



**Board of Directors Meeting
Wednesday, September 27, 2023, 11:00 am
Virtual via GoToMeeting**

AGENDA

	Action Needed	Attachment
Roll Call		
CALL TO ORDER		
APPROVAL OF MINUTES	✓	✓
<u>Board Chair’s Report</u>		
<u>CEO Report</u>		
HRSA Site Visit		
Primary Care Medical Director		
SAMHSA PATH Site Visit		
Previous Board Member Passing		
<u>PROGRAM / QI COMMITTEE</u>		
ODRC Re-Entry Proposal (FYI)		✓
Annual Quality Improvement Report	✓	✓
FQHC Hours of Operation	✓	✓
Franklin County ADAMH KY24 Agency Service Plan (with Finance)	✓	✓
<u>FINANCE</u>		
Financials	✓	✓
Financial Reporting Policy	✓	✓
HRSA ARP Capital Revisions	✓	✓
Franklin County ADAMH KY24 Agency Service Plan (with Program)	✓	✓
<u>HUMAN RESOURCES COMMITTEE</u>		
New Privileging:		
Jane Whitman, Therapist		
Cythina Marling, Therapist		
<u>GOOD THINGS</u>		
Greater Columbus Arts Council Project Support application has been approved in the amount of \$9,800.		
James Alexander will be recognized for outstanding service for his work with individuals with substance abuse disorders and for his commitment to making Narcan available to businesses and other organizations to ensure people experiencing an overdose can be treated quickly. This award is from both Discovery and Capital Crossroads SID.		
<u>EXECUTIVE SESSION</u>		
Adjournment		

**denotes emailed later*



**Board of Directors
Meeting Minutes
August 28, 2023, 11:00 AM
Virtual GoToMeeting**

Members Present:

Rev. Tony Burns, Chairperson
Kori Manus, Treasurer
Tom Shanahan
Don Strasser
Sarah Lenkay
Art DeLeon
Steve Sielschott
Eileen Goodman, Secretary

Members Excused:

Angela Fry, VP
Pat Halaiko
Kate Hamilton

Absent:

Dave Lane, Immediate
Past Chair
Kim Krone

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
Dr. Abul Hasan, Chief Medical Officer
April Welch, Executive Assistant

Call to Order: Tony Burns called the meeting to order at 11:12 am.

Approval of Board Minutes – Tony Burns moved to approve the July board minutes. Kori Manus seconded. Motion approved.

Board Chair’s Report – Tony Burns yielded the floor to Rebecca Carr for the presentation of the HRSA Review.

HRSA Items Reviewed:

Strategic Planning and Strategic Thinking

- Board Roles & Responsibilities
- The Health Center Program and Strategy
- Mission, Vision, and Values
- Community Health Needs Assessment
- Strategic Planning
- Ongoing Strategic Thinking

Strategic Board Composition, Recruitment, Orientation, and Engagement

- Roles and Responsibilities
- Demonstrating Compliance
- Recruiting and Vetting Board Candidates
- Orientation- Handbook
- Continued Education
- Board Terms
- Officer Roles, Selection, and Succession

Quality Oversight

- Defining Quality
- Board Role in Quality Oversight
- The Health Center Program and Board Oversight of Quality
- Demonstrating Compliance: Board Authority
- Quality Improvement/Assurance Compliance
- QA/QI Program

Tony Burns opened the floor for a discussion on in-person Board Meetings. Bill asked the Board of Directors what worked best for them; continuing to meet via video with the option of in-person, or having the Board meet only via video or in-person. Kori Manus prefers hybrid with the meetings being in the middle of the day. If meetings were to resume in-person, having the meetings at the beginning of the day or end of the day would be better. Sarah Lenkay agrees with Kori; if meetings are in person a time change is needed. Tony does miss seeing each other in person and suggested meetings in-person quarterly.

Bill Lee invited Board members to Southeast company picnic on 9/15/2023 at Camp Mary Orton starting at 12pm.

President and CEO Report – Bill Lee presented the Strategic Plan. The Strategic Plan was approved by the board in 2021 and the Executive Staff has provided status updates to the plan.

Wendy Williams presented the Status Reports for the Strategic Objectives.

Strategic Objectives:

- Strengthen and Promote Brand
- Align service mix with community needs, payor priorities, and workforce elasticity
- Identify and/or maintain public and private strategic relationships and affiliations
- Modify and develop continual business strategies
- Increased fiscal development
- Focus on Recruitment and Retention of qualified staff
- Enhance Information Technology performance
- Maintain and enhance accreditations and certifications and meet all other requirements
- Enhance Continuous Clinical Quality Management & Outcomes for all services
- Recruit, retain and develop strengths of Board Members
- Enhance Value Added Positioning

Wendy Williams expressed that Executive Staff will be focusing on next steps by reexamining what needs to be refined within the Strategic Objectives. The updated Strategic Plan will be presented in a future Board meeting.

Bill Lee reported that in the new State Budget, it was included that all FQHC providers around the state providing Behavioral Health services would need to become accredited through one of the three nationally recognized accrediting organizations to be certified through the Ohio Mental Health Department and Addiction Services. It has since been determined that if the FQHC has Behavioral Health services under their scope of services, the provider does not need to become certified under OHMAS as it has already been approved through HRSA. This ruling did not affect Southeast.

Program Committee

Don Strasser presented the Patient Rights Report SFY 2023, Procurement Summary, Osteopathic Heritage Foundation Grant, and the City of Columbus Shelter Grant.

Patient Rights Report SFY 2023

When patients have complaints or concerns, a Patient Rights Officer (PRO) is available to help them work through the issue. This report is a summary of complaints received during State Fiscal Year 2023 (July 1, 2022 to June 30, 2023). The report includes trend data for the past 5 years.

In SFY23 we had a total of 0 Grievances, 190 Complaints and 33 Inquiries. 154 unique patients filed the 190 complaints. This is an increase from SFY22, when 87 complaints were recorded over the same period from 75 unique patients. The largest overall area of complaint is customer service. 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 majority of complaints originate from persons receiving service at our Long St. location in Franklin Co. 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 but still statistically significant.

Quality Council reviewed the report and made the following 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.
- The new racial disparity workgroup will incorporate data in this report into their evaluation and improvement process.

The Program QI Committee concurs with the Quality Council Recommendations and would add a request to gather specific information/data for increased specificity about customer service complaints.

Proposed Action:

The Southeast board has reviewed the SFY 2023 Patient Rights Report, accepts the report and makes the following 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; directs the new racial disparity workgroup to incorporate data in this report into their evaluation and improvement process and provide more specificity for the customer service complaint category.

Motion

Don Strasser moved to approve and accept the recommendations for SFY 2023 Patient Rights Report. Tom Shanahan seconded. Motion approved.

Procurement Summary-PHM Tools (With Finance):

Southeast needs to expand our ability to provide tools that will assist staff in population health management including facilitating care management/coordination. 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. 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 NextGen. This is also necessary for succeeding in the value-based contracting arena.

We currently use Azara DRVS, a base reporting and analytics population health data base and are recommending adding additional AZARA modules 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 a platform for Care Managers/Coordinators to manage their patient population and document outreach efforts.

We are recommending the purchase of the AZARA Healthcare additional modules that include EHR plug-in, Transitions of care, Referral management and Care Connect based on price, quality, and satisfaction with the current product. Additionally, we will receive \$15,000 from OACH to offset some of the costs associated with this product.

Proposed Action:

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

Motion

Don Strasser moved to approve the purchase of Azara Healthcare. Eileen Goodman seconded the motion. Motion approved.

Osteopathic Heritage Foundation Grant (With Finance)

The Osteopathic Heritage Foundation will support projects and initiatives in Franklin Co. 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. We can request up to \$250,000 for 2 years. 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. Southeast will also explore opportunities to increase access to healthy foods for residents of the Friends of the Homeless Men's Emergency Shelter.

We need to submit a letter of intent including proposed outcomes by 9/12 and if selected the full application is due 11/7.

Proposed Action

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.

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.

Motion

Don Strasser moved to approve the submission of the application to the Osteopathic Heritage Foundation. Kori Manus seconded. Motion approved.

City of Columbus Grants: Shelter System (With Finance)

Funding is provided through funds appropriated from the City of Columbus and flows through The Community Shelter Board and is available for facility improvements at FOH. Total available for the shelter system is \$500,000. It was due on 8/21. We submitted a request for \$138,000.

Proposed Action

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.

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.

Motion

Don Strasser moved to approved the submission of the application of the Emergency Shelter Rehabilitation. Kori Manus seconded. Motion approved.

Finance Committee

Kori Manus yielded floor to Rebecca Carr to review Financials, Capital Budget and Investment Report

Financials:

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 expenses. In addition, actual expenses were \$323,928 less than the budget amount for the month of July. The 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. The audit for Fiscal Year 2023 has started and will be completed sooner than previous years.

Motion

Kori Manus moved to approve the financials for July 2023. Art DeLeon seconded. Motion approved.

Capital Budget

Rebecca reviewed the Capital Budget Listing. The budget is for items that cost over \$5,000; budget was approved in annual budget in June 2023. The Executive committee reviewed items in the Executive Staff Meeting on 8/15/2023 and determined items that are a safety risk are the most important and should be purchased first. 30% of items are covered by grant funding. Moving forward purchases will be planned three years in advance with Executive Staff approving purchases during Executive Staff meetings; if cash flow depletes purchases will be on hold. No motion needed.

Investment Report

As of 6/30/2023 \$13,674,401 in investments. This is an increase from January of this year of \$1,103,485. In the calendar year Southeast had an 8.8% gain. No motion needed.

Human Resources Committee

Tony Burns presented the re-privileging of the below staff.

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

Motion

Kori Manus moved to approve the re-privileging. Art DeLeon seconded. Motion approved.

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

Motion

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

Kori Manus moved to leave executive session. Art DeLeon 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

Ohio Department of Rehabilitation and Correction – Ohio Re-entry Coalition Expansion Grant

Funding Source: Ohio Department of Rehabilitation and Correction (ODRC)	
Funding Opportunity: Ohio Re-entry Coalition Expansion Grant	
Funding Amount: \$500,000 available in total, no maximum or minimum request indicated. During the last cycle awards ranged from approximately \$20,000 to \$90,000.	
Deadline for Proposal: October 21, 2023, 12pm	Match required: No
Project Period: 11/1/23 – 6/30/25	Renewal Available: No
<p><u>Background</u></p> <p>Last year Southeast was invited by the Delaware County Re-Entry Coalition to assume coalition facilitation duties after the departure of the previous facilitator. Southeast agreed to facilitate the existing Delaware County Re-Entry Coalition and to work to establish a new coalition in Morrow County. While the facilitator role is new to Southeast, we have a long history of participation and involvement in coalition activities. Southeast has assigned two staff members to this project to facilitate the coalitions – one focused on Delaware County, and one focused on Morrow County. The Delaware/Morrow Mental Health and Recovery Services Board provided funding to Southeast for this purpose.</p> <p>The collaborations established under the re-entry coalition enable county and local agencies to become proactive in their approach to offender treatment, service delivery, and public safety. The current Delaware County Re-Entry Coalition was organized in 2009 to assist a growing number of adults from Delaware and contiguous counties returning from a county jail, a community based correctional facility, and state prisons with safe, successful integration back into the community. The goal of the Delaware County Coalition is to promote public safety and reduce recidivism among justice-involved individuals. The planned Morrow County coalition will follow a similar model.</p> <p><u>Funding Opportunity Summary</u></p> <p>ODRC has posted a one-time funding opportunity focused on the development of new re-entry coalitions or the expansion of existing coalitions. Funds must be used solely for direct services to individuals released from incarceration and cannot be used for personnel expenses. Southeast intends to request funds so that the Delaware and Morrow County Re-Entry coalitions can address areas of need that have been identified to support individuals upon release from incarceration. Many individuals released from incarceration face barriers that cannot currently be addressed through existing funding sources, and this funding will allow us to address these needs, such as assistance with housing (e.g. rent and security deposit), educational costs, and legal fees.</p> <p>The Delaware/Morrow Board and our community partners in Delaware and Morrow Counties are supportive of this application. We are currently in the process of gathering feedback from coalition partners and community stakeholders to prioritize areas of need to be addressed in this proposal as funds are limited. Funds must be expended by June 30, 2025. ODRC Office of Reentry team members will establish benchmarks and monitor the project.</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. Because this funding request will not exceed \$100,000, a motion to approve is not required.</p>	

Quality Improvement Report





Southeast Healthcare (SEHC) annually updates its Quality Improvement Plan and sets targets for various programs across the organization. The Quality Improvement Report (QI Report) compares the organization’s performance to those targets. All references to “fiscal year” (FY) refer to a state fiscal year (SFY), which is July 1st to June 30th, unless otherwise noted.

