HR Committee):

Kori Manus presented the 457 plan.

Southeast implemented a 457(F) plan for non-qualified deferred compensation in 2017 through Nationwide. The plan's goals are to retain currently employed physicians positions, as well as assist in the recruitment of these positions to the organization. Given the competing entities for talent, it is necessary that Southeast provide an additional incentive to attract new employees and maintain our current staffing at the executive management level as well as at the physician provider level.

Management team is recommending the following amendment to the plan: In addition to physicians, the plan will include the chief officers of the corporation, to include the Chief Executive Officer/President, Chief Operating Officer, Chief Financial Officer, Chief Human Resources Officer and Chief Clinical Services Officer. The Chief Medical Officer is already a part of the plan.

This plan change has been budgeted into the 2024 operating budget.

Motion:

Kori Manus moved to approve the amendment of the 457(F) Plan for the designated group of executive management. Patrick Halaiko seconded. Motion approved.

Human Resources Committee

Pat Halaiko presented the privileging and re-privileging of the staff below. Pat Halaiko also presented Human Resources Policies for review.

New Privileging

Gwen Barnhart, Team Leader

Re-Privileging

Judith Aracich, Clinical Director
Kim Eick, Therapist
Michael Howell, Therapist
Amos Jones, Assistant Clinical Director
Charles Pickering, Team Leader/Therapist
Terry Taylo, Program Manager
Brian Votaw, Crisis Director
Nancy Reed, Therapist
Becky Rogers, Team Leader

Motion

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

Human Resources Policies Reviewed:

- 07.03.02.00 Employee Classification Policy
- 07.03.02.01 Student and Volunteers Policy
- 07.03.02.02 External Temporary Staff Policy
- 07.05.04.00 Reference Checks Policy
- 07.05.06.00 Clinical Credentialing and Privileging Policy
- 07.06.01.00 Orientation Period Policy
- 07.06.02.00 Performance Evaluation Policy
- 07.07.01.00 Grievance Procedure Policy
- 07.09.02.00 Resignation Policy Review
- 07.12.05.01 Retirement Program Policy Review
- 07.02.01.00 Affirmative Action Policy Review

Pat Halaiko reviewed the proposed policy changes for each policy.

Bill asked if the Affirmative Action Policy should be changed to another title moving forward due to the decision of the Supreme Court. Melissa Miller stated that at the moment there wasn't a need to change the title, but she is monitoring other organizations phrasing and handling of Affirmative Action Policies.

Motion

Pat Halaiko moved to approve the policy changes as presented. Dave Lane seconded. Motion approved.

Good Things

RREACT Accolades

Installation of permanent loo will begin in August at Long St.

Fresh A.I.R. Gallery was just awarded \$4,291 out of \$5,000 requested funds for the 2024 Ohio Arts Council ArtSTART Grant. These funds will go towards supporting gallery operations. Last year, we received \$3037 of \$5000 requested.

Executive Session

Motion

Tony Burns moved to enter executive session. Kori Manus seconded. Motion approved.

Motion

Pat Halaiko moved to end the executive session. Kori Manus seconded. Motion approved.

Pat Halaiko reviewed the evaluation and 5% salary increase of President and CEO Bill Lee.

Motion

Pat Halaiko moved to approve a 5% increase for the President and CEO. Kori Manus seconded. Motion approved.

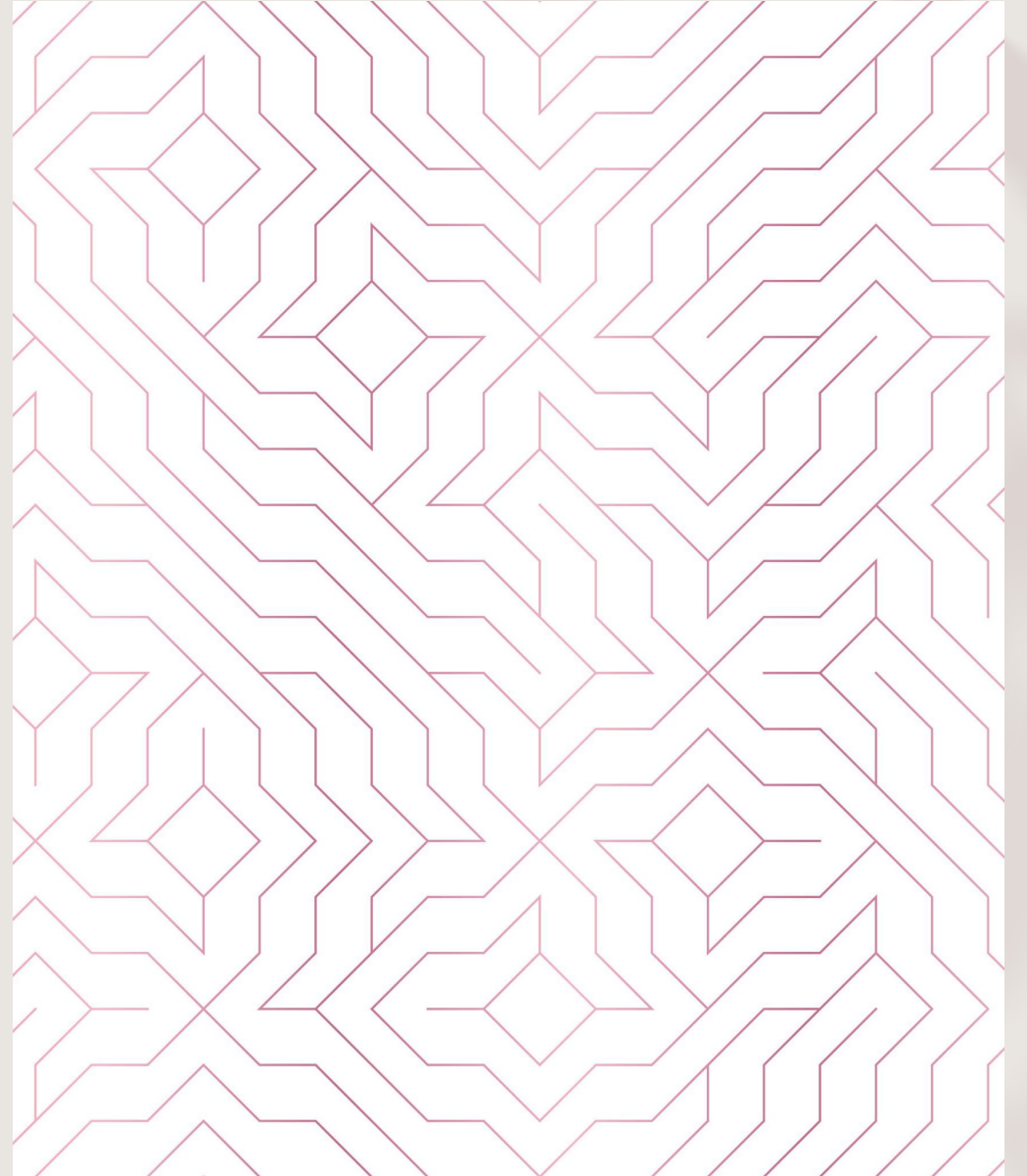
Adjournment – Tony Burns moved to adjourn the meeting.

Board Minutes submitted by April Welch, executive assistant for Eileen Goodman, Secretary.

Eileen Goodman, Secretary

2023 Board Education

Chapter 3: Strategic Planning and
Strategic Thinking



Board Roles & Responsibilities

| | |
|-----------|---|
| Approving | the organization's mission, vision, values, and revisiting these as needed; |
| Using | the mission, vision, and values to guide decision-making; |
| Ensuring | a community needs assessment takes place at least once every three years and informs strategic planning; |
| Engaging | in the strategic planning process along with the President and CEO and staff who typically lead the planning process; |
| Approving | the strategic plan; |
| Providing | oversight of the implementation of the strategic plan; |
| Engaging | in ongoing strategic thinking in partnership with the President and CEO. |

The Health Center Program and Strategy

A health center would demonstrate compliance with these requirements by fulfilling all of the following:

- The health center identifies and annually reviews its service area based on where current or proposed patient populations reside as documented by the ZIP codes reported on the health center's Form 5B: Service Sites. These ZIP codes must also be consistent with data reported on the annual UDS report.
 - **Annual UDS Review**
- The health center completes or updates a needs assessment of the current or proposed population at least once every three years.
 - This is completed for the purpose of informing and improving the delivery of health center services.
 - **In conjunction with the HRSA SAC Grant**



The Health Center Program and Strategy

The health center would demonstrate compliance with these requirements by fulfilling all of the following:

- The health center's organizational structure, articles of incorporation, bylaws, and other relevant documents ensure the health center governing board maintains the authority for oversight of the Health Center Program
- The health center's articles of incorporation, bylaws, or other relevant documents outline the following required authorities and responsibilities of the governing board:
 - Hold monthly meetings
 - Approving the selection (and termination or dismissal, as needed) of the President and CEO
 - Approving the annual project budget
 - Approving the health center services and the location and hours of operation
 - Evaluating the performance of the health center
 - Establishing or adopting policy related to the operations of the health center
 - Assuring the health center operates in compliance with Federal, State, and local laws and regulations

The Health Center Program and Strategy

The health center would demonstrate compliance with these requirements by fulfilling all of the following:

- The health center's board minutes and other relevant documents confirm that all of the following have been completed:
 - All above checkpoints with the addition of
 - Monitoring the financial status of the health center
 - Conducting long range/strategic planning at least once every three years
 - Evaluating the performance of the health center

**Every three years the Sliding Fee Discount Program, Quality Improvement/Assurance and Billing and Collections must be evaluated

Mission, Vision, and Values



- Touchstones for making decisions.
- When thinking through challenges and choices, board members should ask questions such as “how will this action/activity/decision affect our mission and vision?” and “is our behavior consistent with our stated values?”



Mission

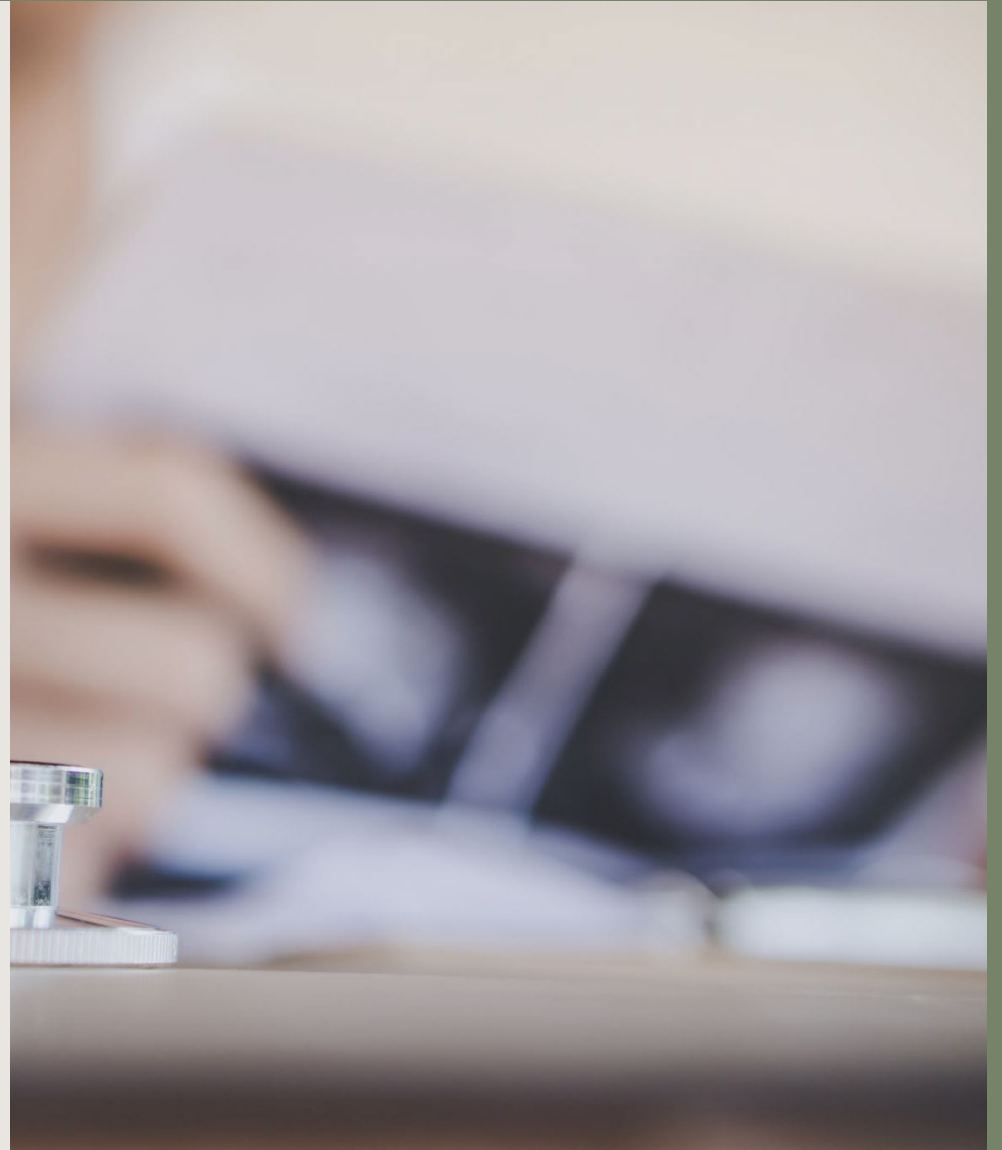
The core purpose of the organization, describing why the health center exists and what it intends to accomplish.

“Southeast. Inc. is a comprehensive provider of mental health, chemical dependency, healthcare, and homeless services assisting diverse populations regardless of their economic status. With the belief that all people have the capacity to grow and change, we provide our services to people of all ages, cultures, races, religious preferences, genders, and sexual orientation in order to enhance wellness and recovery, thereby strengthening families, workplaces and communities. ”

Vision

- A description of what the health center wants to become in the future or in the ideal future it envisions for the community.

"It is the vision of Southeast that we can position ourselves as the preferred comprehensive healthcare provider by providing excellent, comprehensive, professional and consistent care to every patient regardless of their economic status."



Community Health Needs Assessment

To stay compliant, health centers must undergo a health center needs assessment at least once every three years.

This assessment addresses access to care issues based on income, ethnicity, race, gender, location, literacy/education, language, and insurance. Community-level information on health issues and risk factors like asthma, diabetes, obesity, violence, mental illness, and substance abuse can be used to plan and implement targeted services to improve health.