PATIENT VOLUME & VISITS

Total patient volume across all services has decreased over the past five fiscal years by 10%. By volume, Franklin County sees the most patients. That volume has decreased by 19% in the past five years, while the number of patients seen in Belmont, Harrison, and Monroe (BHM) Counties has increased by 16% since SFY2019.

Primary Care (PC) patients increased by 18% between SFY19-SFY21. That increase was followed by a 17% decrease, returning the volume to SFY2019 levels. While volume has decreased, the number of visits has increased by 30%, from an average of 3.0 per patient in SFY19 to 4.0 in SFY23.

Behavioral health patients make up the vast majority of the patient population. The number of patients has decreased by 10% from SFY19 to SFY23. The average number of visits per patient was 17.7 in SFY19 and 17.0 in SFY2023.

	<u>SFY19</u>	<u>SFY20</u>	<u>SFY21</u>	<u>SFY22</u>	<u>SFY23</u>	<u>SFY22 to SFY23</u>
All Patients	16,154	15,387	16,975	14,682	14,491	 -1%
Primary Care	4,447	4,456	5,231	4,453	4,352	 -2%
Behavioral Health	14,427	13,929	15,018	13,126	12,930	 -2%
Dental	652	542	343	446	612	 27%

PC & BH PERFORMANCE

Each calendar year, Southeast reports primary care quality measures to HRSA as part of the UDS report required for Federally Qualified Health Centers (FQHC). Southeast sets annual quality improvement targets for each measure, as shown in the chart below. Due to the timeframe for UDS reporting, PC targets are evaluated based on the calendar year.

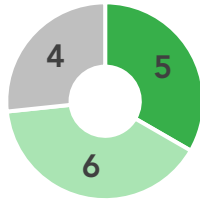
- 33% of the identified PC targets were met for CY22, which is an improvement from CY21, when 2 out of 15 targets were met and 6 targets were within 10%.

Targets for Behavioral Health (BH) services are identified based on board and/or accreditation requirements or internal priorities.

- 44% of BH targets were met. BH targets were introduced to the QI Report in SFY23. As a result, no prior targets are available for comparison.

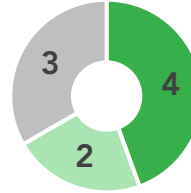
Primary Care

15 measures | 5 met the QI target | 6 were within 10%



Behavioral Health

9 measures | 4 met the QI target | 2 were within 10%



EMPLOYMENT & VOCATIONAL

Across all employment and vocational services, Southeast served approximately 885 unduplicated clients. The number of job starts is a key performance indicator across all employment and vocational services. Job starts are broadly defined as the number of individuals who gained employment due to engaging in various programs. Staffing the employment and vocational programs has been an ongoing challenge, significantly impacting the ability to meet targets.

Board area

Board area	Job starts	90 days continuous employment	Average weekly hours	Average hourly rate
Franklin County Vocational (all programs)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Delaware/Morrow Vocational	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
BHM Supported Employment	<input type="checkbox"/>	<input type="checkbox"/>	No target	<input checked="" type="checkbox"/>

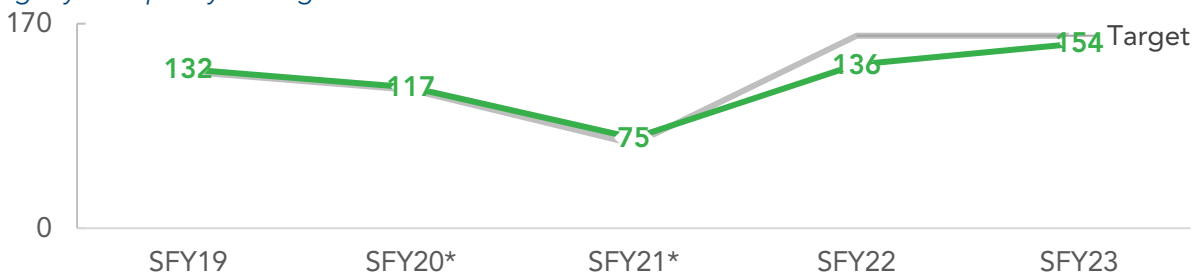
SHELTER & TRANSITIONAL HOUSING

Shelter and transitional housing programs include Friends of the Homeless (FOH) Men’s Shelter and the Bridge to Success (BTS) program.

Friends of the Homeless is an emergency men’s shelter.

- In SFY23, FOH served 1,396 individuals, more than the target of 1,300.
- The average length of stay was 44 days, the same as in SFY22.

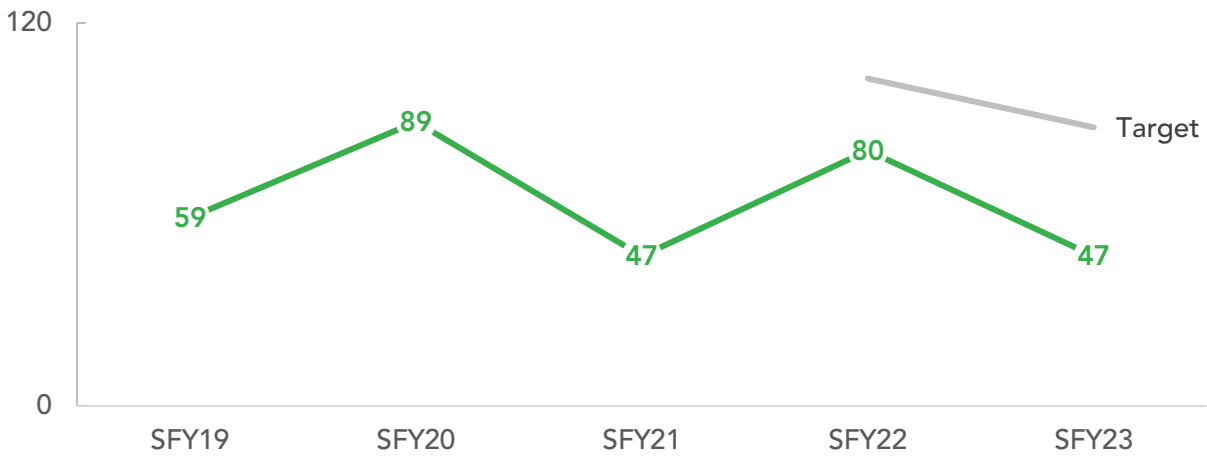
Nightly occupancy average



Bridge to Success is a transitional living environment made up of several apartments. Bridge to Success¹ performance is measured by the number of residents successfully housed. A successful housing outcome is achieved when a resident moves on to permanent housing.

- In SFY23, BTS admitted 99 residents. In comparison 84 residents were admitted in SFY22.
- The average length of stay was 211 days. This was a 46% increase over SFY22. Less clients were successfully housed in FY23 due to a new agency taking over the approval process for Columbus Metropolitan Housing Authority (CMHA). This transition has caused a significant increase in the average length of stay and a significant decrease in the number of clients exited to permanent housing.

Percent of residents admitted successfully housed

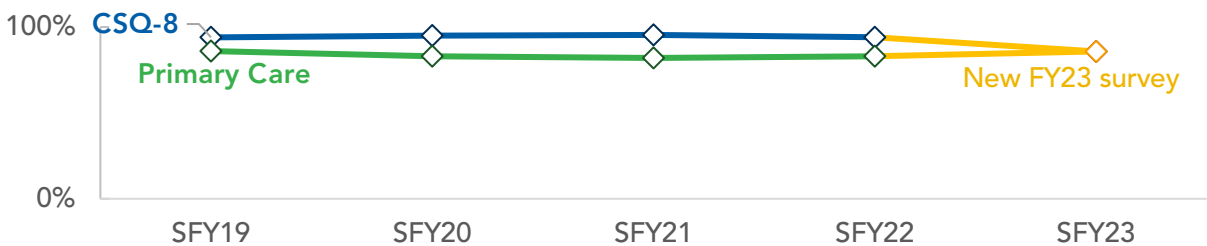


PATIENT SATISFACTION

In SFY23, Southeast revised the patient satisfaction surveys to consolidate and provide for greater actionability. Previously, both Client Satisfaction Questionnaire 8 (CSQ-8) surveys and HRSA primary care surveys were completed annually. In SFY23, one survey was conducted across all Southeast programs.

- Southeast set a target to survey 10% of people served during the time period that surveys are collected each year. For the SFY23 survey 16% were surveyed.

Percent of questions answered positively

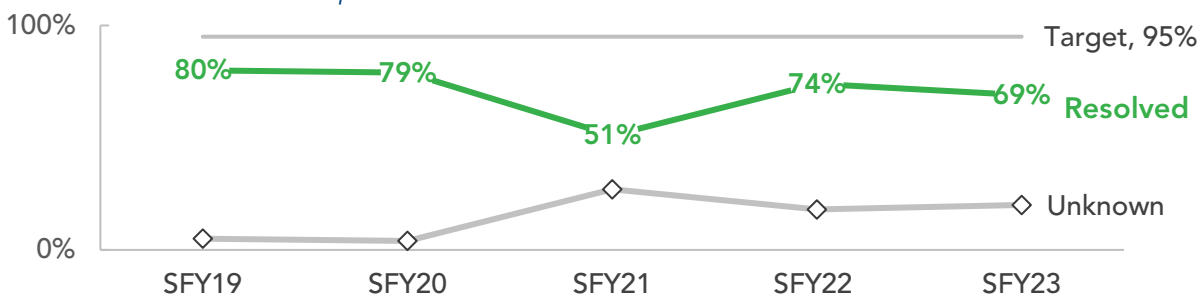


PATIENT RIGHTS

Over the past five fiscal years, the number and rate of complaints per 1,000 patients served increased greatly.

- **No grievances were filed during SFY23.**
- The rate of complaints per 1,000 people served in FY2023 was more than double that of FY2019, an increase of 137%.
 - This increase was primarily in Franklin County.
- 69% of complaints were resolved to the client's satisfaction. 20% of complaints not resolved to the client's satisfaction are "unknowns." Unknowns are most commonly instances in which the patient rights officer couldn't contact the complainant to follow up on the resolution.
- 16% of compliants had evidence in support of the complaint.

Percent resolved to the complainant's satisfaction

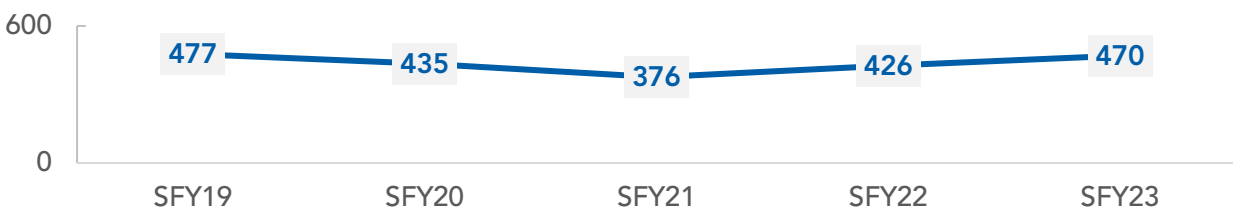


UNUSUAL INCIDENTS

Southeast tracks unusual incidents (UI%), defined as events that are not consistent with routine care of patients or routine operations that negatively impact persons served, staff, visitors and/or property. The Unusual Incident Committee, as part of the quality improvement process, has identified client illness/medical emergencies, medication errors, serious decompensation/agitation, and client deaths as incidents of focus.

- Since SFY20, illness or death has been the most frequent occurring incident type.
- In SFY23, illness/medical emergency accounted for 25% of submitted UIs.
- Deaths accounted for 23% of all submitted UIs.
 - Of the deaths reported:
 - 33% Natural Causes
 - 55% Unknown/Pending
 - 7% Overdose
 - 5% Suicide

Number of total incidents



FINANCIAL PERFORMANCE




Financial performance is measured by change in net assets and the ratios reflected below. The large increase in net assets in 2021 is a result of COVID related funding including the Paycheck Protection Program. Ratios continue to increase in a favorable manner for Current Ratio, Asset to Liabilities, while Debt to Equity ratio decreases in a favorable manner. Days cash on Hand and Average Days in accounts receivable are ratios we would like to increase and decrease, respectively.

	SFY19	SFY20	SFY21	SFY22	SFY23*
Change in net assets	(\$352,662)	\$1,701,743	\$10,362,497	\$1,442,473	*

*to be updated, audited number not yet available.

PRODUCTIVITY

Each direct service staff member has a productivity target assigned based on their position. Productivity is based on the number of service units provided during working hours.

Behavioral health staff percent of expectation met	SFY22	SFY23	
80% or above	63%	61%	 -2%
90% or above	55%	53%	 -2%
100% or above	47%	41%	 -6%

Primary Care appointments are typically 15-30 minutes. Behavioral Health appointments are typically an hour for assessments, or 20-30 minutes otherwise.

Average number of prescriber encounters per month	SFY23
Primary care prescribers	105
Behavioral health prescribers	143

STAFF TURNOVER

Southeast measures staff turnover on an annual basis, with a goal of having less than 25% overall turnover.

Performance metric	FY23	Target	Met
Percent of all staff turnover	19%	25%	

Quality Improvement Report

SFY 2023



southeast
healthcare

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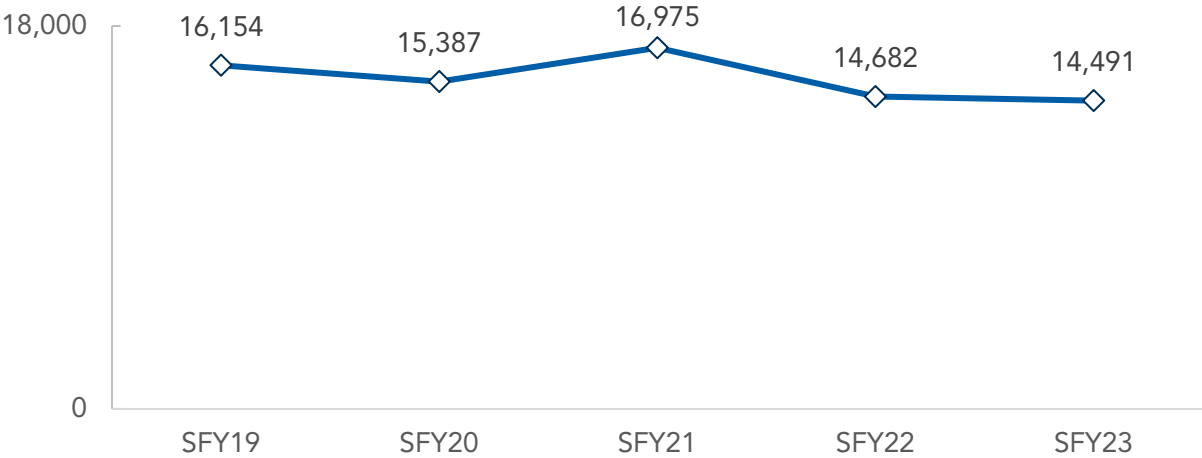
Introduction

Southeast Healthcare annually updates the Quality Improvement Report on the state fiscal year (July 1 to June 30). This report evaluates trends in volume and performance across the organization and compares performance to targets set in the annual Quality Improvement Plan and Goals.

Direct Service Programs

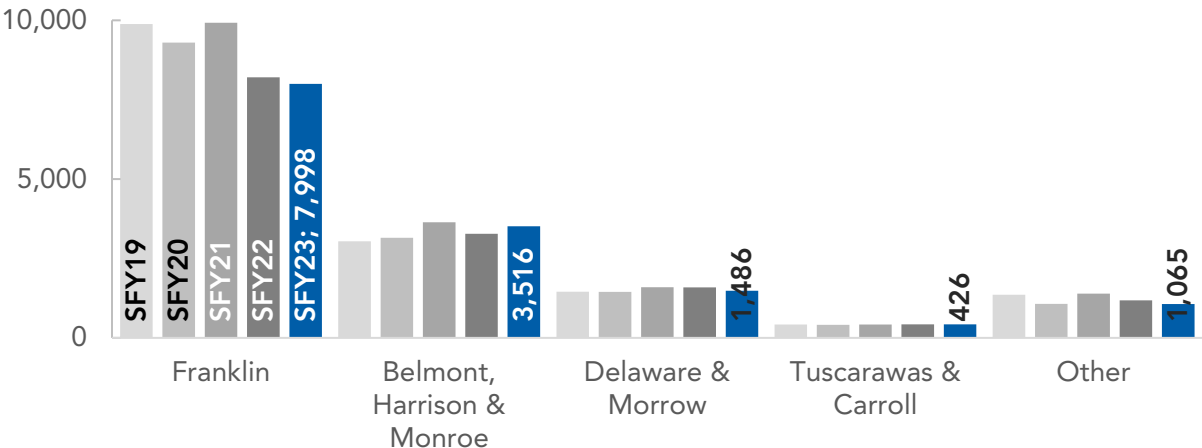
Total patient volume

Total patient volume across all services has decreased over the past five fiscal years, with the highest number in SFY 2021. Since then, the total number of patients decreased 15%.



Patient volume by board area

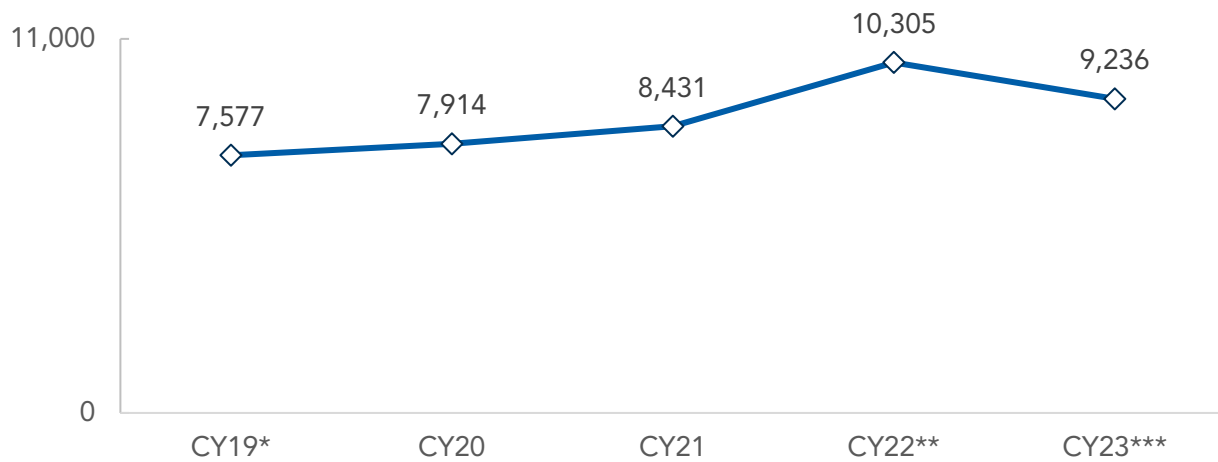
The majority of patients are in Franklin County, however, that volume has decreased 19% in the last five years. The number of patients seen in Belmont, Harrison, and Monroe Counties has increased 16% since SFY 2019.



UDS patient population

Southeast reports data to Human Resource Service Administration (HRSA) each February for the preceding calendar year. The Uniform Data Set (UDS) patient population consist of patients served by the Federally Qualified Health Center (FQHC). The UDS patient population increased greatly (by

36%) from CY 2019 to CY 2022. This is primarily due to site additions, which were mostly provide only behavioral health services (Carrollton, Martins Ferry, Merion Village, New Philadelphia, Shadyside, and Woodsfield).



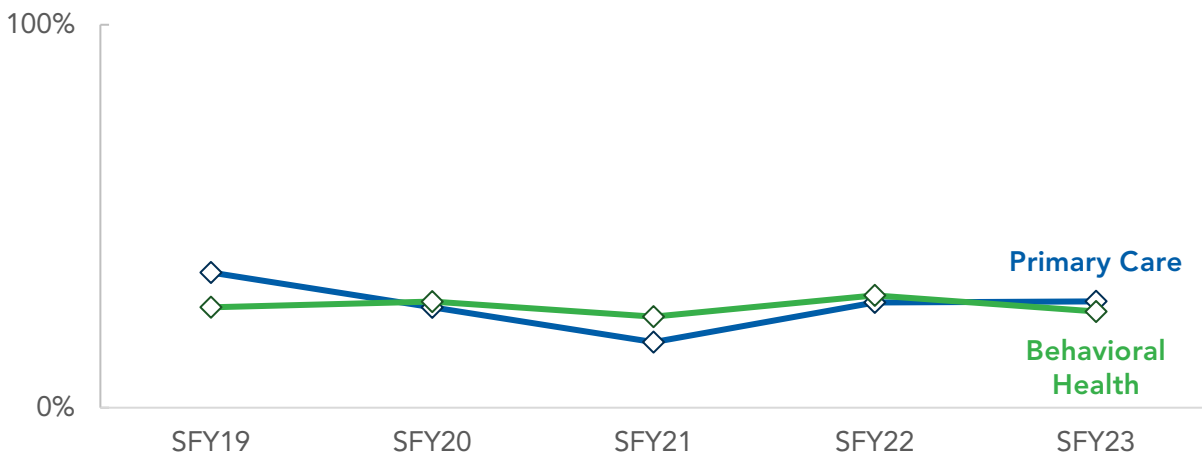
*BH was added CY19.