*Southeast updates the needs assessment in conjunction with The HRSA Service Area Competition Grant.



Strategic Planning

An attempt to create the health center's future, achieve its vision, advance its mission, and exert influence over an uncertain future.

Board members bring their unique perspectives to the planning process with management

The SWOT analysis is a common tool utilized to identify gaps and issues within the environment.

The board of directors must approve the health center's strategic plan

Ongoing Strategic Thinking

Fiduciary Mode: primarily about exercising oversight

Strategic Mode- focused on strategy and guides the organization from current to future state in partnership with President and CEO

Generative Mode- when the board functions as “meaning-maker” and is when the board tackles questions core to its mission, vision, and values

References

Direct link to the NACHC Governance Guide for Health Center Boards:

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NATIONAL ASSOCIATION OF

Community Health Centers

BOARD EDUCATION

Ch 2 - Strategic Board Composition, Recruitment, Orientation, and Engagement



ROLES & RESPONSIBILITIES

| Role | Responsibilities |
|----------------------|---|
| <i>Board</i> | <ul style="list-style-type: none">• Ensure that board composition and succession is an ongoing focus• Consider establishing a committee to lead the work• Vote on slate of candidates (often recommended by the Governance Committee or an equivalent committee)• Decide on the board's approach to rotation and renewal |
| <i>Board Members</i> | <ul style="list-style-type: none">• Serve on the Governance Committee based on interest and committee assignments• Recommend board members (note: It is important to be sure members understand that they may recommend candidates but not extend an invitation to serve; the authority for selecting members rests with the board) |

ROLES & RESPONSIBILITIES

Governance Committee

- Assess board composition needs with board input
- Identify, recruit, and vet possible members
- Organize board member orientation and board mentoring programs

(or equivalent; this type of committee is recommended, but not required)

- Facilitate the board self-assessment process
- Collaborate with the CEO and board chair on ongoing board education aimed at strengthening the work of the board
- Focus on developing a pipeline of board officers and committee chairs
- Present a slate of new members and board officers to the board for vote when needed and required by the bylaws

CEO¹⁹

- Partner with the board in providing critical input and support throughout the board recruitment, orientation, and succession processes
- Provide input on board recruitment
- Participate in conversations with prospective members
- Play key role in new member orientation
- Assign other staff leaders to work closely with the Governance Committee

Demonstrating Compliance

(Extracted from CH 20: Board Composition)

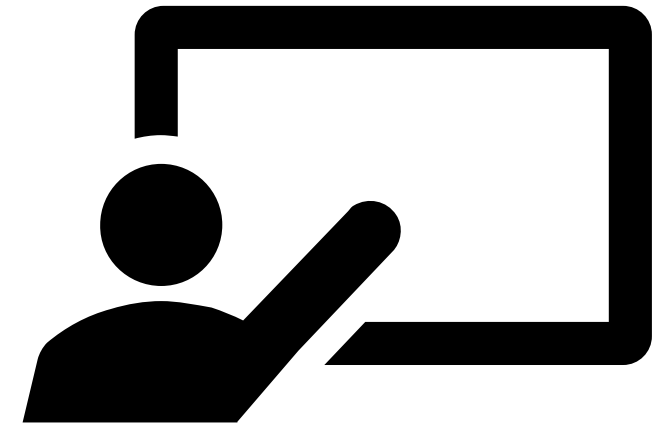
- Established ByLaws
- Board Composition and Required Documentation for:
 - Board size of 9 at minimum and no more than 25 members
 - At least 51% of members are patients served by health center; a patient is someone who has received at least one service in the past 24 months that generated a health center visit, meaning both the service and site were within the HRSA approved scope
 - Non-patient members are representative of the community or the health center service area
 - Employees of the health center can not serve, or have any relatives, serving on the board

Recruiting and Vetting Board Candidates

- Patient Members - health center staff are aware and trained on the importance of having patient board members.
- Community Members- current board members should suggest and recruit potential candidates to serve on the board
 - By:
 - Reaching out to organizational partners and social service organizations
 - Reaching out to local associations for suggestions
 - Talk with businesses in the community who may encourage staff members to serve on boards in the community
 - Leveraging relations with those in the health sector

**Current board members should inform potential candidates about board member responsibilities, answer any questions they may have, and discover their interest for serving on the board.

** President and CEO involvement and input is crucial in the recruiting stage.



Mission, vision, and
Ethics

Organizational chart

A copy of the health
center's bylaws

A copy of the board
of director role
description

A copy of the health
center's expectations
of individual board
members

Board roster

Committee
descriptions,
committee
assignments, and
board chairs

Orientation- Handbook

Continued Education

- Board Self-Assessment Results (Can identify areas of improvement)
- Future decisions (Look for opportunities for up-front education)
- Changing health care landscape (What areas should the board know about?)

Board Terms

- Elected board members may serve up to twelve terms automatically renewing one-year terms beginning on the date of election to the board.
- Board members may be removed from the board if they do not fulfill their duties

Officer Roles

- Chairperson- leads board meetings and provides overall leadership. Holds a strong relationship with President and CEO
- Vice President- supports the chair and fills in when the chair is unable to carry out duties
- Secretary- ensures board actions are recorded
- Treasurer- chairs the Finance Committee and provides leadership through financial oversight

Selection

- Governance Committee identifies members to be presented for board approval

Succession

- Members may serve twelve one-year terms.

Officer Roles, Selection, and Succession

References

Direct link to the NACHC Governance Guide for Health Center Boards:

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Name _____

Signature _____

Date _____

Quality Oversight

Board Education- Chapter Five

Defining Quality

The Federal Agency for Healthcare Research and Quality defines quality as ***“doing the right thing for the right patient, at the right time, in the right way to achieve the best possible results”***

Providing quality health care services is at the center of the mission, goals, and policies of health centers.

Board Role in Quality Oversight

- Set the tone by ensuring quality is a strategic priority and communicating the board's commitment to quality and safety to physicians, employees, community partners, and the public
- Assure resources are budgeted for quality and safety. (ex. Staff)
- Approve and periodically update QA/QI policies, which address:
 - Quality and utilization of health center services
 - Patient satisfaction and patient grievance processes
 - Patient safety
- Monitor quality and safety indicators and the progress to achieve performance goals. (ex. Quarterly Quality Measures Report)

Board Role in Quality Oversight

- Put patient safety and quality on board meeting agendas
- Ensure appropriate follow up actions are taken and include discussion of follow up actions in board meeting minutes
- Discuss quality and safety standards related to staff, facilities, and services
- Recruit board members with QA/QI expertise
- Orient board members to quality and the QA/QI plan, as well as provide ongoing learning



The Health Center Program and Board Oversight of Quality

- HRSA's Health Center Program Compliance Manual established requirements related to the board's oversight of quality.
- The health center's organizational structure, bylaws, and other relevant documents ensure the health center governing board maintains the authority for oversight:
 - The organizational structure and documents do not allow for any other individual, entity or committee reserve approval authority or have veto power over the health center board.
 - Collaborative agreements with other entities do not restrict or infringe upon the health center board's required authorities and functions

Demonstrating Compliance: Board Authority

Articles of incorporation, bylaws, and other relevant documents outline the following:

- Holding monthly meetings
- Approving the selection (and termination or dismissal, as appropriate) of the health center's President and CEO
- Approving the annual Health Center Program project budget and applications
- Approving health center services and the location and hours of operation of health center sites
- Evaluating the performance of the health center
- Establishing or adopting policy related to the operations of the health center
- Assuring the health center operates in compliance with applicable Federal, State, and local laws and regulations

**At least once every three years the Quality Improvement/Assurance must be approved by the board.

Demonstrating Compliance: Board Authority

Board minutes and other relevant documents should confirm that the board exercises its required authorities and functions:

- Evaluating the performance of the health center based on quality assurance/quality improvement assessments and other information received from health center management
- Ensuring appropriate follow-up actions are taken regarding:
 - Achievement of project objectives
 - Service utilization patterns
 - Quality of care
 - Efficiency and effectiveness of the center
 - Patient satisfaction, including addressing any patient grievances

Quality Improvement/Assurance- Compliance

The health center has a board-approved policy(ies) that establishes a QI/QA program. This QI/QA program addresses the following:

- The quality and utilization of health center services
- Patient satisfaction and patient grievance processes
- Patient safety, including adverse events

The health center designates an individual(s) to oversee the QI/QA program established by board-approved policy(ies). This individual's responsibilities would include:

- Ensuring the implementation of QI/QA operating procedures and related assessments
- Monitoring QI/QA outcomes
- Updating QI/QA operating procedures

Quality Improvement/Assurance- Compliance

- The health center's physicians or other licensed health care professionals conduct QI/QA assessments on at least a quarterly basis, using data systematically collected from patient records, to ensure:
 - Provider adherence to current evidence-based clinical guidelines, standards of care, and standards of practice in the provision of health center service
 - The identification of any patient safety and adverse events and the implementation of related follow-up actions
- The health center maintains a retrievable health record for each patient, the format and content of which is consistent with both Federal and state laws.
- The health center has implemented systems for protecting the confidentiality of patient information and safeguarding this information against loss, destruction, or unauthorized use.



QA/QI Program

QA/QI programs should reflect the mission of the health center. The program generally includes a plan to:

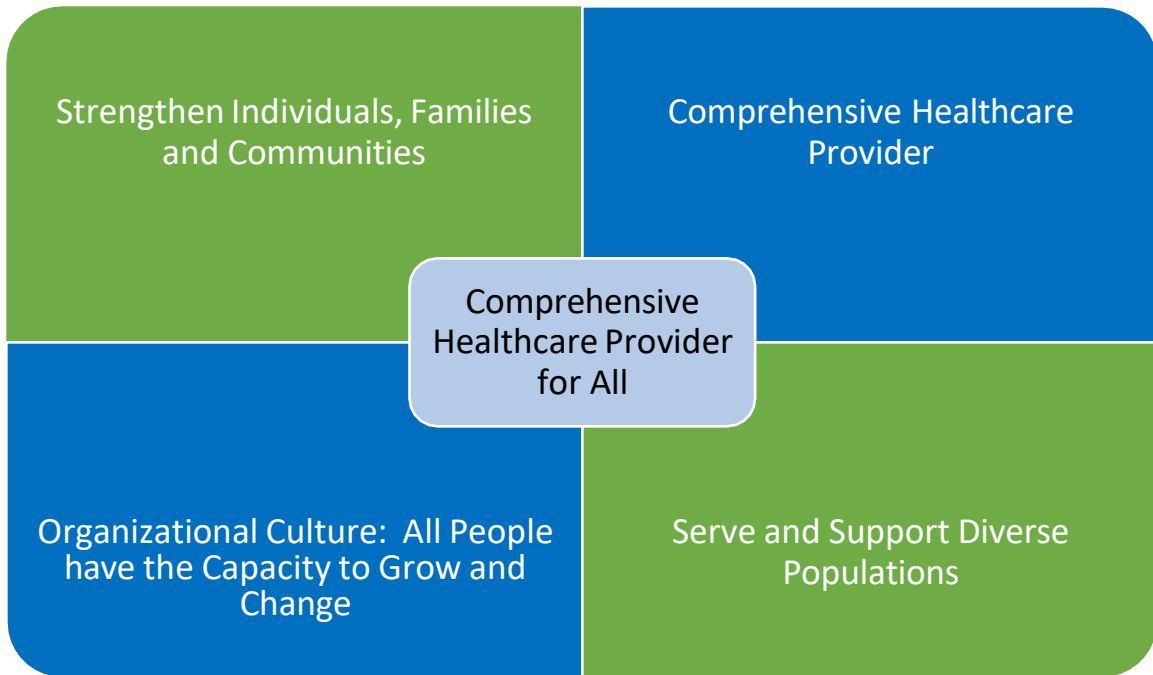
- Describe areas to target for assessing quality and safety.
- Identify externally-valid, evidence-based metrics for monitoring.
- Establish a performance threshold for each area.
- Collect and analyze data to identify opportunities for improvement.
- Identify staff to implement, track, and report.
- Periodically re-analyze performance to assure that the improvement is sustained.

QA/QI Program

- Quality of Care and Health Outcome and Disparities measures include:
 - Child Immunization Status
 - Child Weight Screening/BMI/Nutritional/Physical Activity
 - BMI Screening and Follow-Up 18+ Years
 - Screening for Depression and Follow-Up Plan
 - Depression Remission at Twelve Months
 - Tobacco Use
 - Colorectal Cancer Screening
 - Cervical Cancer Screening
 - Breast Cancer Screening
 - Hypertension Controlling High Blood Pressure
 - Diabetes A1c > 9 or untested
 - Statin Therapy
 - IVD Aspirin Use
 - HIV Screening
 - HIV Linkage to Care
 - Dental Sealants for Children between 6-9 Years
- HRSA provides Quality Improvement Awards (QIA) to health centers to recognize the highest performing health centers nationwide as well as those health centers that have significant quality improvement gains from the previous year.



STRATEGIC & BUSINESS PLAN January 1, 2022 – December 31, 2024



Mission & Vision

Mission Statement:

Southeast, Inc. is a comprehensive provider of mental health, chemical dependency, healthcare, and homeless services assisting diverse populations regardless of their economic status. With the belief that all people have the capacity to grow and change, we provide our services to people of all ages, cultures, races, religious preferences, genders, and sexual orientations in order to enhance wellness and recovery, thereby strengthening families, workplaces and communities.

Vision Statement:

It is the vision of Southeast that we can position ourselves as the preferred comprehensive healthcare provider by providing excellent, comprehensive, professional and consistent care to every patient regardless of their economic status.