**Multiple BH locations were added to scope CY22.

***CY23 data are YTD 9/18/23 due to the time this report is generated.

Percent of appointments no showed

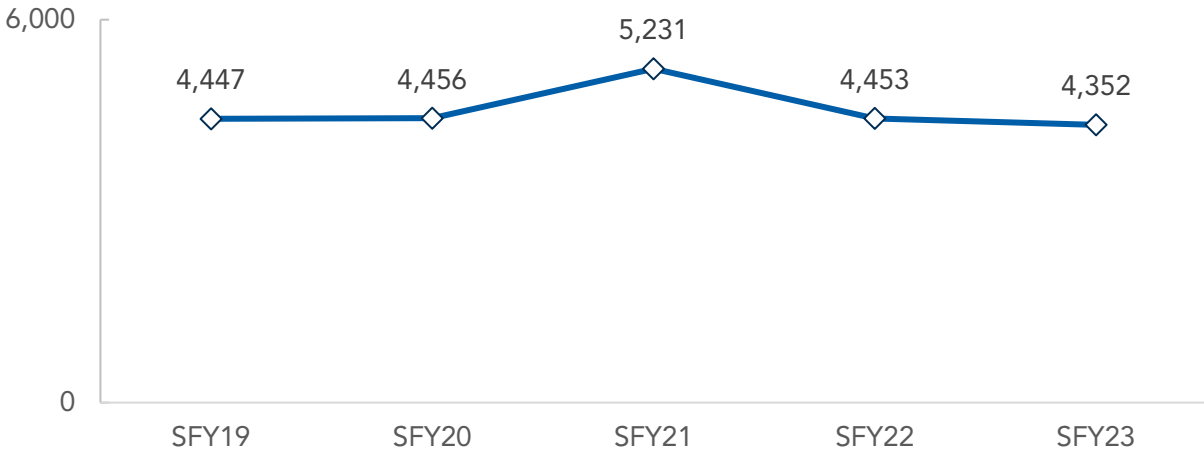
A no-show is defined as an appointment where a patient was scheduled, didn't cancel and didn't show for the appointment. The no-show rate excludes services that don't utilize central scheduling software to make/cancel appointments. No show rates were fairly consistent over the past five years, with an average just under 30%.



Primary Care

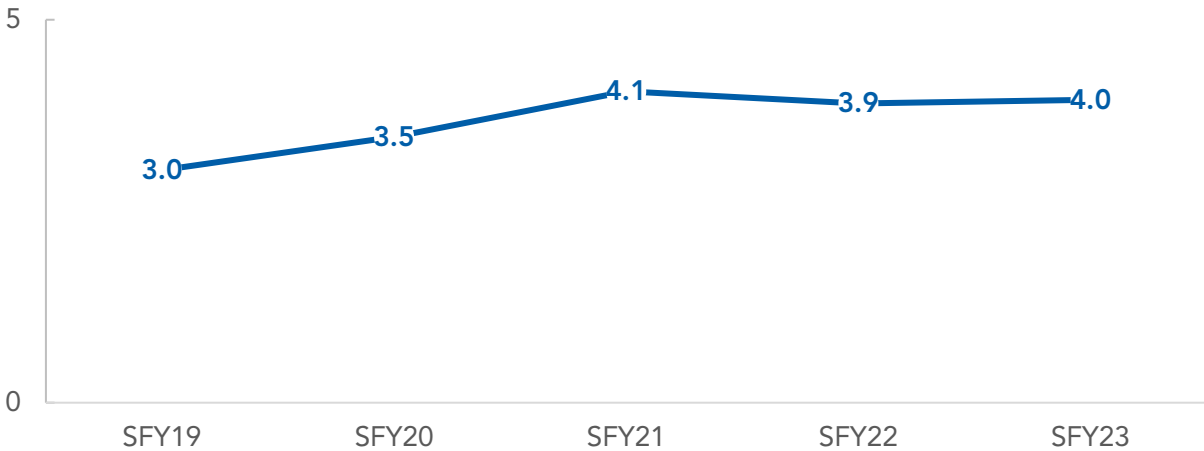
Volume

Primary Care experienced a decrease of 2% from SFY 2019 to SFY 2023. In SFY 2021, the clinic experienced a 17% increase in volume, followed by a 15% decrease.



Average visits per patient

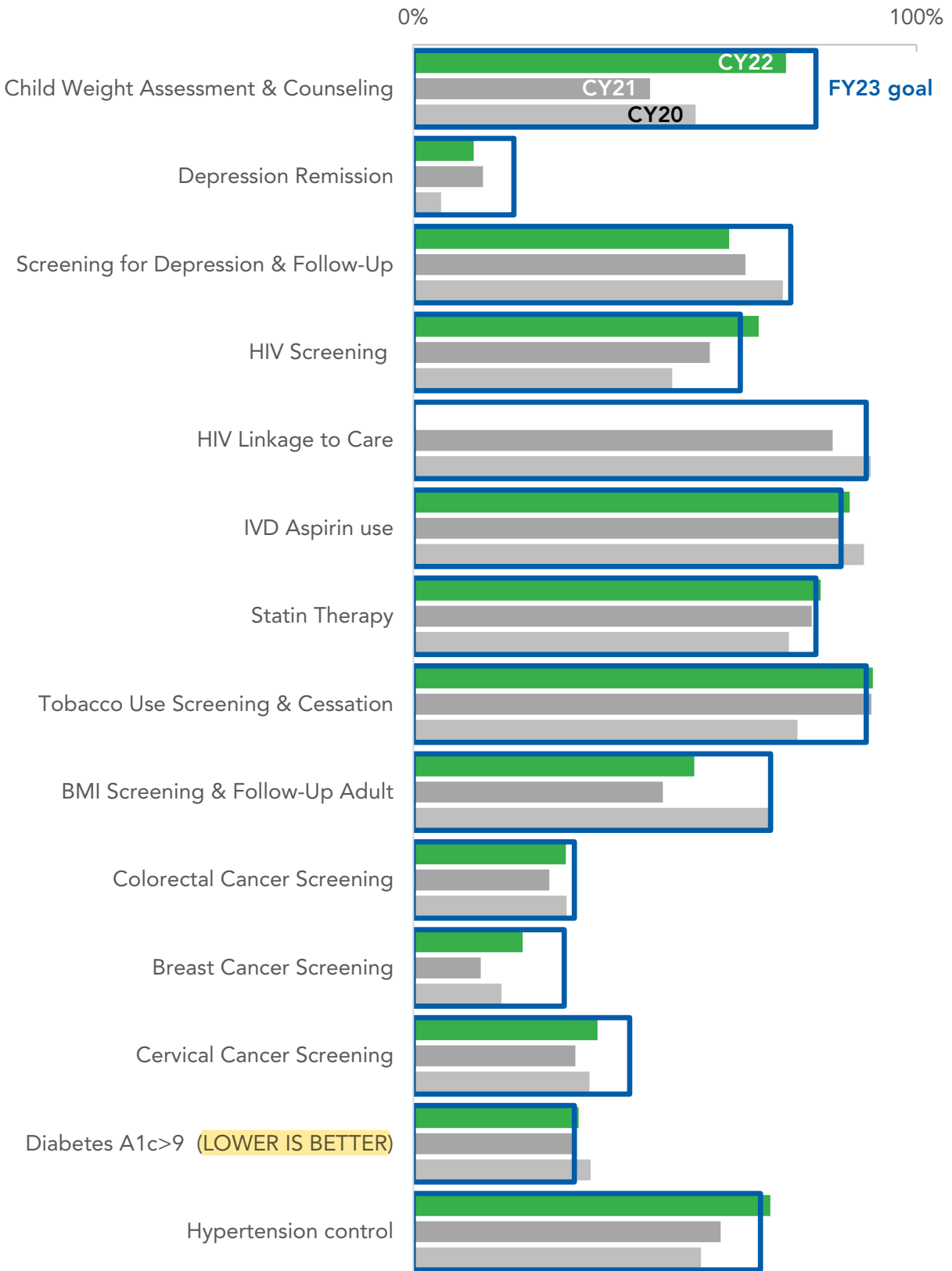
Although the patient volume decreased after SFY 2021, the average number of visits per patient remained steady.



Performance

Each calendar year, Southeast reports primary care quality measures to HRSA as part of the UDS report required for Federally Qualified Health Centers (FQHC). Southeast sets annual quality improvement targets for each measure, shown in the chart below. HRSA reports on the Calendar Year (CY), as a result the graph below does not include data from January – June 30, 2023 for SFY2023. Five measures met the QI target, and six additional were within 10% of the target.

UDS measure results

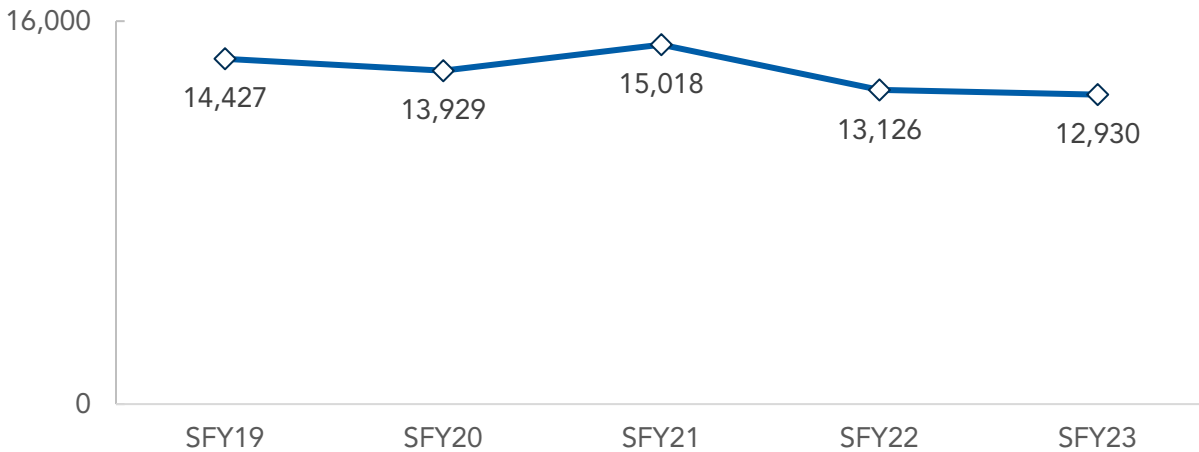


Behavioral Health

Behavioral health programs include services documented in the Electronic Health Record including psychiatric prescribing, case management, therapy, vocational services and other related non-medical services.

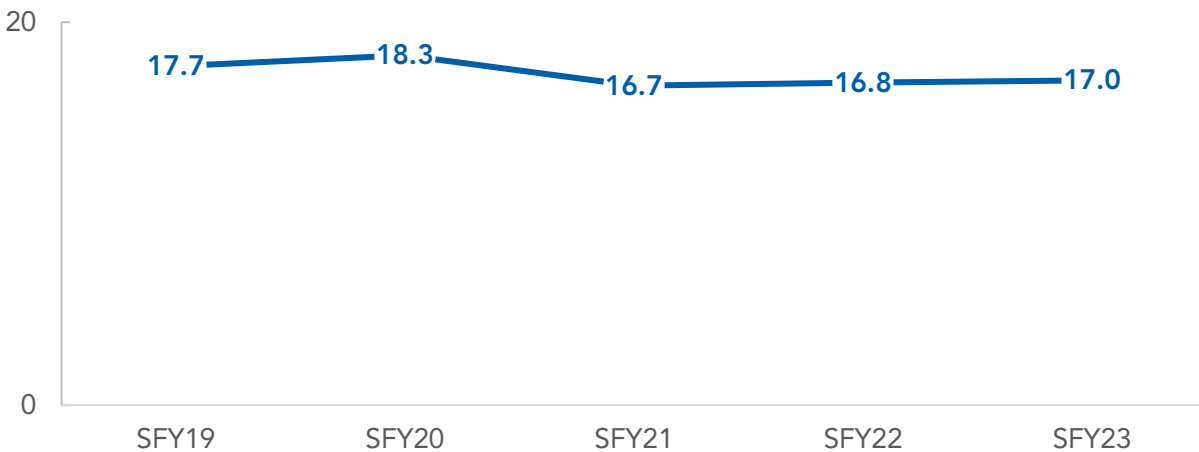
Volume

Behavioral health patients make up the vast majority of the patient population. In SFY 2021, there was an 8% increase, followed by a 13% decrease. Overall, the number of patients decreased by 10% from SFY 2019 to SFY 2023.



Average visits per patient

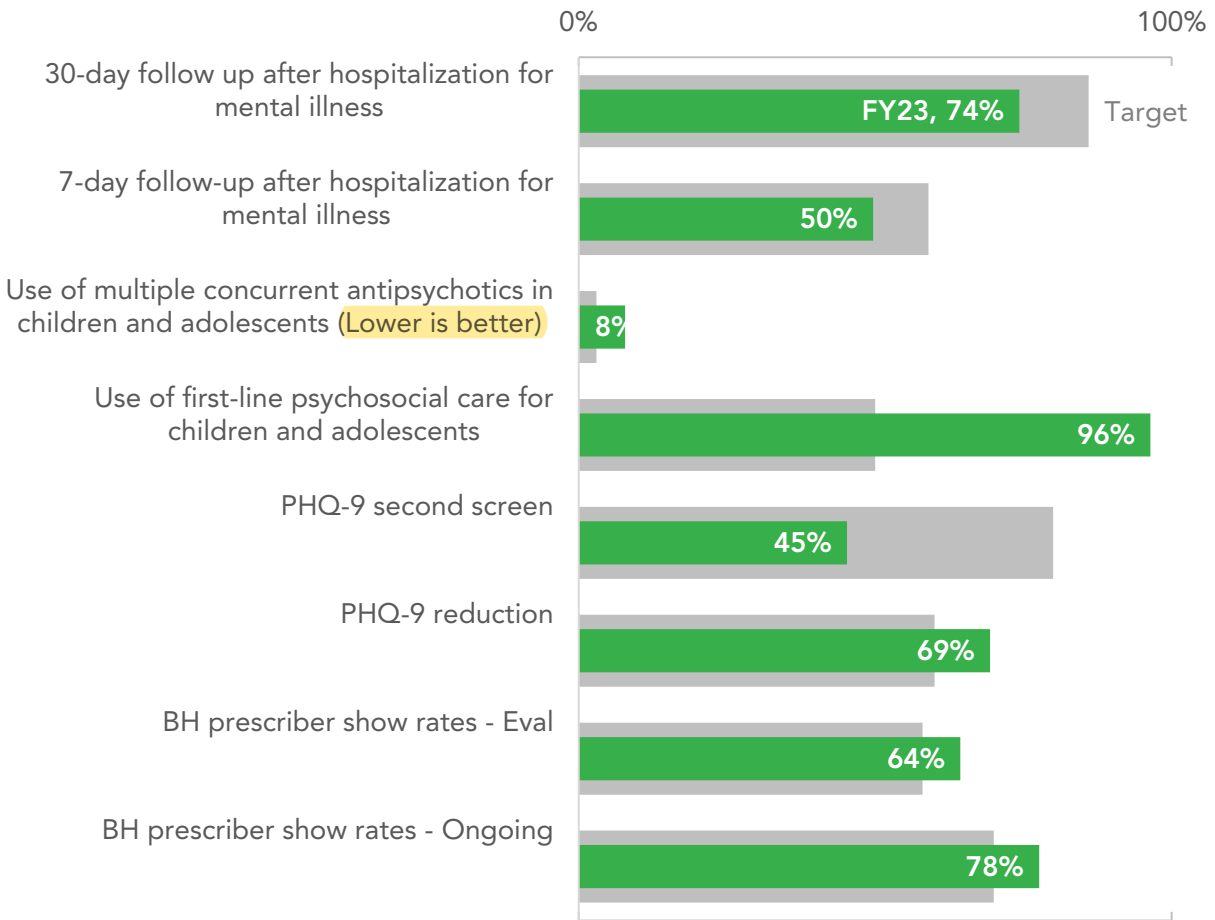
The average number of visits per patient in behavioral health was much higher than for primary care and remained fairly stable over the past five years.



Performance

Southeast has set several targets for behavioral health outcomes, represented in the charts below. Four measures met the target, and two additional were within 10%.

BH quality improvement target performance



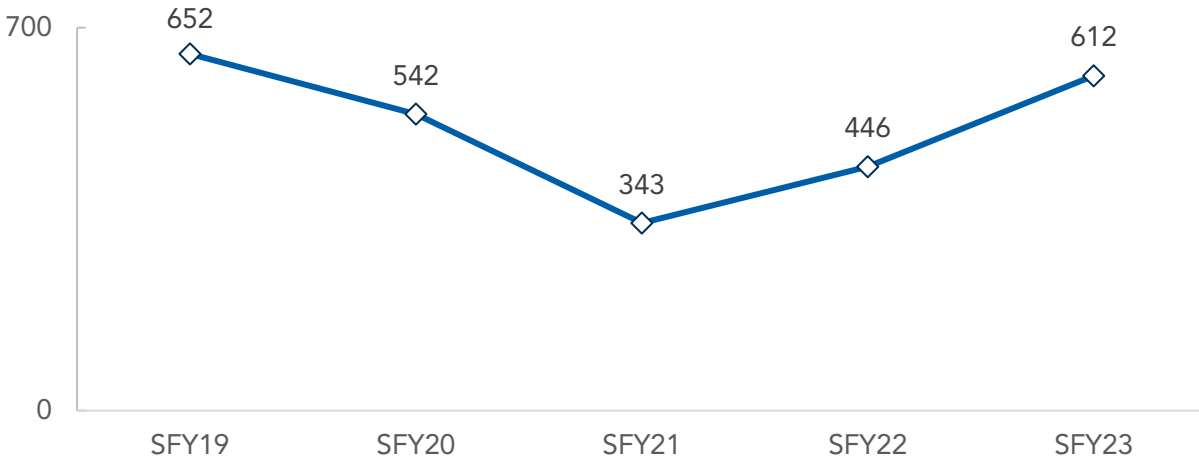
The suicide rate per 1,000 people served increased from SFY 2022 (two suicide deaths) to SFY 2023 (five suicide deaths). This represents an increase of 153%, which does not meet Southeast's goal of decreasing the rate by 30% each year.



Dental

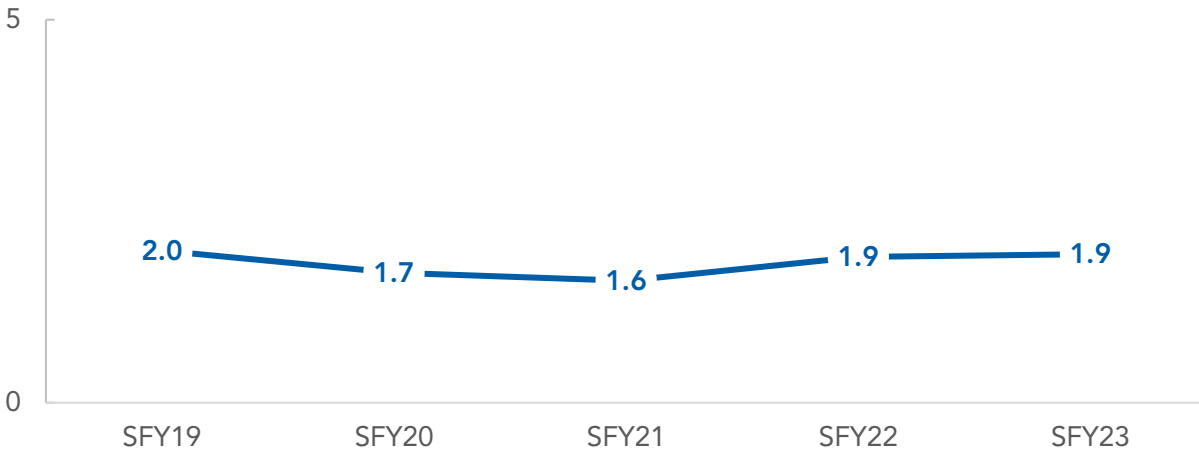
Volume

The number of dental patients has fluctuated over the past five years due primarily to challenges consistently staffing a dentist. In SFY 2021, the patient volume decreased 37%, then increased 30% in SFY 2022. Overall, the number of patients has decreased 6%.



Average visits per patient

The number of visits followed the pattern in the number of patients, so the average number of visits per patient has remained steady over the past five years.

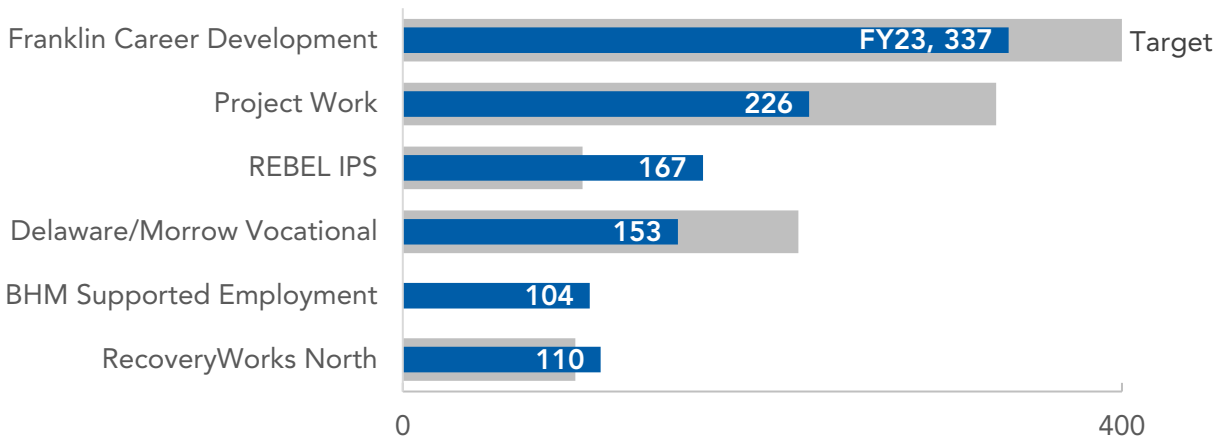


Employment & Vocational

Volume

Each vocational program (other than BHM Supported Employment) sets a QI target for the number of people to be served. REBEL and RecoveryWorks North exceeded their targets.

Number served by program

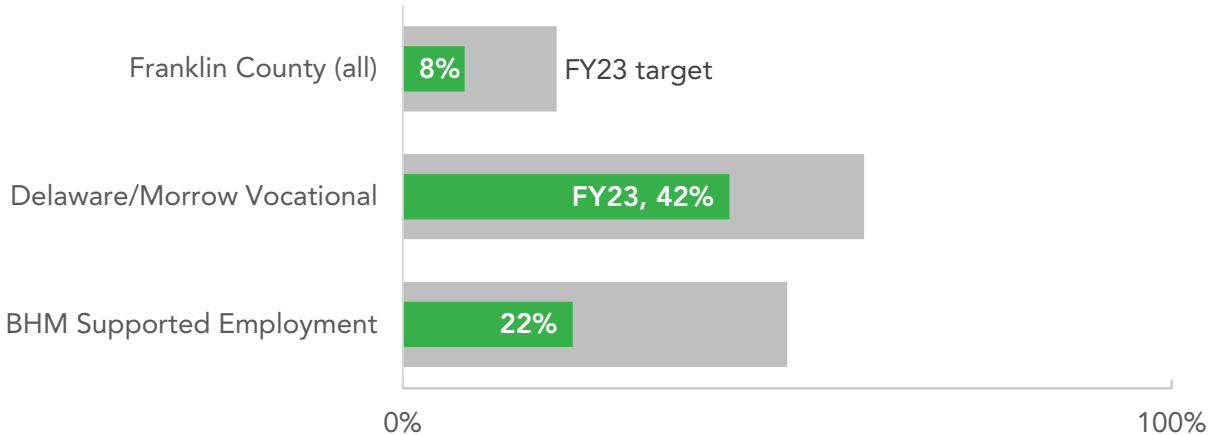


Performance

Franklin County Career Development, Project Work, REBEL IPS, Delaware/Morrow Vocational, and BHM Supported Employment all set QI goals for the outcomes below. Franklin county programs are grouped together.