Southeast Healthcare Values & Ethics

❖ Values

- ❖ Diversity, Equity and Inclusion
- ❖ Patient-centered focus
- ❖ No Eject/Reject clinical focus
- ❖ Accessibility
- ❖ Patients' Rights Advocacy
- ❖ Quality Improvement
- ❖ Stewardship of resources
- ❖ Staff support and development
- ❖ Trauma Informed focus
- ❖ Safe Work and Care Environments
- ❖ Wellness and Recovery

❖ Ethics

- ❖ HIPAA, privacy, confidentiality compliance
- ❖ Admissions, level of care, and treatment are appropriate to patient need
- ❖ Authentic marketing
- ❖ Staff recruitment retention, and development that supports quality care
- ❖ Accurate, timely and complete documentation and fiscal practices
- ❖ Contract adherence
- ❖ Adherence to Conflict of Interest Policy
- ❖ Adherence to professional expectations
- ❖ Research and studies are based on approved human subjects' review

Focus Areas

In order to further accomplish the mission and vision of Southeast, and while maintaining the values set forth above, Southeast will strive to:

- **Enhance, strengthen and continue to build a comprehensive and integrated healthcare identity and delivery system**
- **Continued Development of Growth Strategies and Mix of Business**
- **Position Human Resources to Compete in Current and Emerging Healthcare Environments**
- **Enhance Information Technology systems to support success across organization**

- **Continual Risk Management and Compliance Improvement Initiatives**
- **Continually enhance Quality Management and Outcomes**
- **Enhance Value-Added Positioning**

Strategic Objectives

The following strategic objectives will work toward accomplishing one or more of the Focus Areas above:

- **Strengthen and Promote Brand**
 - Public Relations
 - Marketing
 - Targeted fundraising
 - Education
- Status Report-Southeast has hired marketing firm MarketingWorks. MarketingWorks has created a Branded Pocket Folder with Southeast information for locations and services. Branded Folders can be used as handouts at community events and for tours with government officials, potential donors, or employees at Southeast locations. MarketingWorks has also developed press releases for Southeast as well as scheduling speaking engagements in the community for Southeast Staff. These efforts have been targeted in all areas Southeast provides services. Human Resources has used MarketingWorks for social media promotions and other outreach to targeted applicants for employment. Southeast has expanded the MarketingWorks role into Public Relations. Southeast has targeted fundraising for Fresh A.I.R Gallery and Art of Recovery and a possible fundraiser for Friends of the Homeless during the Holiday season. Southeast has determined we will be more successful with Art of Recovery by delaying for one year and resuming gala in November 2024.
- **Align service mix with community needs, payor priorities, and workforce elasticity**
 - Evaluate and apply community needs assessments
 - Enhance capacity to work in the value and risk-based payor environments
 - Manage transition of Behavioral Health services to FQHC designation
- Status Report-Southeast has conducted a community needs assessment and as a part of SAC (Service Area Competition) in 2021. Southeast has also conducted an external referral source survey as well as an internal participant satisfaction survey. Quality improvements are informed from survey responses. CPC focuses on pay for performance (P4P) contracts. OBHPN contracts, coding education, enhancing capacity content to examine opportunities. Continue to examine value-based opportunities. Southeast has transitioned therapist working in eligible locations to FQHC.

- Identify and/or maintain public and private strategic relationships and affiliations
 - Federal/National
 - State
 - Local
- Status Report-Southeast has maintained relationships on Federal, State and Local levels. Southeast stays up to date nationally with communication that is available to us; we receive a weekly email from OBHPN on state and national issues. We have relationships with; HHS and the Navigator Program, SAMSHA with CCBHC, CMHC and HRSA. Southeast has conducted many tours of our Long St. location for state legislators including Rep. Jarrells and Rep. Somani. Southeast maintains a relationship with OACHC, the Ohio Council, (state trade associations) as well as the PLA (Provider Leadership Association) and the Community Shelter Board. Southeast participates in monthly county Board meetings to increase communication. Southeast has continued partnerships with the Franklin County Sheriff's office, Capital Crossroads, the various court dockets, Carroll County Health Department, county commissions and school districts.

- Modify and develop continual business strategies which include
 - Payors
 - Service lines
 - Affiliations
 - Opportunities for acquisitions and expansion
 - Organizational capacity
- Status Report-Southeast is investigating value-based contracts. The financial team is examining the most frequent commercial payers to determine if contracting is feasible. Finance continues to focus on collecting WRAP payments. Southeast is continuing to strengthen relationships through statewide organizations. Southeast has placed an advocate in the Franklin and Belmont County courts on a regular basis and has cultivated a relationship with the Delaware and Morrow court system. Southeast continues to assess, develop, and modify programs. CCBHC Care Management has become a focus of Southeast. Continued work using interventions integrated healthcare model through CCBHC. Southeast has strengthened our Navigator Program with Health and Human Services. Within Franklin County Southeast has expanded its efforts with Hep C and HIV. Southeast has hired a new position with grant funding from OACHC to focus on Hep C. Southeast is expecting to expand services in Carroll County with the new Carroll County Health Center. Case Managers in Del/Morrow have had an increased presence at Hidden Lakes. Southeast conducts on going assessment of the adequacy of all Southeast Facilities. Have leveraged additional funds through city of Columbus for FQHC. Southeast remains vigilant but is not activating seeking new locations. Southeast will start to conduct an annual SWAT.

- Increased fiscal development
 - Continual focused development of Revenue Cycle
 - Continual process development & improvement
 - Increased reporting and performance tracking
 - Increased focus on management based on fiscal KPI figures
- Status Report-Southeast contracted with a financial consultant for two years, to help enhance and streamline the revenue cycle process. CFO performs ongoing process improvements. Southeast fiscal department participated in the DACUM process to improve procedures. CFO held Kaizen approach for the billing department. Southeast is enhancing our quality metrics tracking and

improvement process. The executive team commits to review KPI data and develop strategies. KPI is reported in monthly Southeast Board meetings in two capacities; accounts receivable and AR cash revenue.

- Focus on Recruitment and Retention of qualified staff through:
 - Salary enhancement
 - Training and development opportunities
 - Flexible schedules and alternative work options
 - Scholarship, tuition, and loan reimbursement/remission
 - Honing relationships with Colleges, Universities, and Technical Schools including providing internship and placement opportunities
 - Student placement and development
 - Creative staffing solutions

Status Report-Southeast made significant salary scale changes in 2022 to a majority of positions and have increased raises on a higher scale annually for two consecutive years. Through several funding sources (grants) Southeast has been able to help pay for additional training. Trainings for Southeast include; Trauma Informed Care, EMDR, Motivational Interviewing (MI) training, EPI training. Southeast is carefully assessing our fit with new state program Great Minds. Post COVID (using models developed during COVID) Southeast assists staff with work/home balance. Southeast assists employees with hybrid work options. Southeast offers employees loan repayment and awards staff with scholarships. Southeast continues to work with a number of educational institutions for student/resident placement/internships opportunities and staff placement at various local and state workforce development groups. MarketingWorks revised Southeast's employment brochure. Human Resources has used MarketingWorks for social media posts and outreach for employment.

- Enhance Information Technology performance in:
 - Electronic Health Record Business Management Processes including financial recording, reporting and analysis
 - Human Resources recruitment, retention and benefits administration
 - Payor and patient integration & relationship management
 - Remote work
 - Virtual communications
 - Quality improvement
 - Community care integration
 - Risk Management and disaster mitigation

- Status Report-New NextGen behavioral health package was implemented in 2023. NextGen and Findhealth integration. Southeast is working toward having HIE perform optimally. Southeast is still examining for referrals for portal options that are HIPAA compliant. With the implementation of Phreesia, Southeast has increased copay payments and has more compliant documentation. The financial team has switched clearing houses and will be upgrading to a new accounting system. Southeast is reevaluating lab contracts. Human Resources and Finance will be evaluating new HR and Payroll vendors. Southeast uses systems for remote (virtual) work; Share Point files, Citrix, doxy.me for telehealth, GoTo, Zoom and Office 365. The Billing team is working virtually. Southeast is reviewing moving servers offsite as part of the disaster mitigation strategy. Southeast is looking for opportunities for Appalachian Counties who have been awarded funds from Broadband to improve Southeast's participants access to technology. QI- implemented new Azura modules for data tracking and reporting as well as dashboard development. Power BI analysis is being considered. Southeast risk management is evaluated yearly as well as each location's risk issues.

- Maintain and enhance accreditations and certifications and meet all other requirements for:
 - Joint Commission
 - HRSA
 - SAMHSA
 - Medicaid
 - Medicare
 - State of Ohio
 - ADAMH boards
 - Other regulatory and/or funding bodies
- Status Report-Southeast maintains all current licensure certification and accreditations and continues to stay abreast of any changes in licensure and accreditation requirements. CCBHC is an ongoing implementation. Southeast has applied for an additional SAMHSA grant and a no cost-extension for CCBHC. Southeast continues to enhance work in CPC/KPI criteria with Medicaid. Southeast has enhanced our credentialing and has streamlined the process for billing and supervision with Medicare. Southeast commits to meeting with ADAMH boards to navigate reimbursement. We are the provider of choice to do crisis consultation oversight for the Franklin County shelter system.

- Enhance Continuous Clinical Quality Management & Outcomes for all services by utilizing:
 - Evidence based practices
 - Clinical guidelines
 - Outcome reporting
 - Supervision
 - Service record review
- Status Report-Southeast provides ongoing training for staff. Clinical guidelines for PC are evaluated annually and updated. Southeast has updated guidelines for discharges, telehealth, depression and PHQ9. Southeast reports outcomes to the ADAMH Board. AZARA capability expanded to pull more data. Additional training to present data more clearly. UDS outcomes improvement. Supervision plan revised and added to orientation paperwork. Appreciative Inquiry meetings are an ongoing focus for program managers. Diane Zucker will be providing coding training with clinical and billing

staff. Added certified coder to finance department. Revenue cycle meetings take place weekly.

- Recruit, retain and develop strengths of Board Members
 - Enhanced recruitment
 - Orientation, education and training opportunities
 - Board Mentorship program
 - Community Ambassadors of Southeast
 - Development of advisory committee to the Board
- Status Report-Southeast conducts ongoing education and training surrounding funder requirements, accreditation requirements and program presentation with Board. Southeast is exploring opportunities for advisory board members who could be recruited to the Southeast Board of Directors. Rev. Tony Burns and Bill Lee continue to recruit more board members who reflect the population we service.

- Enhance Value Added Positioning
 - Provide timely services during community crises
 - Strengthening strategic community relationships
 - Meaningful participation and/or membership in local/state coalitions, committees and work groups
 - Responsive to emerging needs of payors
- Status Report-Southeast is ready to help if there is a crisis in the community and can be onsite of a crisis in a timely matter. Southeast strengthens community relationships via MarketingWorks material as well as an annual survey of people who have to referred Southeast. The Southeast Executive Team is committed to being more involved in the community. Southeast is responsive to the emerging needs of payors through OBHPN and OACHC.

Patient Rights Report SFY 2023

Summary

Category of PRO contact

| | |
|-----------|-----|
| Grievance | 0 |
| Complaint | 190 |
| Inquiry | 33 |
| Total | 223 |

Trends

| | '19 | '20 | '21 | '22 | '23 |
|---------------|-----|-----|-----|-----|------|
| Per 1,000 | 5.7 | 7.3 | 4.4 | 6.2 | 13.4 |
| Resolved | 80% | 79% | 51% | 74% | 69% |
| With evidence | 27% | 11% | 31% | 37% | 16% |

Type of Complaint

| | |
|----------------------------|-----|
| Abuse/Neglect | 4 |
| Access to Records | 2 |
| Access to Services | 28 |
| Agency Policies | 2 |
| Community Concern | 1 |
| Confidentiality/Privacy | 0 |
| Consumer/Family Issue | 2 |
| Hospitalization | 1 |
| Housing | 26 |
| Medication | 15 |
| Payeeship/Financial Issues | 15 |
| Quality of Service (total) | 94 |
| Coordination of Care | 5 |
| Customer Service | 67 |
| Inappropriate/Insufficient | 10 |
| Other | 12 |
| Grand Total | 190 |

Outcome of Complaint

Less than one out of every six complaints had evidence to back them (and 1/4 were unknown).



For every 10 people who filed a complaint, about 7 were satisfied with the resolution (and 2 could not be followed up).

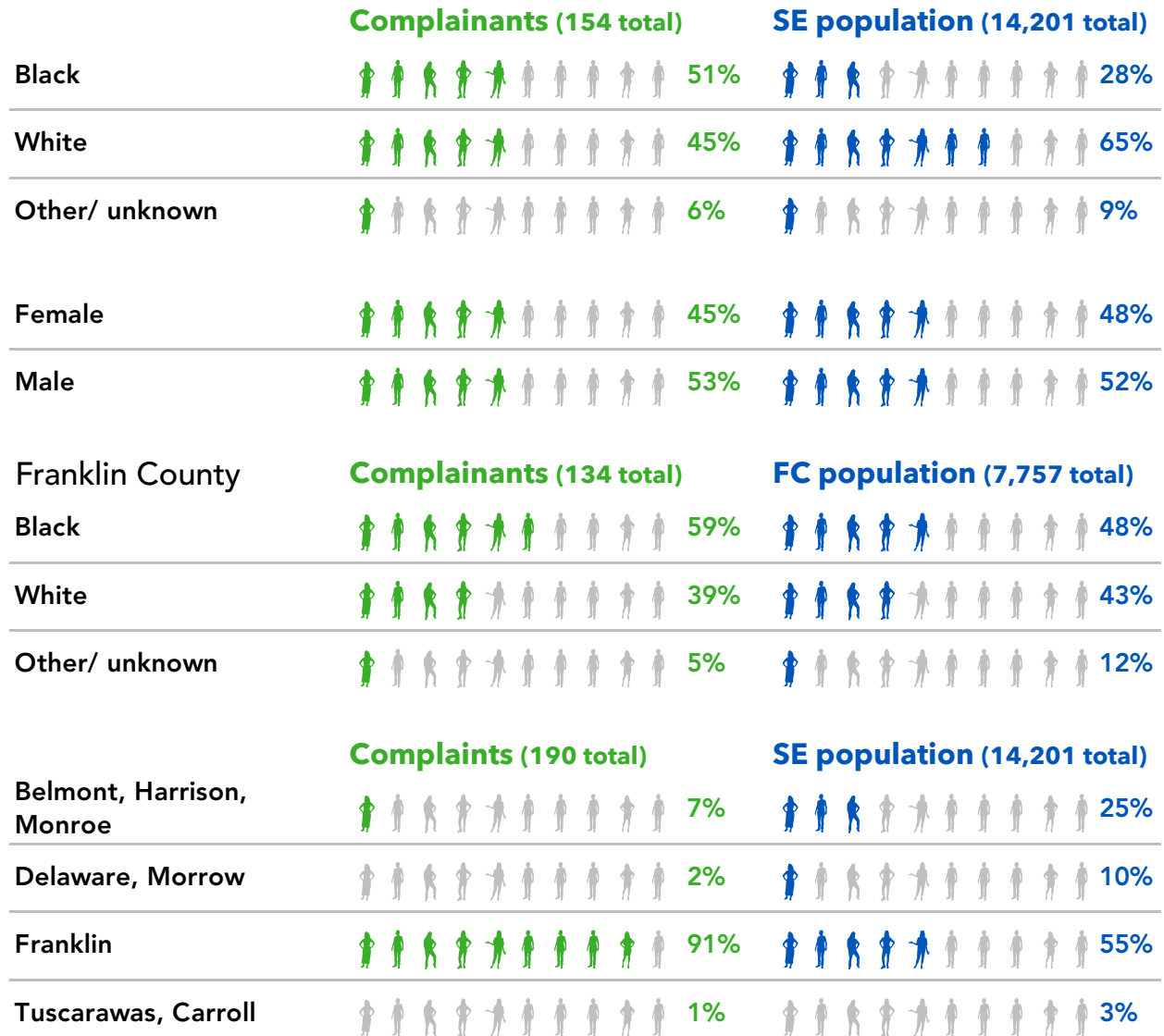


For just 4 complaints, the Patient Rights Officer indicated that policy, procedure, or protocols were violated.