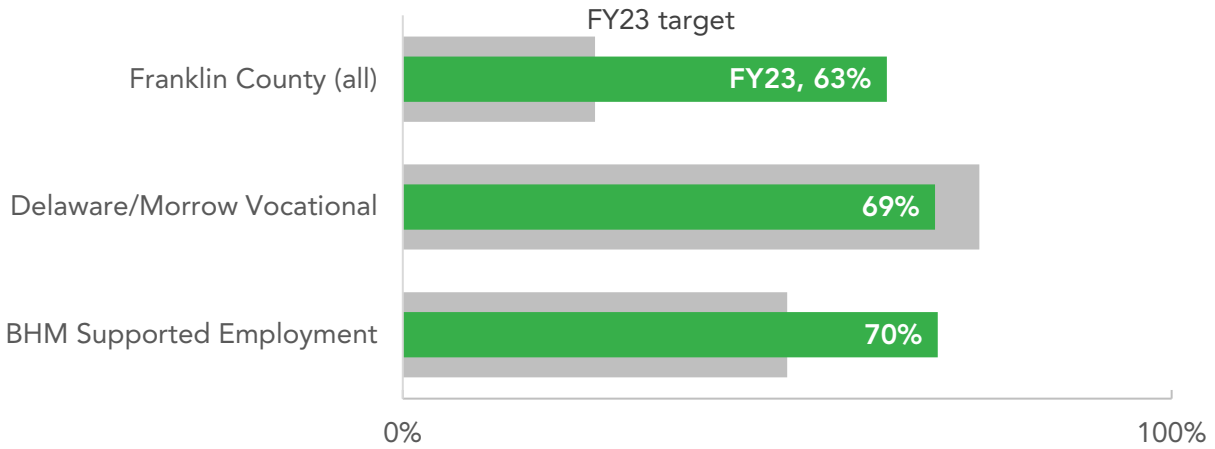
Percent of clients with a job start

All vocational programs fell below their target for the percent of participants who had a job start in SFY 2023.



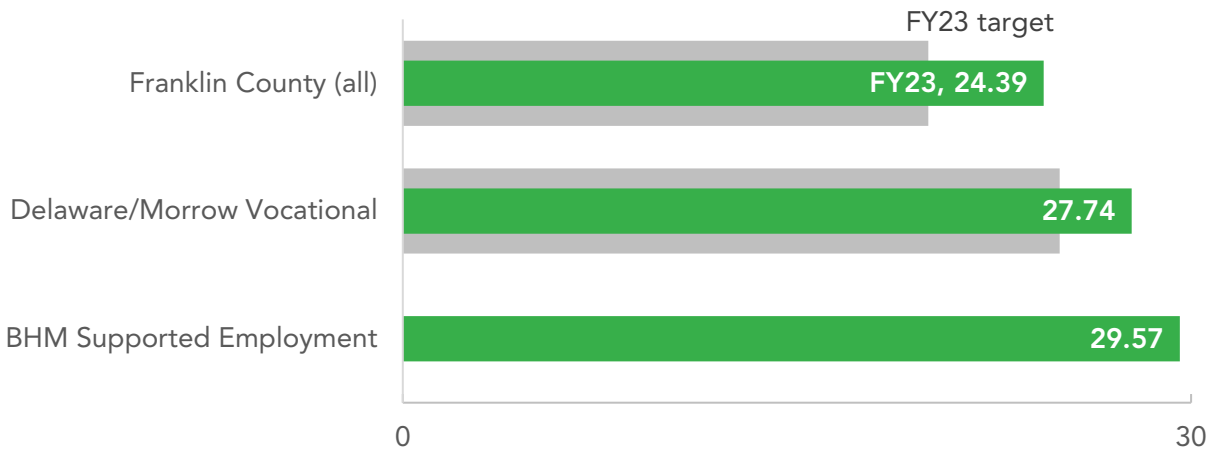
Participants exceeding 90 days of continuous employment

Franklin county programs overall and BHM Supported Employment exceeded their goal for the percent of job starts who were employed for at least 90 days continuously, while Delaware/Morrow neared their goal.



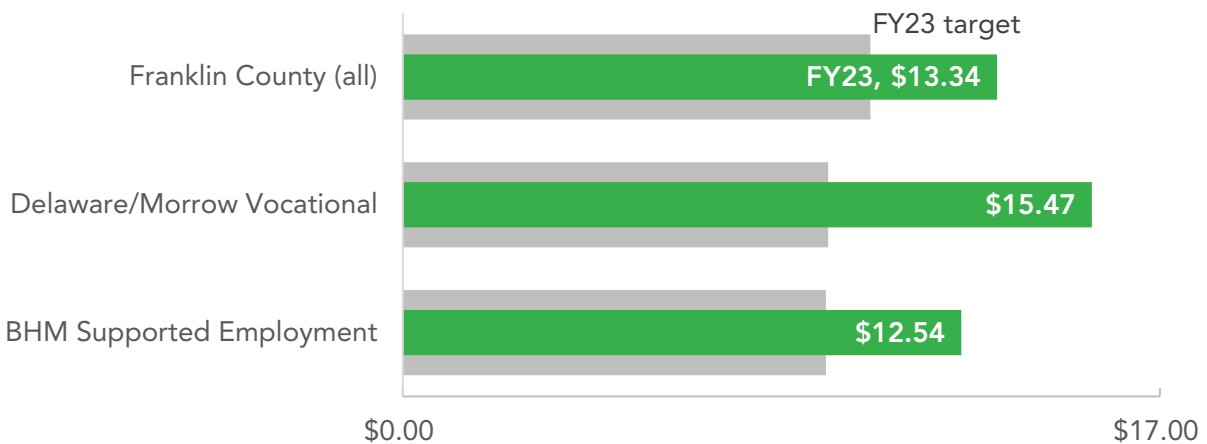
Average number of hours worked per week

BHM Supported Employment did not set a goal for average number of hours worked per week, but Franklin county vocational programs overall and Delaware/Morrow exceeded their goals.



Average hourly income

All vocational programs exceeded their goals for the average hourly rate of employed clients.



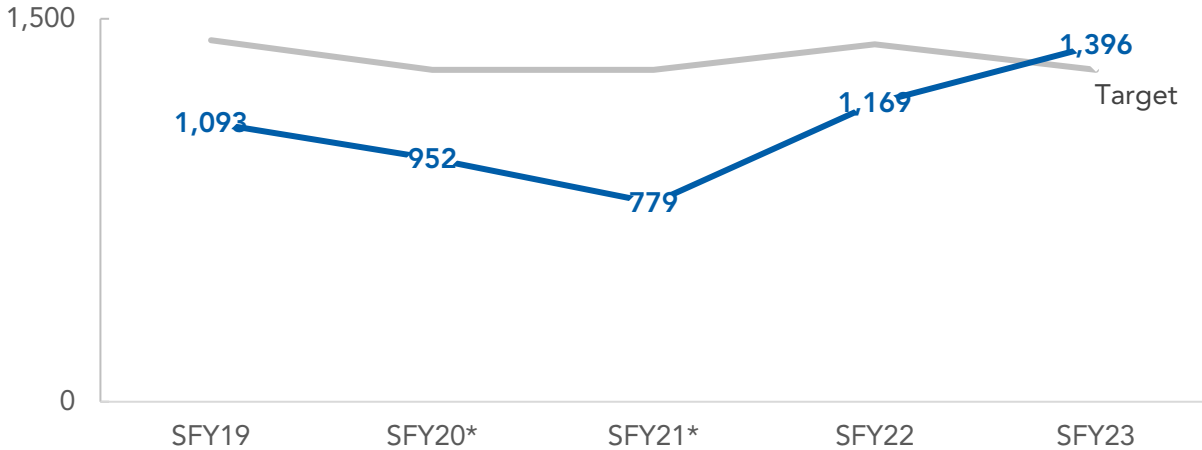
Shelter & Transitional Housing

Shelter and Transitional Housing programs include Friends of the Homeless Men's Shelter and the Bridge to Success program.

Volume

Friends of the Homeless: number served

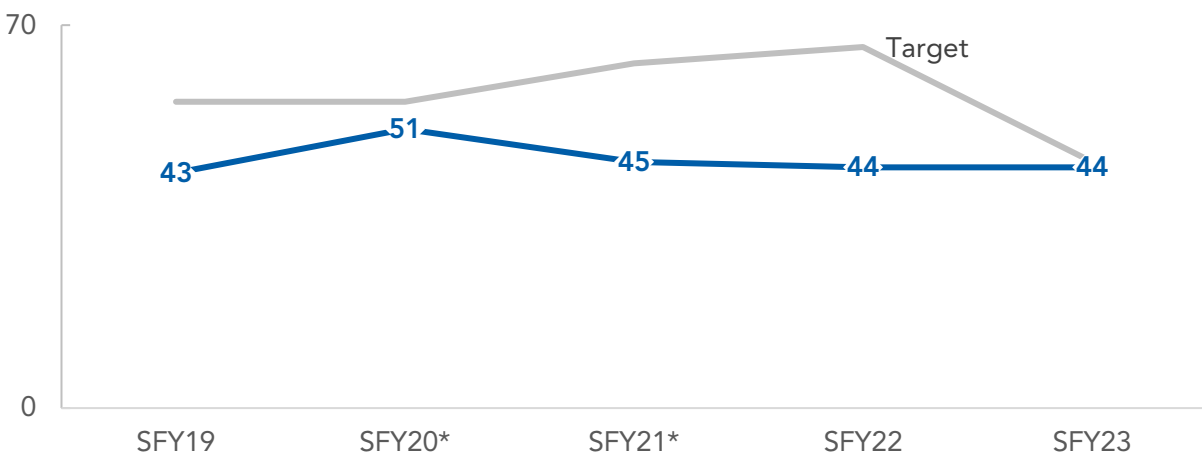
Friends of the Homeless shelter exceeded the goal of serving 1,300 people in SFY 2023, increasing 79% since SFY 2021.



*capacity reduced due to the COVID-19 pandemic.

Friends of the Homeless: average length of stay

The average length of stay decreased 14% since SFY 2020, and remained under target for the past five years.



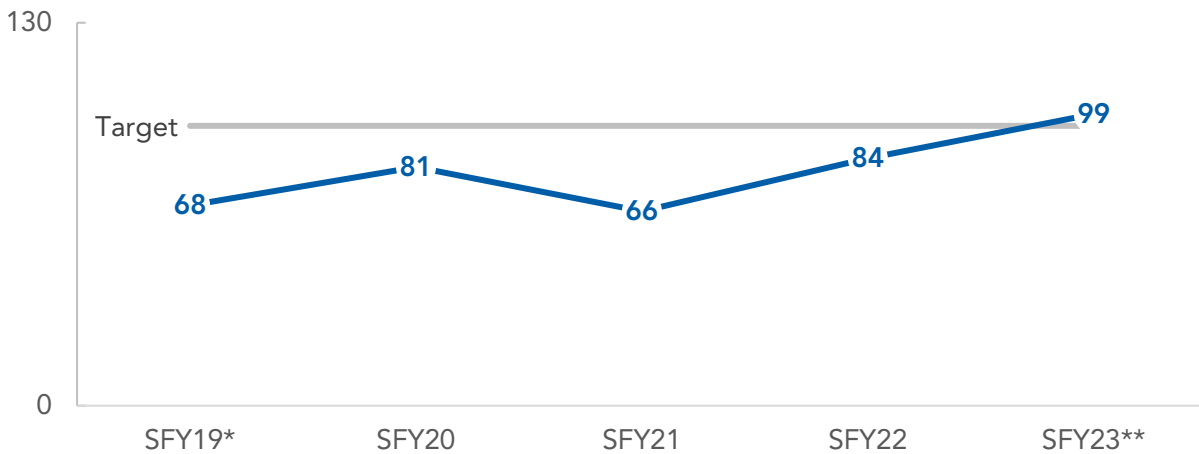
*capacity reduced due to the COVID-19 pandemic.