27 patients (18% of complainants) filed multiple complaints, accounting for 33% of the total complaints.

Characteristics of Complainants



| Program | FY23 complaints | Rate per 1,000 served | | Difference |
|---|-----------------|-----------------------|------|------------|
| | | FY23 | FY22 | |
| Behavioral Health – Franklin County | 114 | 14.5 | 11.8 | 2.7 |
| Primary Care – Franklin County | 8 | 1.9 | 0.2 | 1.7 |
| Vocational Services/Project Work | 3 | 2.3 | 0.7 | 1.6 |
| Housing Outreach Programs* | 0 | 0 | 2.3 | -2.3 |
| Residential Housing Programs** | 29 | 18.7 | 3.7 | 15.0 |
| Belmont/Harrison/Monroe - Behavioral Health | 6 | 1.7 | 2.3 | -0.6 |
| Belmont/Harrison/Monroe – Primary Care | 5 | 4.1 | 0.7 | 3.4 |
| Tuscarawas/Carroll | 0 | 0 | 1.9 | -1.9 |
| Delaware/Morrow | 3 | 1.3 | 1.4 | -0.1 |
| Administration, Payee, Support | 22 | n/a | n/a | n/a n/a |
| Total | 190 | 13.4 | 6.2 | 7.2 |

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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 (PRO) 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 State Fiscal Year 2023 (July 1, 2022 to June 30, 2023).

Patient Rights Officers (PROs)

Franklin, Delaware, and Morrow Counties: Rich Gilmore (1/1/22-present)

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

Categories

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 they wish 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 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 190 complaints were received during SFY23 from 154 unique patients. This is an increase from SFY22, when 87 complaints were recorded over the same period from 75 unique patients. The following report details only these 190 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. Thirty-three inquiries were received in SFY23.

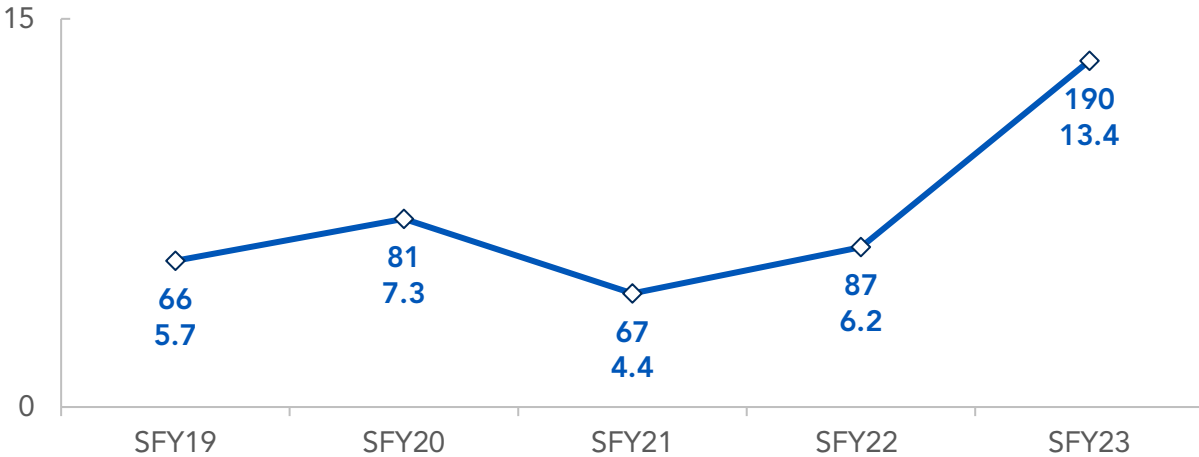
| Category | Number in SFY23 |
|-----------|-----------------|
| Grievance | 0 |
| Complaint | 190 |
| Inquiry | 33 |
| TOTAL | 223 |

Complaints

Trend

Over the past five fiscal years, the number and rate of complaints per 1,000 patients served increased greatly. The rate of complaints per 1,000 people served in fiscal year 2023 is more than double the fiscal year 2019 rate (increase of 137%).

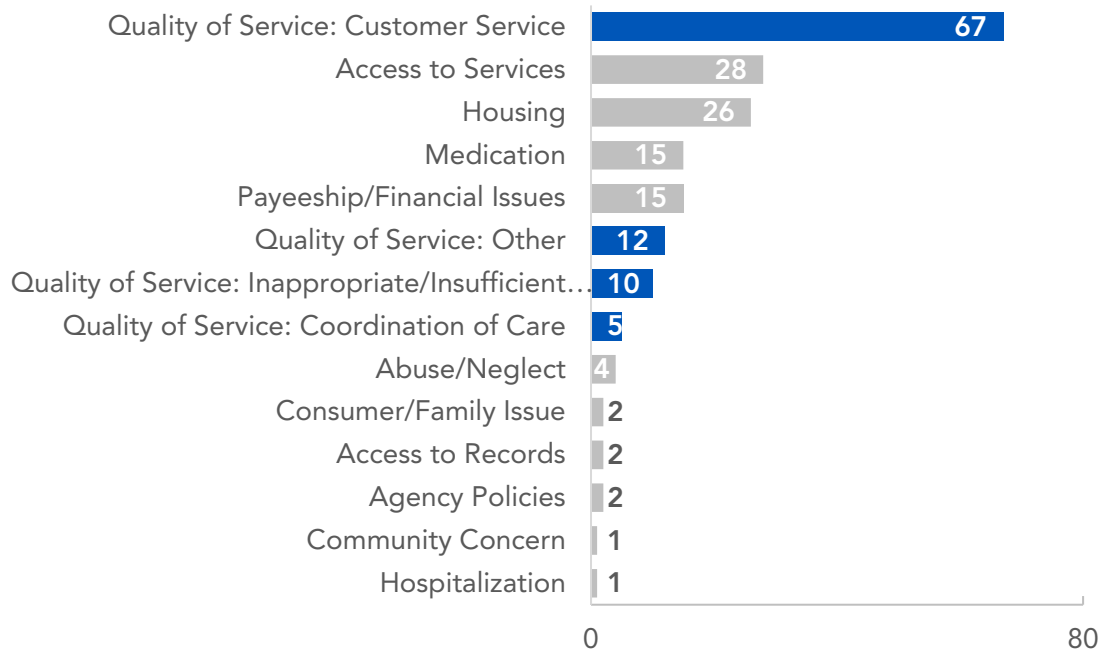
Figure 1: Number and rate of complaints (per 1,000) over time



Type

The most common complaints were related to quality of service, specifically customer service, in FY23. Quality of service complaints accounted for 49% of all complaints (customer service specifically being 35%). Access to services and housing were the next highest categories (15% and 14%, respectively).

Figure 2: Types of complaints



Status and outcome

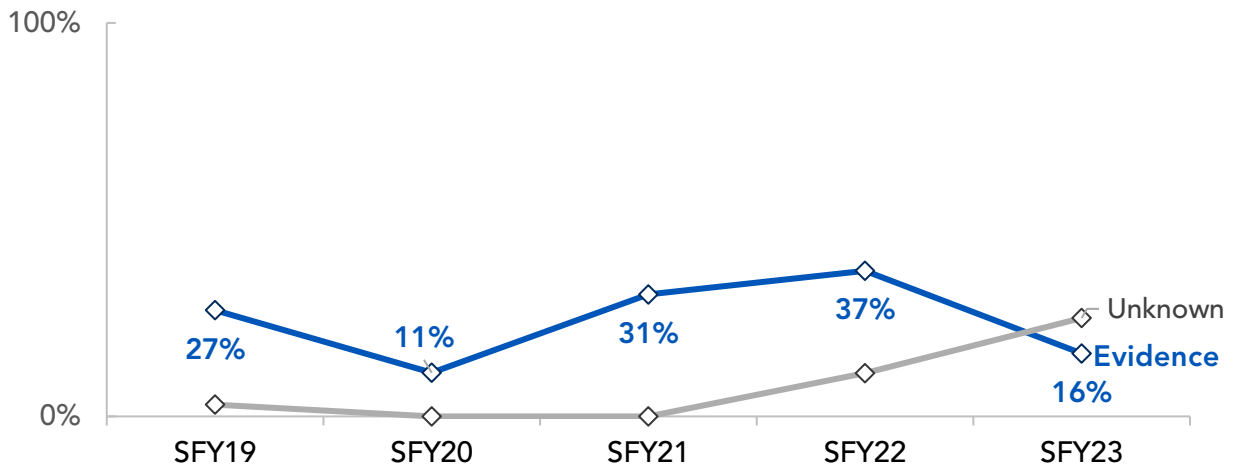
Historically, Patient Rights Officers have determined whether the complaint has merit or basis in fact by recording the status as "substantiated" or "unsubstantiated". This status was modified in SFY22 to ask, "Is there evidence to back up the patient's complaint?". This was to provide greater clarity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

Thirty-one complaints (16%) were found to have evidence to back them up, while 111 (58%) did not. Of the 48 that are "unknown", many were due to not being able to follow up with the patient.



The reduction in the proportion of complaints with evidence to back them is partly due to an increase in those recorded as "unknown".

Figure 4: Percent of complaints with evidence over time

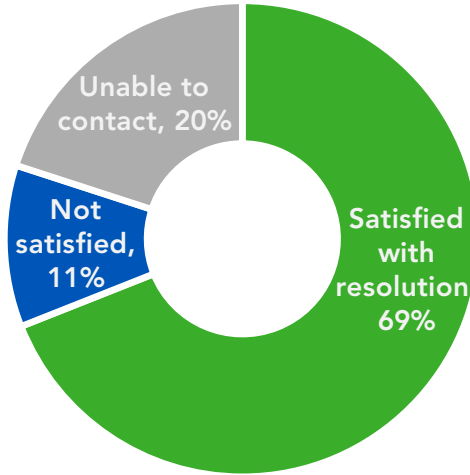


The outcome of a complaint is defined as whether the issue is "resolved to the patient's satisfaction" according to the Patient Rights Officer. Based on recommendations from Quality Council, Southeast tracks two additional outcomes for each complaint: "Was the complaint resolved according to Southeast agency policies?" and "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.

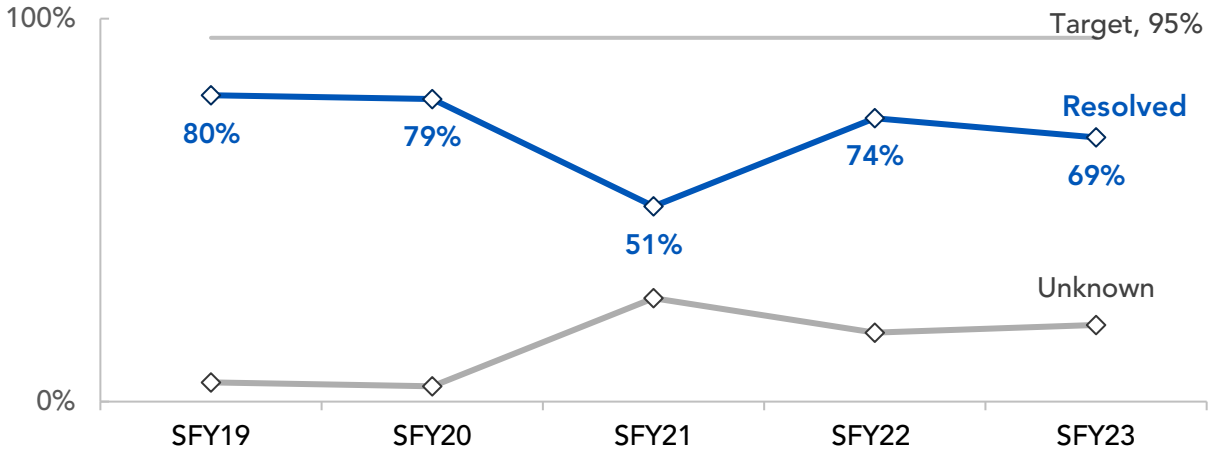
More than two thirds (131/190) of complaints were resolved to the patient's satisfaction. Thirty-eight were unable to be contacted for resolution.

Figure 5: Satisfaction outcome of complaints



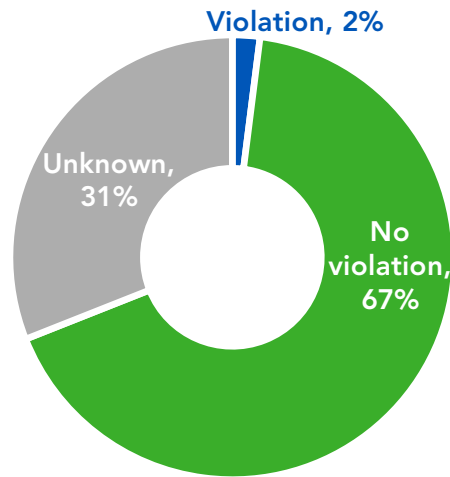
The percent of complaints resolved to the patient's satisfaction decreased by 14% since fiscal year 2019, but the number of unknowns recorded by the PROs also increased.

Figure 6: Percent of complaints resolved to patient's satisfaction over time



In more than two thirds (127/190) of complaints, there was no violation of policy, procedure, or protocol indicated by the PRO. For four complaints, policy, procedures, or protocol was violated, however just two of these had evidence to back them up. Three complaints violated policies related to proper treatment of clients, and one was related to payeeship. Three were resolved to the complainant's satisfaction. One incident was related to Friends of the Homeless staff reportedly using improper language. Another was related to a patient reporting not receiving proper care from their case manager. The payee related complaint was related to a bill reportedly not being paid while SE was the payee. The final incident was related to a psychiatrist reportedly being unprofessional and unempathetic.

Figure 7: Violation of policy, procedure, or protocol indicated



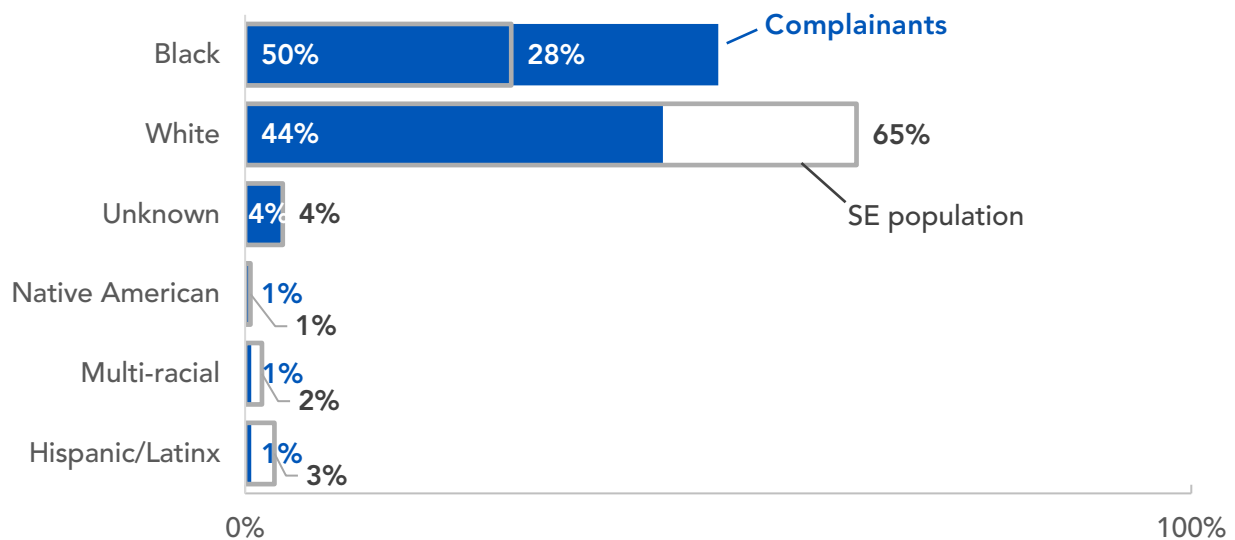
Characteristics of complainants

Race

Black patients were overrepresented as complainants (77 of 154 unique complainants), as compared to Southeast's patient population (statistically significant difference), and white patients were underrepresented (69 of 154 unique complainants, statistically significant difference). This is very similar to last fiscal year (FY22), when 51% of complainants were black.

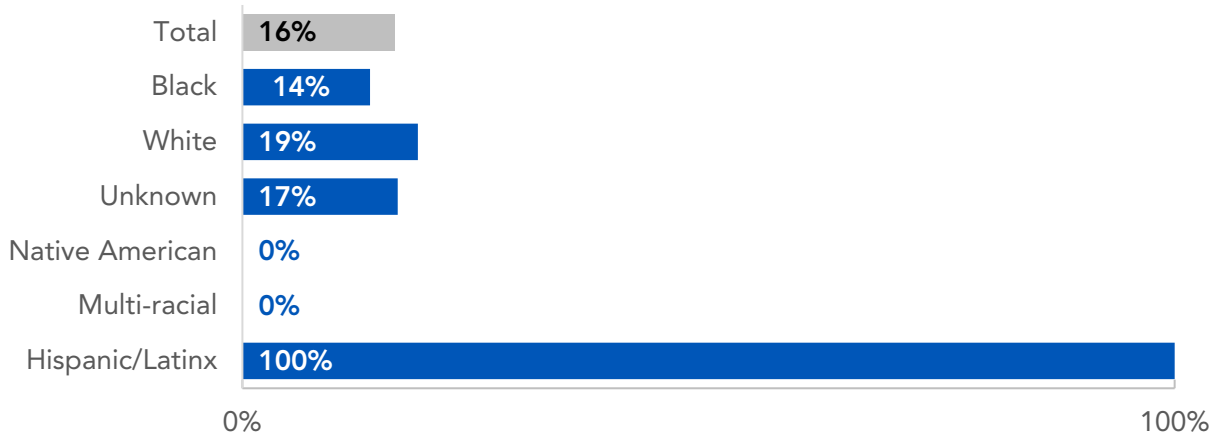
Black patients were more likely to file complaints related to housing and access to services, as compared to their overall proportion. Fourteen black patients filed more than one complaint, totaling 32 complaints (17% of the total complaints).

Figure 8: Race proportions of complainants



A smaller proportion of complaints by black patients were recorded as having evidence (13/97) than complaints by white patients (16/84) or the overall (31/190). One complaint by a multiracial patient, and one by a Native American patient were recorded as not having evidence.

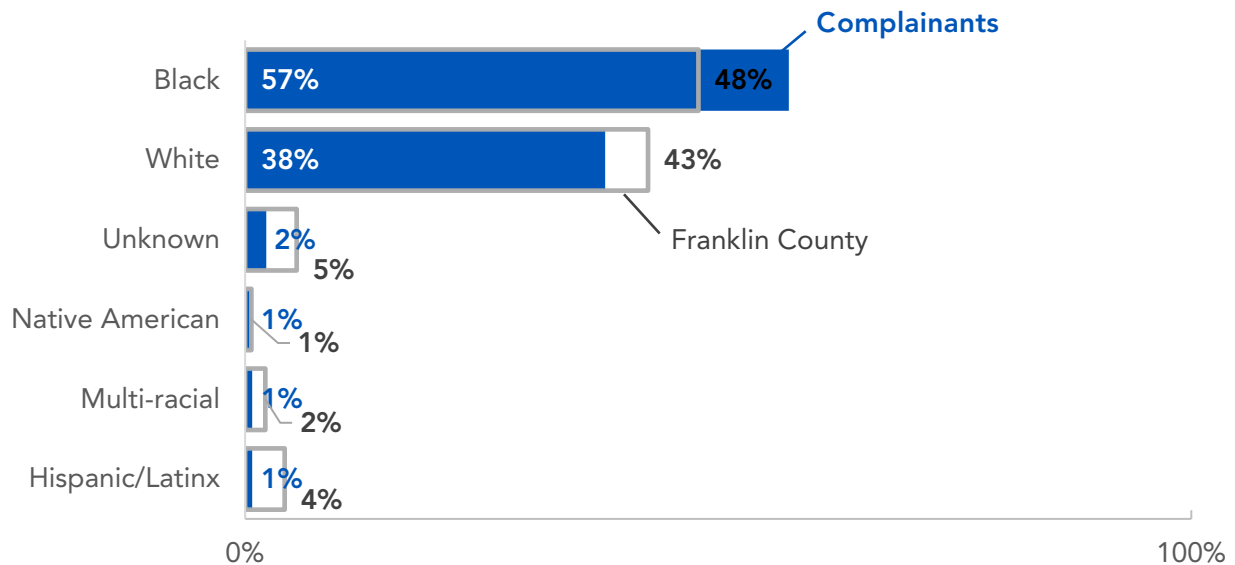
Figure 9: Percent of complaints reported to have evidence by race



The overrepresentation of black patients as complainants is less prominent when looking only at Franklin County, however, a statistically significant disparity still exists (79 out of 134 unique complainants). White patients were slightly overrepresented (52 out of 134 unique complainants) as compared to the population, however the difference is not statistically significant. In SFY22, 62% of complainants in Franklin County were black.

During fiscal year 2023, 17 total complaints were received from counties other than Franklin County, and all complainants were white, except one who was of unknown race.

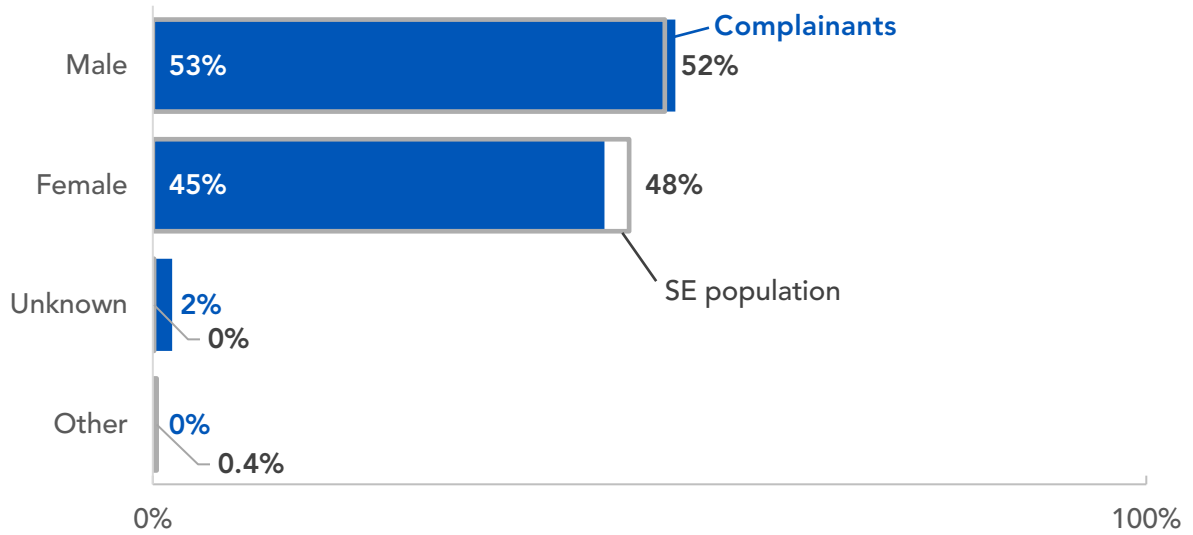
Figure 10: Race proportions of complainants in Franklin County



Gender

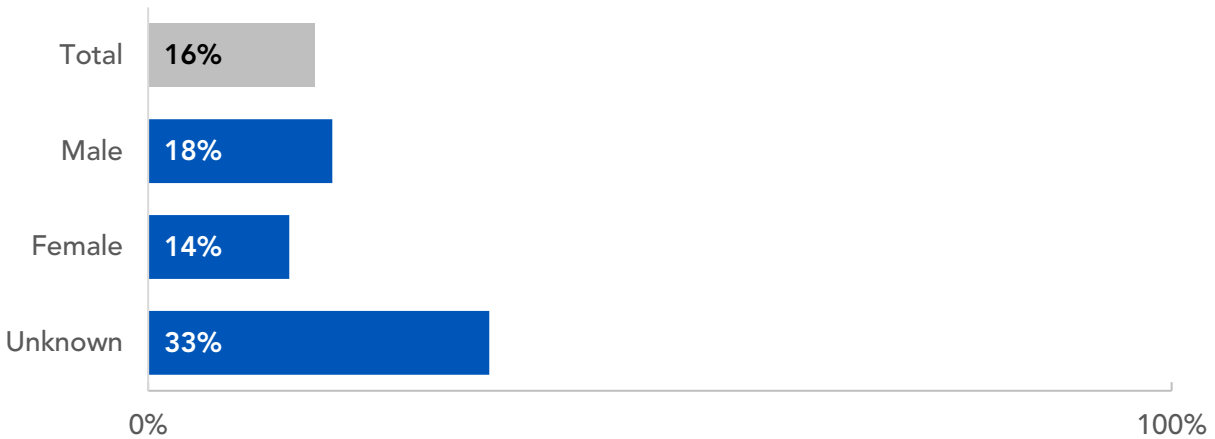
Gender proportions of complainants were fairly similar to population proportions. In SFY22, 56% of complainants were male, and 44% female.

Figure 11: Gender proportions of complainants



Complaints by females had a lower rate of being recorded as having evidence to back them (12/87).

Figure 12: Percent of complaints reported to have evidence by gender



Locations & programs

Franklin County patients were overrepresented as complainants.

| | Complaints (190 total) | SE population (14,201 total) |
|---------------------------|------------------------|------------------------------|
| Belmont, Harrison, Monroe | 7% | 25% |
| Delaware, Morrow | 2% | 10% |
| Franklin | 91% | 55% |
| Tuscarawas, Carroll | 1% | 3% |

Behavioral health programs in Franklin County consistently have the highest number and rate of complaints.

| Program | FY23 | Rate per 1,000 served | | |
|--|------------|-----------------------|------|------------|
| | complaints | FY23 | FY22 | Difference |
| Behavioral Health – Franklin County | 114 | 14.5 | 11.8 | 2.7 |
| Primary Care – Franklin County | 8 | 1.9 | 0.2 | 1.7 |
| Vocational Services/Project Work | 3 | 2.3 | 0.7 | 1.6 |
| Housing Outreach Programs* | 0 | 0 | 2.3 | -2.3 |
| Residential Housing Programs** | 29 | 18.7 | 3.7 | 15.0 |
| Belmont/Harrison/Monroe - Behavioral Health Programs | 6 | 1.7 | 2.3 | -0.6 |
| Belmont/Harrison/Monroe – Primary Care | 5 | 4.1 | 0.7 | 3.4 |
| Tuscarawas/Carroll | 0 | 0 | 1.9 | -1.9 |
| Delaware/Morrow | 3 | 1.3 | 1.4 | -0.1 |
| Administration, Payee, Support | 22 | n/a | n/a | n/a |
| Total | 190 | 13.4 | 6.2 | 7.2 |

The number and rate of complaints that had evidence to back them by program was much lower than the overall complaints.

| Program | FY23 with | Rate per 1,000 served | | |
|--|-----------|-----------------------|------|------------|
| | evidence | FY23 | FY22 | Difference |
| Behavioral Health – Franklin County | 20 | 2.5 | 4.6 | -2.1 |
| Primary Care – Franklin County | 3 | 0.7 | 0.2 | 0.5 |
| Vocational Services/Project Work | 1 | 0.8 | 0.0 | 0.8 |
| Housing Outreach Programs* | n/a | n/a | 2.3 | n/a |
| Residential Housing Programs** | 1 | 0.6 | 0.7 | -0.1 |
| Belmont/Harrison/Monroe - Behavioral Health Programs | 0 | 0 | 0 | 0 |
| Belmont/Harrison/Monroe – Primary Care | 1 | 0.8 | 0 | 0.8 |
| Tuscarawas/Carroll | n/a | n/a | 1.9 | n/a |
| Delaware/Morrow | 0 | 0.0 | 0.9 | -0.9 |
| Administration, Payee, Support | 5 | n/a | n/a | n/a |
| Total | 31 | 2.2 | 2.3 | -0.1 |

*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.