Bridge to Success: number of residents admitted

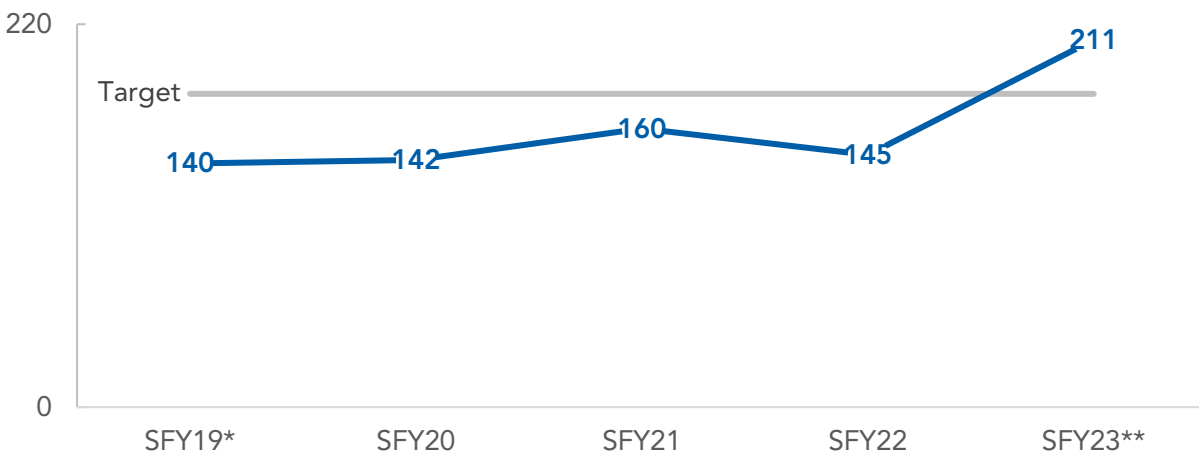
Bridge to Success is a transitional living environment made up of several apartments. Each apartment has multiple bedrooms, however, to maintain safe and social distancing during the pandemic, the capacity of multiple occupant units was reduced leading to a significant drop in the

number admitted during SFY 2021. The number admitted was also impacted by the fact that the primary referral sources for this program are Psychiatric Inpatient Units, who also reduced census during the pandemic.

As a result of the reduction in census for SFY 2022, in addition to several permanent supportive housing opportunities coming online in 2022, Bridges to Success was been unable to reach full censuses in SFY 2022. A shortage of affordable housing in Franklin County continues to impact the average length of stay.



Average length of stay



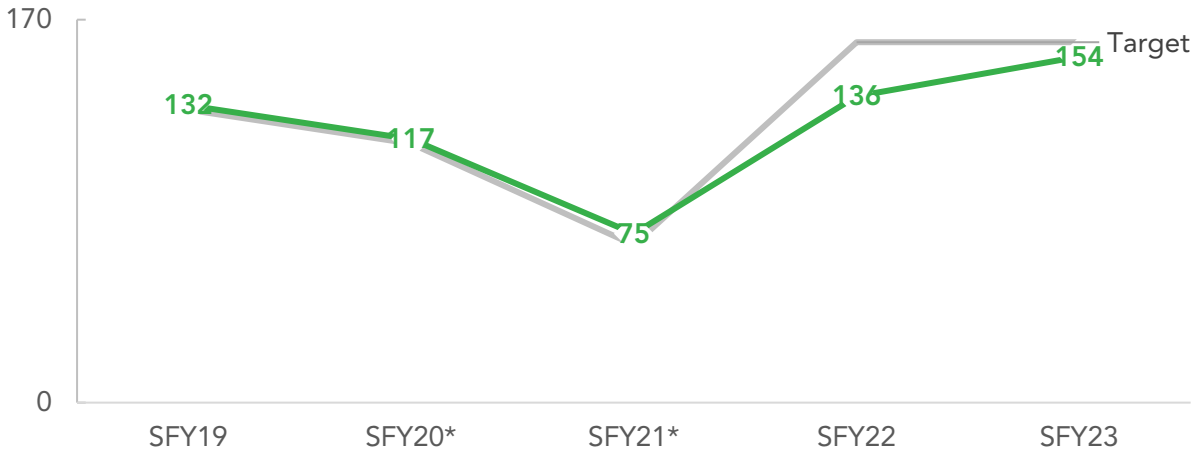
*A number of leased units were not available due to being renovated during this time period.

**Less clients were successfully housed in FY23 due to a new agency (CGI) taking over the approval process for Columbus Metropolitan Housing Authority (CMHA) for applications starting September of 2022. This has caused a significant increase in the average length of stay as well as a significant decrease in the number of clients exited to permanent housing.

Performance

Friends of the Homeless: nightly occupancy average

The nightly occupancy average has increased by 105% since SFY 2021. As the target increased to 160 for the last two years, Southeast remained under target.

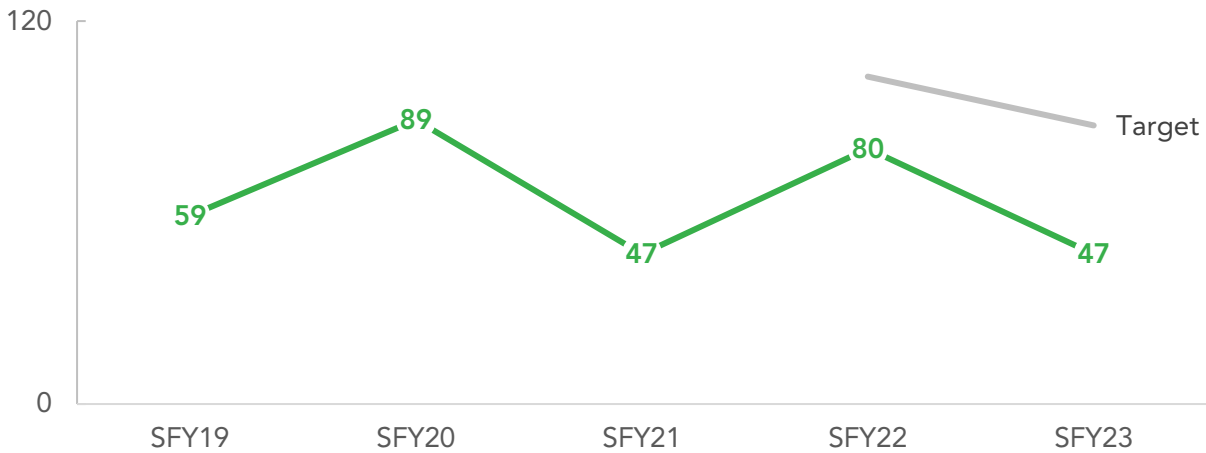


*capacity reduced due to the COVID-19 pandemic.

Bridge to Success: number of residents successfully housed

Bridges to Success' performance is measured by number of residents successfully housed. A successful housing outcome is achieved when a resident moves on to permanent housing. This includes, signing a lease, having a place in their name, or living with a friend or family member if it's intended to be permanent. The target is 90% of residents, and due to data availability, the numerical target is only represented for the past two years in the graph below.

Less clients were successfully housed in FY23 due to a new agency (CGI) taking over the approval process for Columbus Metropolitan Housing Authority (CMHA) applications starting September of 2022. This has caused a significant increase in the average length of stay as well as a significant decrease in the number of clients exited to permanent housing.



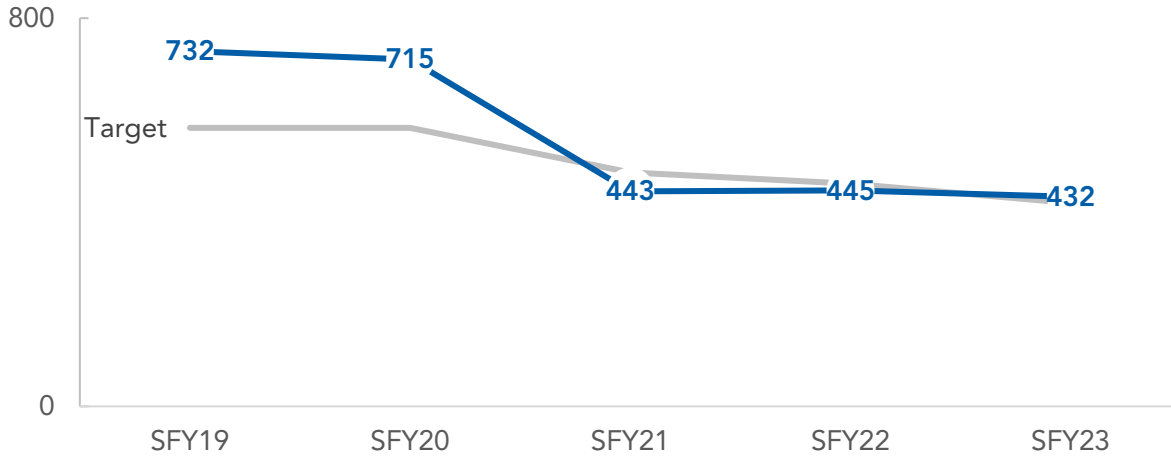
Homeless Outreach

The PATH program is a homeless outreach program aimed at connecting people to mental health services.

Volume

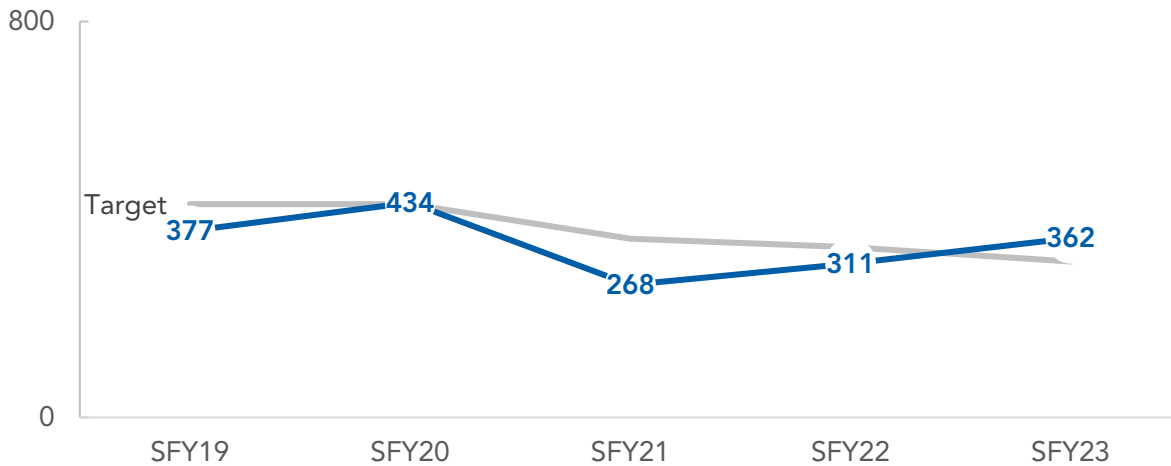
Number served by PATH

The number of individuals contacted or served by PATH has declined since SFY 2020, but remained steady in the past three years.