Trends and patterns

Twenty-seven patients filed more than one complaint, totaling 63 complaints. This equates to 18% of the complainants accounting for 33% of all complaints.

The large increase in complaints is primarily due to an increase being recorded in Franklin County.

At least 14 complaints in Franklin County were referred by the ADAMH Client Rights Officer, a position that was vacant previously.

The number of complaints reported as “unknown” for resolution to the patient’s satisfaction and for having evidence to back them has risen in recent years.

Black patients are consistently overrepresented as complainants as compared to their population proportion. This difference is less prominent when looking specifically at Franklin County, where the most diverse patient population is.

Franklin County behavioral health programs consistently have the highest number and rate of complaints, and the majority of these are related to case management services.

Recommendations

| SFY21 Recommendations | 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 – 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 | 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 | 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. | In progress |
| 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. | |
| SFY 2023 Annual Report Recommendations | |
| Add the number with evidence and number resolved per type of complaint. | |
| Investigate number of complaints for residential programs, specifically Friends of the Homeless, over time. | |
| New racial disparity workgroup will incorporate data in this report into their evaluation and improvement process. | |

SOUTHEAST, INC. PROCUREMENT SUMMARY

Population Health Solutions

Describe goods and services being purchased:

Southeast will advance population health management strategies, including facilitating care management/coordination, by purchasing tools that are designed to support these workflows. Population health management aims to improve health outcomes of defined groups of people (for example, people with cancer screening gaps, or patients with diabetes) through the use of data and coordination of care. The tool will need to consolidate information and be integrated with the electronic health record (EHR) and accessible at the point of care. Care Managers/Coordinators need to be able to organize their work, and track their tasks, and take action on patient gaps, which is not a current workflow in the EHR.

Vendors:

- NextGen Population Health - \$45,000 set up, plus per-provider-per-month licensing fees estimated at \$49,200 minimum annual cost (based on number of users)

- Azara Healthcare - \$15,000 total set up and 18,000 annual cost (flat rate)
 - EHR plug-in: \$5,000 one-time set up fee / \$2,500 annual subscription
 - Transitions of care: \$2,000 annual subscription
 - Referral management: 5,000 one-time fee / \$3,000 annual subscription
 - Care Connect: \$5,000 one-time fee / \$10,500 annual subscription

Vendor recommended:

Azara Healthcare

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 selection:

Azara has a better price, is very user-friendly, and provides services that more precisely meet our needs. The tools are also backed by OACHC (Ohio Association of Community Health Centers) both with \$15,000 in funding to offset cost, and implementation support. Southeast has Azara DRVS, the base reporting and analytics population health solution, and has been pleased with their tools and services. The additional modules will enhance our ability to provide coordinated care to patients, allowing us to see admission and discharge information and referrals in one place. The EHR plug-in integrates with NextGen, Southeast's EHR, to allow viewing of information at the point of care as well. Care Connect provides an intuitive platform for Care Managers/Coordinators to manage their patient population and document outreach efforts.

Southeast received demos from both Azara and NextGen Population Health, and both providers and administrators were pleased with the capabilities of Azara's tools. NextGen's solution did not include a solution for viewing transitions in care, or managing referrals. NextGen's Population Health platform also was very similar to Azara DRVS, which Southeast has already implemented. Their Care Management solution existed within the EHR, generating patient lists based on care gaps, and allowed for bulk action (such as ordering labs or screenings). However, the solution was not user-friendly, and documentation or task tracking was lacking. Azara's Care Connect tool more comprehensively addressed the workflows of Care Managers/Coordinators.

Recommended motion:

The Southeast board approves the selection of Azara Healthcare to provide population health solutions, not to exceed \$33,000.

Approval Date: _____

Approved By: _____

Print Name

Title

Funding Opportunity Summary

Southeast Healthcare Board of Directors – Program/Finance Committee

August 2023

Osteopathic Heritage Foundation – 25 Years of Services and Impact Request for Proposals

| | | |
|--|--|-----------------------|
| Funding Source: Osteopathic Heritage Foundation | | |
| Funding Opportunity: 25 Years of Services and Impact Request for Proposals for Franklin County | | |
| Funding Amount: up to \$250,000 (total funding for project period of up to two years) | | |
| Deadline for Proposal: Letter of Intent due 9/12/23. If invited, full proposal to be due 11/7/23. | | |
| Award Start Date: 5/1/2024 (anticipated) | Funding Period: up to two years starting 5/1/2024 | Renewal Available: no |
| <p><u>Program Summary</u></p> <p>The 25 Years of Service and Impact Request for Proposals (RFP) seeks to increase access to health-promoting services for vulnerable populations in Franklin County, including individuals and communities at higher risk for poor health outcomes due to social, economic, medical, and/or environmental factors. The Osteopathic Heritage Foundation will support projects and initiatives aligned with two of its current funding priorities, healthy food access and behavioral health and substance use disorders, as well as additional strategies to improve health outcomes by addressing other social determinants of health.</p> <p>Southeast intends to request funding focused on the healthy food access priority area. Funding will be used to support a range of activities to increase healthy food access and knowledge of nutrition among patients served by Southeast. Food insecurity and a lack of access to healthy foods contribute to a wide range of chronic health conditions afflicting our patients such as diabetes, hypertension, and dental issues. Funding will be used to offer a series of cooking classes where participants will learn about nutrition and how to prepare healthy meals, with a focus on meals that are inexpensive and easy to prepare. Southeast is exploring the possibility of partnering with Columbus State Community College’s Culinary Medicine program on this initiative. Southeast’s Director of Integrated Healthcare Nick Nelson has expertise in culinary medicine and has taught cooking classes to patients in the past through the Budget Bellies program funded by the Harry C. Moores foundation. Southeast will also explore opportunities to increase access to healthy foods for residents of the Friends of the Homeless Men’s Emergency Shelter.</p> <p><u>Financial Impact on Southeast</u></p> <p>Funding will be provided as an expense-based block grant. There is no requirement that Southeast provide matching funds.</p> <p><u>Proposed Action</u></p> <p>RESOLVED, The Board of Directors of Southeast Healthcare hereby approves the submission of an application to the Osteopathic Heritage Foundation for up to \$250,000 with a letter of intent to be submitted by 9/12/23, and a full proposal to be submitted by 11/7/23 if invited;</p> <p>FURTHER RESOLVED, the Board of Directors of Southeast Healthcare hereby authorizes the President & CEO to prepare, sign, and submit all documents required for inclusion in the proposal, and to execute all subsequent agreements necessary to receive funding.</p> | | |

Funding Opportunity Summary

Southeast Healthcare Board of Directors – Program/Finance Committee

August 2023

City of Columbus - Emergency Shelter Rehabilitation Grant Summary

| | | |
|--|---|-----------------------|
| Funding Source: Request for proposals issued by Community Shelter Board (CSB) on behalf of City of Columbus Development Department | | |
| Funding Opportunity: Emergency Shelter Rehabilitation Funding | | |
| Funding Amount: up to \$500,000 | | |
| Deadline for Proposal: Monday, 8/21/2023 5 pm | | |
| Award Start Date: January 2023 (anticipated) | Funding Period: funds must be expended by December 31, 2025 (anticipated) | Renewal Available: no |
| <p><u>Program Summary</u></p> <p>Emergency Shelter Rehabilitation Funding is designed to provide funding for the rehabilitation or renovation of emergency homeless shelters. Funding is provided through funds appropriated for the City of Columbus Development Department. The Community Shelter Board (CSB) is issuing this Request for Proposals (RFP) on behalf of the City of Columbus. Funding approved in response to this RFP will be provided through a contract with the City of Columbus.</p> <p>Funding will support costs of improving buildings, including replacement of principal fixtures and components of existing buildings; installation of security devices; and improvement through alterations or incidental additions to, or enhancement of, existing buildings, including improvements to increase the efficient use of energy in buildings, and structural changes necessary to make the structure accessible for persons with physical disabilities. CSB will give priority to rehabilitation/renovation of residential areas of emergency shelters.</p> <p><u>Financial Impact on Southeast</u></p> <p>Funds received through this program will enable Southeast to repair and rehabilitate areas of the Men’s Shelter facility. Specific projects for which funding will be requested are currently being identified and prioritized. There is no requirement that Southeast provide matching funds.</p> <p><u>Proposed Action</u></p> <p>RESOLVED, the Board of Directors of Southeast Healthcare hereby approves the submission of an application to the Emergency Shelter Rehabilitation program by 5:00 PM on August 21, 2023 to provide funding for repairs and rehabilitation of the Men’s Shelter in an amount to be determined up to \$500,000 based on need in accordance with the application guidelines and authorizes the President & CEO to approve the amount of requested funding and items for which it is requested;</p> <p>FURTHER RESOLVED, the Board of Directors of Southeast Healthcare hereby authorizes the President & CEO to prepare, sign, and submit all documents required for inclusion in the proposal by August 21, 2023 and, should funds be awarded, to execute all subsequent agreements necessary to receive funding.</p> | | |



Financial Statements

July 31, 2023



Southeast, Inc.
Financial Report
For the Month ended July 31, 2023
Finance Committee Meeting held August 21, 2023
Board Meeting held August 23, 2023

Statement of Revenue and Expenditures

- Net income for the current month of \$602,891. This is a result of an increase in pharmacy sales and a decrease in total expense. In addition, actual expenses were \$323,928 less than the budget amount for the month of July.
- Fair value of investments held increased in July by \$318,626.
- We continue to work with an independent accounting firm to ensure accounts receivable is booked appropriately.

Balance Sheet & Statement of Cash Flows

- The cash balance increased in July to just over 3.7 million.
- The independent audit firm continues to work through the claims accounts receivable to determine accuracy. This will impact June and July accounts receivable when the process is complete.

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.
- Audit for Fiscal Year 2023 has started and will be completed sooner than previous years.

SOUTHEAST, INC.
CONSOLIDATED STATEMENT OF ACTIVITY
FOR THE PERIOD ENDED JULY 31, 2023

| | FY24 BUDGET | ***** ACTUAL ***** | | LAST YEAR YTD | YTD BUDGET | ACT vs. BUD \$ VARIANCE | % VAR OF BUDGET |
|------------------------------------|-----------------------|---------------------|---------------------|---------------------|---------------------|----------------------------|--------------------|
| | | July | YTD | | | | |
| REVENUE | | | | | | | |
| <i>ADAMH FUNDING</i> | | | | | | | |
| ADAMH-FFS | \$ 7,155,738 | \$ 587,783 | \$ 587,783 | \$ 328,275 | \$ 596,312 | (\$8,529) | (1.4%) |
| ADAMH - BLOCK GRANT | 6,283,766 | 482,263 | 482,263 | 65,735 | 523,647 | (41,384) | (7.9%) |
| ADAMH PHARMACY | 2,000 | 0 | 0 | - | 167 | (167) | (100.0%) |
| ADAMH - OTHER | - | 0 | 0 | - | - | - | |
| TOTAL | 13,441,504 | 1,070,046 | 1,070,046 | 394,010 | 1,120,125 | (50,079) | (4.5%) |
| <i>FIRST & THIRD PARTY</i> | | | | | | | |
| CLIENT FEES | 94,564 | 7,026 | 7,026 | 10,448 | 7,880 | (854) | (10.8%) |
| INSURANCE | 1,298,968 | 91,170 | 91,170 | 62,857 | 108,247 | (17,077) | (15.8%) |
| MEDICARE | 1,134,719 | 61,946 | 61,946 | 71,773 | 94,560 | (32,614) | (34.5%) |
| MEDICAID | 13,829,675 | 1,011,640 | 1,011,640 | 954,446 | 1,152,473 | (140,833) | (12.2%) |
| CONTRACTS | 10,780,603 | 1,001,928 | 1,001,928 | 945,041 | 898,384 | 103,544 | 11.5% |
| PHARMACY SALES | 25,034,750 | 2,226,303 | 2,226,303 | 1,768,059 | 2,086,229 | 140,074 | 6.7% |
| IN KIND REVENUE | - | 0 | 0 | - | - | 0 | #DIV/0! |
| TOTAL THIRD PARTY | 52,173,279 | 4,400,013 | 4,400,013 | 3,812,624 | 4,347,773 | 52,240 | 1.2% |
| OPERATING REVENUE | \$ 65,614,783 | \$ 5,470,059 | \$ 5,470,059 | \$ 4,206,634 | \$ 5,467,899 | \$2,160 | .0% |
| <i>EXPENSES</i> | | | | | | | |
| SALARIES | 33,443,731 | 2,464,731 | 2,464,731 | 2,300,231 | 2,786,978 | (322,247) | (11.6%) |
| EMPLOYEE BENEFITS | 7,692,058 | 602,638 | 602,638 | 529,319 | 641,005 | (38,367) | (6.0%) |
| CONTRACT SERVICES | 1,480,000 | 154,140 | 154,140 | 112,867 | 123,333 | 30,807 | 25.0% |
| COMPUTER EXPENSE | 1,271,991 | 130,362 | 130,362 | 137,438 | 105,999 | 24,363 | 23.0% |
| OPERATING SUPPLIES | 700,890 | 21,195 | 21,195 | 62,285 | 58,408 | (37,213) | (63.7%) |
| OPERATING EXPENSES | 3,250,000 | 271,810 | 271,810 | 261,785 | 270,833 | 977 | .4% |
| OFFICE EXPENSES | 350,000 | 33,300 | 33,300 | (56,221) | 29,167 | 4,133 | 14.2% |
| MOBILE PHONES | 350,000 | 27,956 | 27,956 | 26,398 | 29,167 | (1,211) | (4.2%) |
| TRAVEL/TRANSPORTATION | 900,000 | 35,719 | 35,719 | 33,273 | 75,000 | (39,281) | (52.4%) |
| BUILDING & GROUNDS | 2,637,325 | 170,673 | 170,673 | 141,806 | 219,777 | (49,104) | (22.3%) |
| DEPRECIATION | 795,758 | 49,850 | 49,850 | 48,723 | 66,313 | (16,463) | (24.8%) |
| AUDIT & LEGAL FEES | 250,000 | 16,179 | 16,179 | 14,144 | 20,833 | (4,654) | (22.3%) |
| INSURANCE EXPENSE | 750,000 | 60,760 | 60,760 | 60,760 | 62,500 | (1,740) | (2.8%) |
| PHARMACY COG | 12,650,000 | 1,181,141 | 1,181,141 | 896,624 | 1,054,167 | 126,974 | 12.0% |
| IN KIND EXPENSE | - | 0 | 0 | - | - | 0 | #DIV/0! |
| OTHER EXPENSES | 250,000 | 19,931 | 19,931 | 10,026 | 20,833 | (902) | (4.3%) |
| TOTAL EXPENSES | \$ 66,771,753 | \$ 5,240,385 | \$ 5,240,385 | \$ 4,579,458 | \$ 5,564,313 | (\$323,928) | (5.8%) |
| OPERATING NET INCOME/(LOSS) | \$ (1,156,970) | \$ 229,674 | \$ 229,674 | \$ (372,824) | \$ (96,414) | \$326,088 | |
| <i>MISCELLANEOUS REVENUE</i> | | | | | | | |
| INTEREST INCOME | 408 | 48 | 48 | 12 | 34 | 14 | 41.2% |
| INVESTMENT | 885,446 | 318,626 | 318,626 | 562,248 | 73,787 | 244,839 | 331.8% |
| RENT | 145,500 | 13,255 | 13,255 | 13,785 | 12,125 | 1,130 | 9.3% |
| GAIN/(LOSS) ON PURCHASE | - | 0 | 0 | - | - | - | |
| OTHER | 810,000 | 41,288 | 41,288 | 23,235 | 67,500 | (26,212) | (38.8%) |
| TOTAL MISCELLANEOUS | 1,841,354 | 373,217 | 373,217 | 599,280 | 153,446 | 219,771 | 143.2% |
| SOUTHEAST NET REVENUE | \$ 684,384 | \$ 602,891 | \$ 602,891 | 226,456 | \$57,032 | \$545,859 | |
| Margin on Operating Revenue | (1.8%) | 4.2% | 4.2% | (8.9%) | | | |
| Margin on Total Revenue | 1.0% | 10.3% | 10.3% | 4.7% | | | |

SOUTHEAST, INC.
CONSOLIDATED STATEMENT OF FINANCIAL POSITION
FOR THE PERIOD ENDED JULY 31, 2023

ASSETS

CASH:

| | | |
|-----------------------------|--------------|-----------|
| CASH IN BANK - UNRESTRICTED | \$ 3,707,308 | |
| SCHOLARSHIP ACCOUNT | | |
| BUILDING MANAGEMENT | 22,931 | |
| PETTY CASH | 3,430 | 3,733,669 |
| | | |

INVESTMENTS:

| | | |
|------------------------|-----------|------------|
| SHORT TERM INVESTMENTS | 3,774,036 | |
| AMERICAN FUNDS | 9,988,823 | |
| RESTRICTED INVESTMENTS | 287,254 | 14,050,113 |
| | | |

ACCOUNTS RECEIVABLE:

| | | |
|-------------------------------------|-------------|-----------|
| Claims Based Receivables | | |
| CLIENT & THIRD PARTY | 4,442,427 | |
| MEDICAID | 13,726,175 | |
| ADAMH | | (908,089) |
| Franklin County | (2,153,574) | |
| Delaware & Morrow Counties | 871,718 | |
| Belmont, Harrison & Monroe Counties | 372,583 | |
| Tuscarawas & Carroll Counties | 1,185 | |
| ALLOWANCE FOR DOUBTFUL ACCOUNTS | 0 | |
| Total Claims Based Receivables | 17,260,513 | |

| | | |
|--------------------------|-----------|------------|
| Other Receivables | | |
| OTHER GRANTS & CONTRACTS | 1,928,510 | |
| APOTHECARE | 1,071,206 | |
| MISCELLANEOUS | 118,936 | 20,379,165 |
| Total Other Receivables | 3,118,652 | |

OTHER CURRENT ASSETS:

| | | |
|----------------------|-----------|-----------|
| APOTHECARE INVENTORY | 1,807,011 | |
| PREPAIDS | 1,914,156 | |
| EMPLOYEE LOAN/EPP | 12,758 | |
| OTHER | 9,087 | 3,743,012 |

TOTAL CURRENT ASSETS **41,905,959**

FIXED ASSETS:

| | | |
|-------------------------------|--------------|--|
| VEHICLES | 592,405 | |
| BUILDING, LAND & IMPROVEMENTS | 12,734,988 | |
| FURNITURE & EQUIPMENT | 3,819,863 | |
| TENANT IMPROVEMENT | 174,753 | |
| subtotal | 17,322,009 | |
| LESS accumulated depreciation | (11,556,949) | |

NET FIXED ASSETS **5,765,060**

TOTAL ASSETS **\$ 47,671,021**

LIABILITIES & NET ASSETS

LIABILITIES:

| | | |
|----------------------|--------------|-----------|
| ACCOUNTS PAYABLE | \$ 1,774,148 | |
| ACCRUED EXPENSES | - | |
| PROPERTY TAX PAYABLE | 36,128 | |
| TENANT DEPOSIT | 6,907 | 1,817,183 |
| | | |

ACCRUED WAGES & FRINGE BENEFITS:

| | | |
|--------------------|-----------|-----------|
| ACCRUED VACATION | 1,617,598 | |
| ACCRUED PAYROLL | 1,256,248 | |
| ACCRUED RETIREMENT | - | |
| ACCRUED OTHER | 351,646 | 3,225,492 |
| | | |

TOTAL CURRENT LIABILITIES **5,042,675**

DEFERRED REVENUE 1,431,133

LONG TERM DEBT 2,481,368

ADVANCES FROM THE STATE 502,375

CAPITALIZED LEASE AGREEMENT 258,599

TOTAL LIABILITIES **9,716,150**

NET ASSETS:

| | | |
|-------------------------|------------|-------------------|
| UNRESTRICTED | 35,808,078 | |
| DESIGNATED | 1,820,427 | |
| RESTRICTED | 39,112 | |
| SCHOLARSHIP | 287,254 | 37,954,871 |
| TOTAL NET ASSETS | | 37,954,871 |

TOTAL LIABILITIES & NET ASSETS **\$ 47,671,021**

Southeast, Inc.
Cash Flow Statement
July 31, 2023

| | Current Period |
|---|---------------------|
| Cash From Operations | |
| Change in net assets | 602,890.00 |
| 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 | 600,000.00 |
| Inventory | 60,320.00 |
| Other current assets | (892,823.00) |
| Total (Increase) decrease in: | (232,504.00) |
| Increase (decrease) | |
| Accounts payable | 494,442.00 |
| Accrued expenses and taxes | 108,730.00 |
| Total Increase (decrease) | 603,172.00 |
| Total Cash From Operations | <u>1,018,794.00</u> |
| Cash From Investing Activities | |
| Purchases of property and equipment | 86,778.00 |
| Purchase of investments | (374,876.00) |
| Total Cash From Investing Activities | <u>(288,098.00)</u> |
| Cash Flows From Financing Activities | |
| Principal payments on long-term debt | (10,076.00) |
| Principal payments on capital lease obligations | (7,399.00) |
| Total Cash Flows From Financing Activities | <u>(17,476.00)</u> |
| Net Increase/Decrease in Cash | 713,220.00 |
| Cash and Cash Equivalents, beginning of period | <u>3,020,449.00</u> |
| Cash and Cash Equivalents, end of period | <u>3,733,669.00</u> |

SOUTHEAST, INC.
RATIO ANALYSIS
FOR THE PERIOD ENDED JULY 31, 2023

Year to date performance

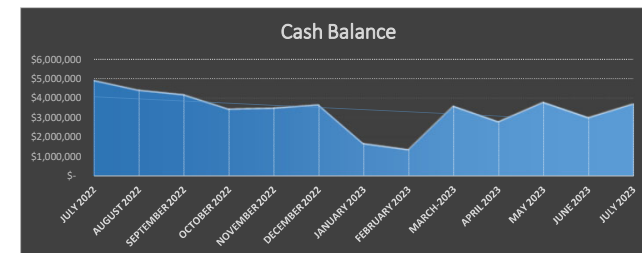
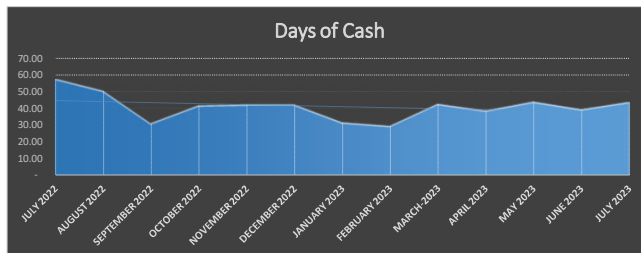
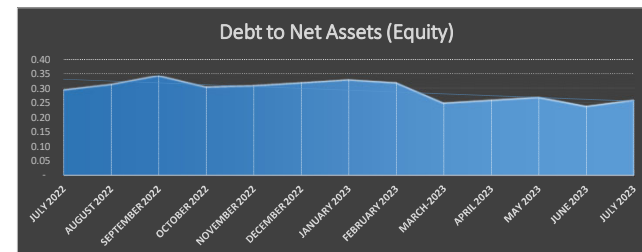
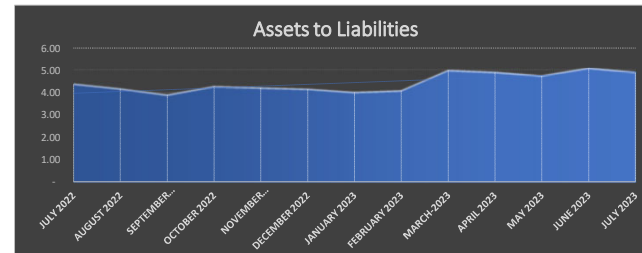
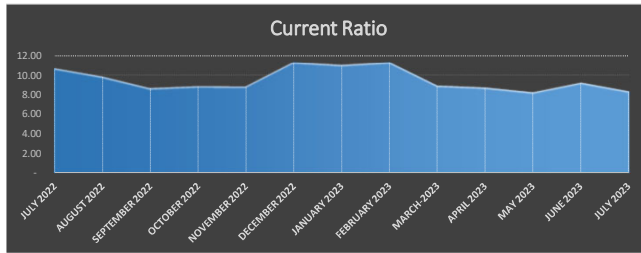
| | | | |
|-----------------------------|---|--------------|--|
| Current Ratio | (CURRENT ASSETS/CURRENT LIABILITIES) | 8.3 | Ability to pay current debt with current assets; 2 to 4 is standard. |
| Revenue over Expense Margin | (YTD REVENUE/YTD EXPENSES) | 1.149 | Indicates revenues (net income) over expenses; Over 1.03 is excellent. |
| Assets to Liabilities | (TOTAL ASSETS/TOTAL LIABILITIES) | 4.91 | 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 | 43.6 | Indicates number of days of cash SE has on hand. 90 days is good |
| Average Days in Receivables | (REVENUE/365)AR/Revenue per day) | 115.5 | 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) | 10.77% | 7% - 9.99% | 10% - 10.99% | 4 |
| Debt to Equity Ratio (Total Liabilities/Net Assets) | 0.256 | .40 - .49 | .50 - 1.19 | 5 |
| Revenue to Expenses (Total Revenue / Total Expense) | 1.15 | 1.03 - 1.0599 | 1 - 1.0299 | 4 |
| Current Ratio (Current Assets/Current Liabilities) | 8.31 | 1.80 - 2.39 | 1.4 - 1.79 | 5 |
| Cash to Avg. Mo. Expense (Days) (Cash + ST Invest/Total Expenses) | 43.6 | 80 - 89.99 | 50 - 79.99 | 3 |
| Fund Balance Reserve (Net Assets / Ave. Monthly expenses- including CGS) | 9.35 | 6 - 6.99 | 4 - 5.99 | 4 |
| % of Revenue from ADAMH (ADAMH Revenue/Total Revenue) | 18.3% | < 55.0% | 70% - 55% | 5 |
| | | | | 4.3 |

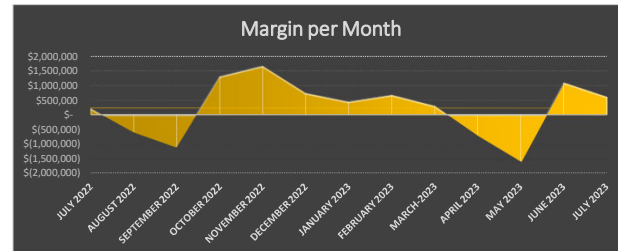
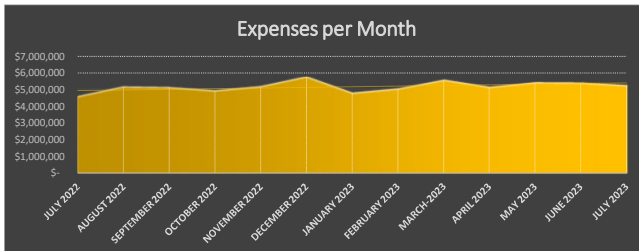
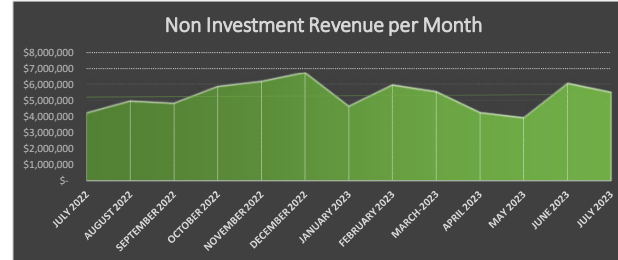
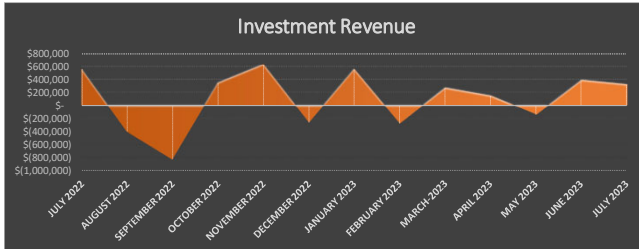
| Index Coding |
|-------------------------|
| 5 - Excellent |
| 4 - Good |
| 3 - Fair |
| 2 - Poor |
| 1 - Correction Required |

Historical Ratio Dashboard
For the period ended July 31, 2023



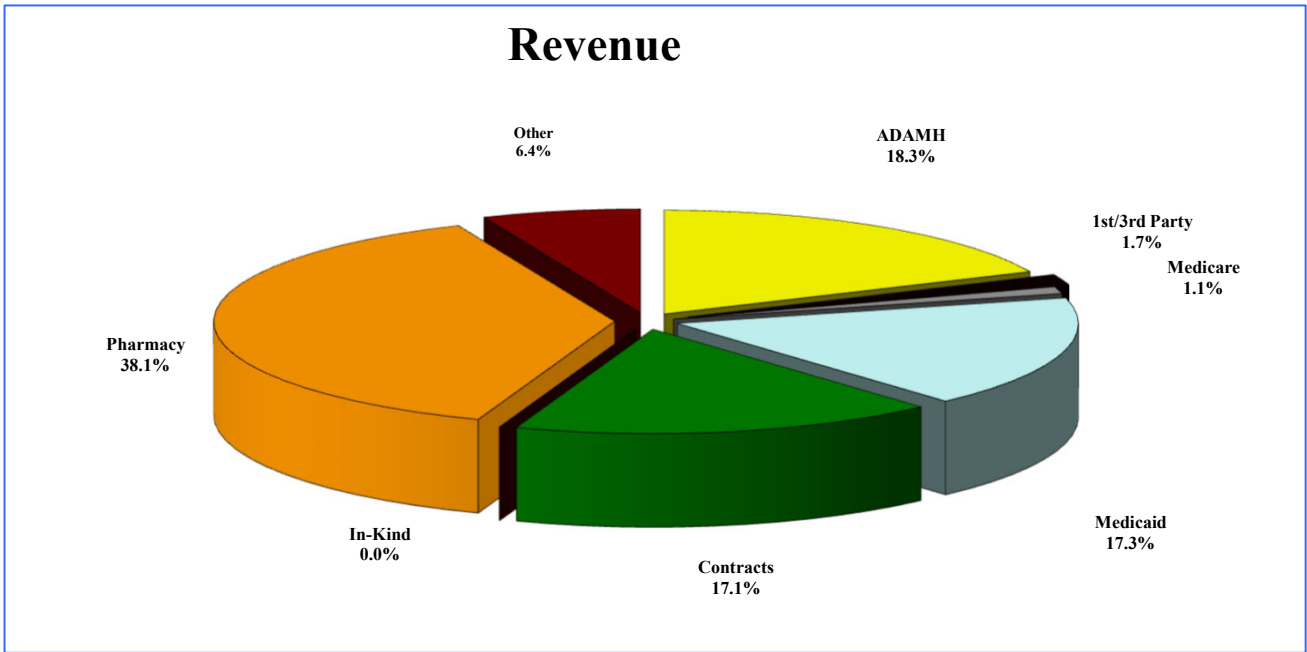
| Ratio | Formula | Description |
|-----------------------------|---|--|
| Current Ratio | (CURRENT ASSETS/CURRENT LIABILITIES) | Ability to pay current debt with current assets; 2 to 4 is standard. |
| Revenue over Expense Margin | (YTD REVENUE/YTD EXPENSES) | Indicates revenues (net income) over expenses; 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 July 31, 2023

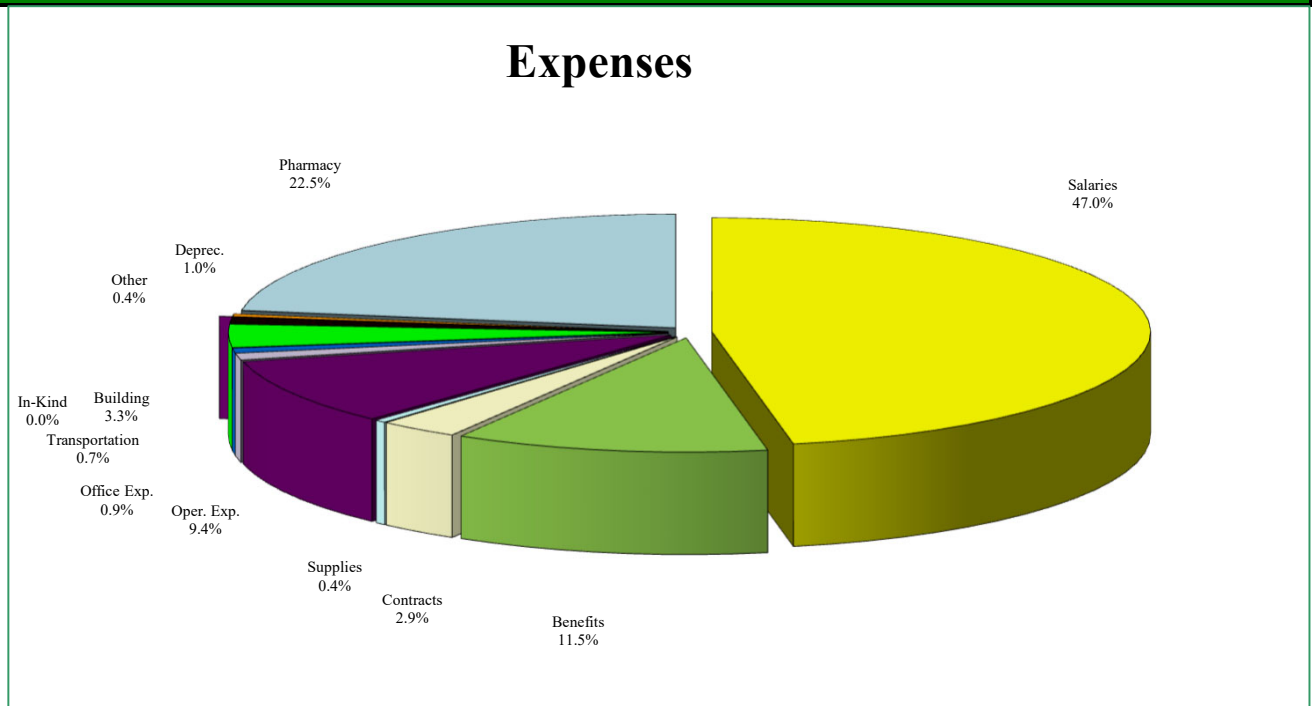


Southeast, Inc. Revenue & Expenses by Category

YTD FY 2024 TOTAL CONSOLIDATED REVENUE \$5,843,276



YTD FY 2024 TOTAL CONSOLIDATED EXPENSES \$5,240,385



CAPITAL BUDGET LISTING

| Department/Location | Brief Description of Item | Estimated Cost | Potential Funding Options |
|--------------------------|--|----------------|---------------------------|
| 16 W. Long Street | 3rd and 6th Floor Hallway flooring replacement | \$35,000.00 | HRSA |
| 16 W. Long Street | 3rd Floor IT Server Room HVAC Upgrade | \$49,000.00 | |
| 16 W. Long Street | Heat Pump Replacements (5 @ \$16,000 each) | \$80,000.00 | HRSA |
| 16 W. Long Street | Training Room MAU Replacement | \$175,000.00 | HRSA |
| 16 W. Long Street | Long Street Refresh | \$500,000.00 | HRSA Grant |
| Carpenter House | Main Roof Replacement | \$27,000.00 | Franklin County |
| Carpenter House | Tuck point building & paint outside trim | \$18,000.00 | Franklin County |
| Carpenter House | Generator | \$40,000.00 | Franklin County |
| Carpenter House | New kitchen cabinets (both kitchens) | \$15,000.00 | Franklin County |
| Carpenter House | New windows | \$13,000.00 | Franklin County |
| Carpenter House | Fence for yard | \$9,000.00 | Franklin County |
| Clintonville | Need controllers and need to replace the radiators throughout the building | \$70,000.00 | |
| Clintonville | Exterior repairs | \$100,000.00 | |
| Clintonville | Repair basement restroom drains | \$20,000.00 | |
| Clintonville | Replace worn out radiators | \$50,000.00 | |
| Clintonville | Tuckpoint building | \$20,000.00 | |
| Clintonville | Waterproof brick exterior | \$25,000.00 | |
| Clintonville | New flooring or carpeting | \$40,000.00 | |
| 361/363 Carpenter Street | New porch | \$10,000.00 | |
| Friends of the Homeless | Windows | \$90,000.00 | |
| Friends of the Homeless | Generator | \$200,000.00 | |
| RREACT | New LED lighting inside | \$10,000.00 | |
| Redmond House | HVAC Replacement | \$10,000.00 | |
| Redmond House | New siding | \$25,000.00 | |
| Redmond House | New windows | \$25,000.00 | |
| Redmond House | New/Repair retaining wall | \$50,000.00 | |
| Redmond House | Concrete patio | \$5,000.00 | |
| Redmond House | Blacktop driveway | \$15,000.00 | |
| Merion Village | Burglar Alarm & new fire alarm system | \$60,000.00 | |
| Merion Village | Cameras | \$50,000.00 | |
| Merion Village | Replace 4 HVAC units - heater and condenser | \$70,000.00 | |

CAPITAL BUDGET LISTING

| Department/Location | Brief Description of Item | Estimated Cost | Potential Funding Options |
|---------------------|---|----------------|---------------------------|
| Merion Village | Replace 8 Breaker Boxes | \$20,000.00 | |
| Merion Village | Replace lower portion of "bridge" glass between the two sides of the building w/something that will waterproof the area | \$45,000.00 | |
| Riverfront Garage | Upper & Lower Floor Painting & Renovations - Ventilation in basement, repair steel beams, waterproofing, update electrical) - Does not include anything for storefront or upstairs space. | \$380,000.00 | |
| Riverfront Garage | Roof | \$120,000.00 | |
| Four Oaks | Grade and gravel lane and parking lot. Has severe holes in it and | \$8,000.00 | |
| Four Oaks | Whole house generator. There has been more power outages d | \$45,500.00 | |
| Four Oaks | Replace septic tank. Lid cracked, not leaching properly, original | \$10,000.00 | |
| St. Clairsville | Shingle replacement on roof. | \$88,200.00 | |
| St. Clairsville | New gutters and downspouts. Current ones leak, cause ice to b | \$10,780.00 | |
| St. Clairsville | Replace concrete in front of main entrance. This is cracked and | \$6,000.00 | |
| St. Clairsville | Replace Furnace/AC unit. Some are original to the building so re | \$12,000.00 | |
| St. Clairsville | Caravan for FQ. Current van to be used for groups. Trade in one | \$40,000.00 | |
| St. Clairsville | BCAP kitchen make-over. Fridge, sink, plumbing, tables. | \$8,000.00 | |
| New Philadelphia | LVT throughout the building removing carpet. | \$34,500.00 | |
| New Philadelphia | Replace garage with a storage shed in the back parking lot 12x18 | \$6,000.00 | |
| Various | Microsoft Server | \$9,405.00 | |
| Various | Microsoft Server | \$8,101.00 | |
| Various | Meraki Switches | \$87,600.00 | |
| Various | Meraki Switches | \$11,200.00 | |
| Various | Storage | \$95,000.00 | |
| Various | Dell R650 | \$54,000.00 | |
| Various | Firewall | \$10,000.00 | |
| Project Works | 2nd Golf Cart | \$11,299.00 | |
| Project Works | Passenger Van | \$25,926.00 | |
| | Total Cash Outlay | \$3,052,511.00 | |
| | | | |
| | | | |

Southeast, Inc.

Investment Funds

| | FISCAL YEAR | | | | | CALENDAR YEAR | | |
|--|---------------------|-------------------|-------------------|------------------------------------|---------------------|-------------------|-------------------------------------|-------------|
| | As of 06/30/2023 | 6/30/2022 | As of 7/1/22 | GAIN/(LOSS) 7/1/22 - 6/30/23 | % of Gain/(Loss) | As of 1/1/23 | GAIN/(LOSS) 1/1/23- 6/30/2023 | Percent |
| AMERICAN FUNDS | | | | | | | | |
| AMCAP Fund - A | 807,775 | 667,977 | 667,977 | 139,799 | 20.9% | 675,613 | 132,162 | 19.6% |
| EUROPACIFIC GROWTH FUND | 282,884 | 245,182 | 245,182 | 37,702 | 15.4% | 252,473 | 30,411 | 12.0% |
| GROWTH FUND OF AMERICA | 1,065,339 | 870,843 | 870,843 | 194,496 | 22.3% | 865,883 | 199,456 | 23.0% |
| NEW WORLD FUND-A (Growth) | 96,708 | 84,667 | 84,667 | 12,041 | 14.2% | 86,562 | 10,146 | 11.7% |
| CAPITAL WORLD GROWTH & INCOME | 669,561 | 567,540 | 567,540 | 102,021 | 18.0% | 595,672 | 73,889 | 12.4% |
| FUNDAMENTAL INVESTORS | 909,051 | 757,352 | 757,352 | 151,699 | 20.0% | 795,534 | 113,517 | 14.3% |
| WASHINGTON MUTUAL INVESTORS FUND | 1,134,658 | 1,001,655 | 1,001,655 | 133,003 | 13.3% | 1,053,837 | 80,821 | 7.7% |
| CAPITAL INCOME BUILDER (Equity Income) | 1,197,494 | 1,124,176 | 1,124,176 | 73,318 | 6.5% | 1,156,486 | 41,008 | 3.5% |
| INCOME FUND OF AMERICA (Equity Income) | 1,388,521 | 1,315,286 | 1,315,286 | 73,235 | 5.6% | 1,358,596 | 29,925 | 2.2% |
| AMERICA HIGH INCOME TRUST (Bond) | 750,513 | 695,008 | 695,008 | 55,505 | 8.0% | 720,414 | 30,099 | 4.2% |
| INTERMEDIATE BOND FUND of AMERICA | 740,385 | 752,228 | 752,228 | (11,843) | 0.0% | 735,772 | 4,613 | 0.0% |
| CAPITAL WORLD BOND | 706,503 | 712,001 | 712,001 | (5,498) | (0.8)% | 698,321 | 8,182 | 1.2% |
| TOTAL AMERICAN FUND INVESTMENTS | 9,749,394 | 8,793,915 | 8,793,915 | 955,480 | 10.9% | 8,995,163 | 754,231 | 8.4% |
| BANK FUNDS | | | | | | | | |
| PREMIER MONEY MARKET/Scholarship Fd. | 285,572 | 280,757 | 280,757 | 4,815 | 1.7% | 281,667 | 3,905 | 1.4% |
| 5/3 BANK - Money Market & Fixed Income | 3,639,435 | 3,474,281 | 3,474,281 | 165,154 | 4.8% | 3,294,086 | 345,349 | 10.5% |
| TOTAL BANK FUND INVESTMENTS | 3,925,007 | 3,755,038 | 3,755,038 | 169,969 | 4.5% | 3,575,753 | 349,254 | 9.8% |
| TOTAL SOUTHEAST INVESTMENTS | 13,674,401 | 12,548,953 | 12,548,953 | 1,125,449 | 9.0% | 12,570,916 | 1,103,485 | 8.8% |