Number enrolled in PATH

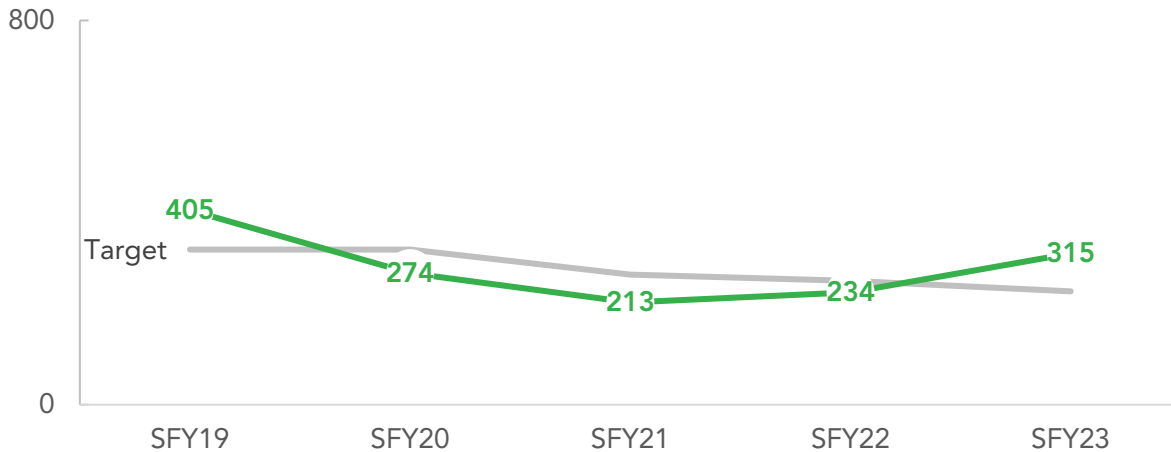
The number of individuals enrolled in PATH has increased since SFY 2021, and surpassed the target in SFY 2023.



Performance

Number connected to community mental health treatment by PATH

The number of people connected to community mental health treatment has also increased since SFY 2021, surpassing the target in SFY 2023.

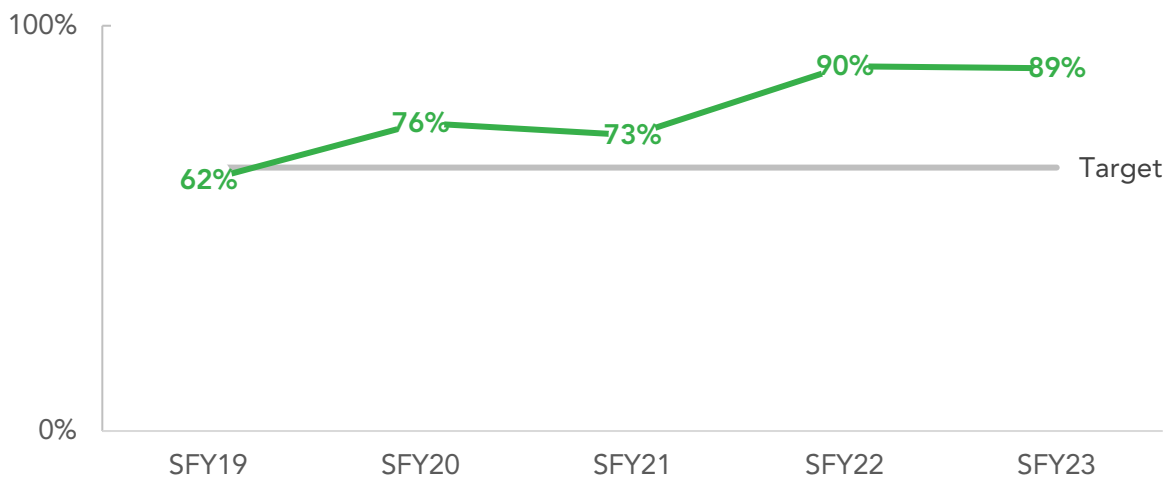


Transitional Youth Programs

Transitional Youth Specialists work with youth ages 14-25 who have mental, emotional, and social barriers. Programs include Life and Job Skills, renew and Bridges.

Life and Job Skills: percent of actively engaged participants obtaining employment, volunteer position, or reengaging in education

Life and Job Skills is a program for youth and young adults involved with Franklin County Juvenile Court. Community-based services are designed to assist participants with developing the skills needed to obtain and maintain employment as well as develop independent living skills. The program has a goal to have 65% of participants obtain employment or a volunteer position or reengage in education by the completion of services.

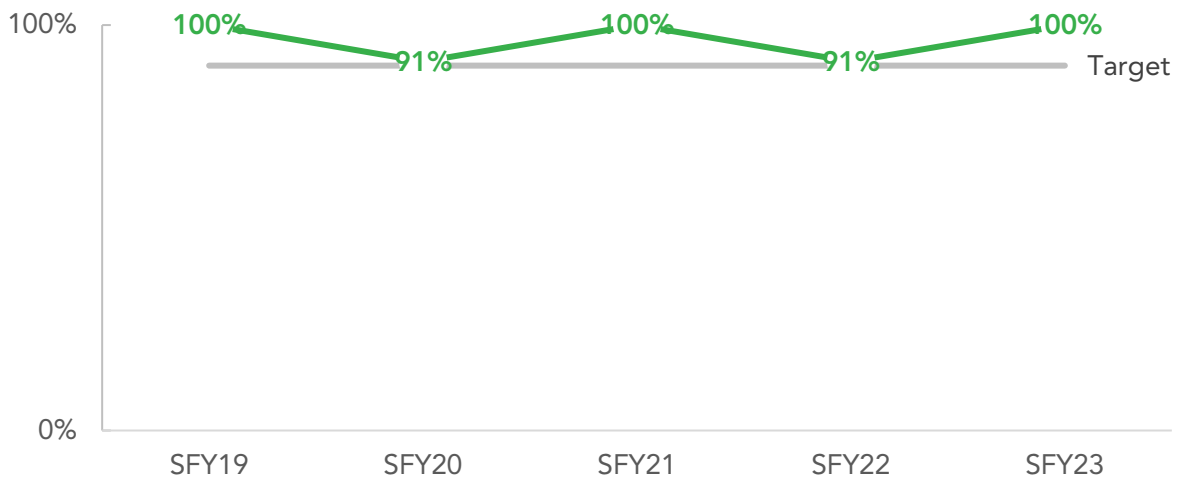


renew

The *renew* program is a collaboration with community partners that provides comprehensive services to at-risk persons aged 18-25 following a first time inpatient behavioral health hospitalization or who are currently engaged with Star House – a community organization that runs the only drop-in center for youth experiencing homelessness. *Renew* seeks to intervene early to help young adults pursue their vocations and achieve an improved quality of life. The program tracks the average number of hours worked per week and average rate of pay, however, the program was not staffed during fiscal year 2023, so outcomes are not shown here.

Bridges: percent of participants residing in stable living situations

Southeast Healthcare provides services through Bridges, a post emancipation support program in Ohio that extends housing and other supporting services to eligible former foster youth. Bridges is administered by the Ohio Department of Job and Family Services, through a grant agreement with the Child and Family Health Collaborative of Ohio. The program has a goal that 90% of participants will reside in a stable living situation, as defined by not having more than two episodes of either unpaid or emergency housing types within a 12-month period.



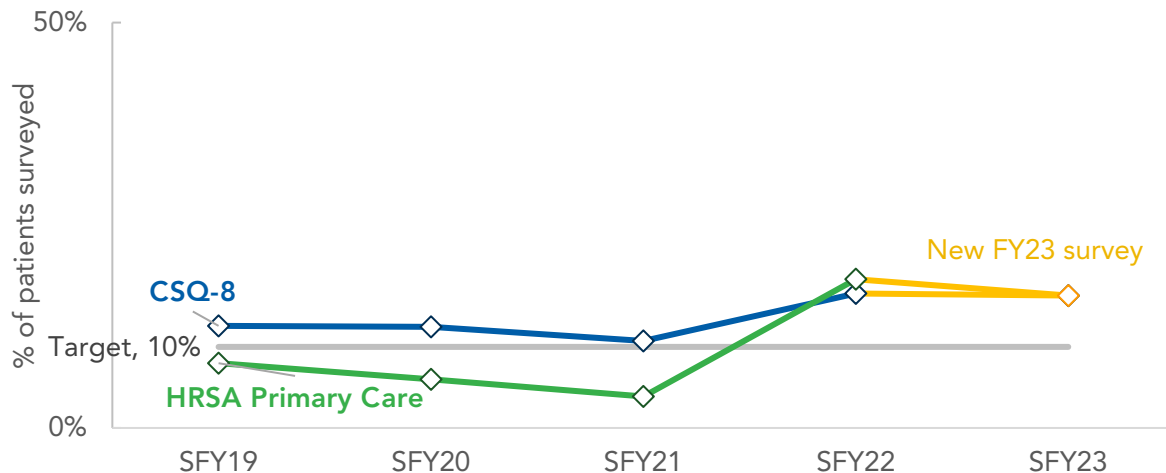
Patient/Community Input

Satisfaction Surveys

In SFY 2023, Southeast revised the patient satisfaction surveys to consolidate and provide for greater actionability. Previously, both Client Satisfaction Questionnaire 8 (CSQ-8) surveys and HRSA primary care surveys were completed annually. One survey was conducted in SFY 2023 across all Southeast programs.

Volume

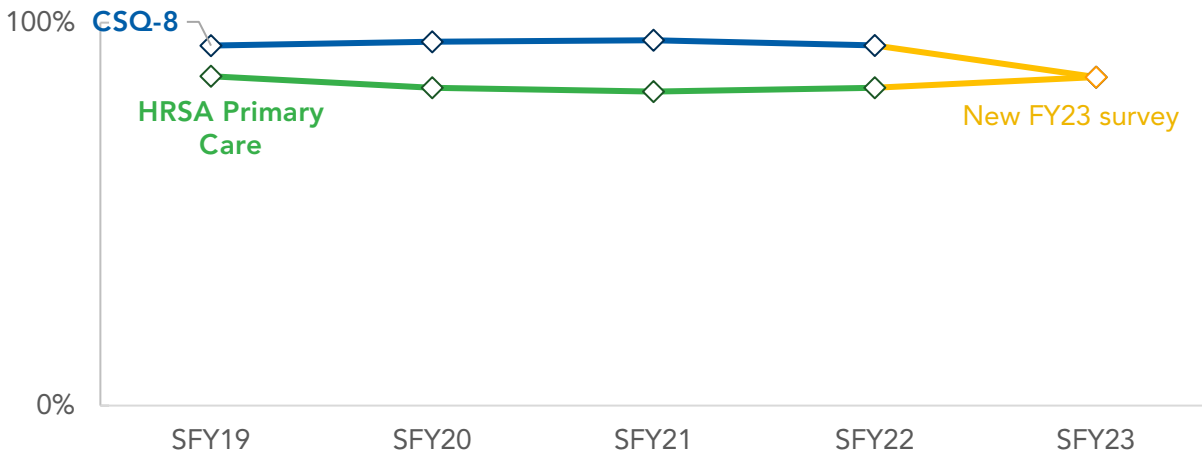
Southeast set a target of surveying 10% of people served during the time period that surveys are collected each year. For the SFY 2023 survey (16%), and both types of surveys last year, the target was exceeded.



Performance

Percent of questions answered positively

The percent of questions answered positively remained high in the past five years (86% is SFY23). Positive responses on the CSQ-8 survey include 3 or 4 (out of 4), and on the HRSA Primary Care and the new SFY 2023 survey include responses of 4 or 5 (out of 5).



Recommendations

Based on the full FY23 Patient Satisfaction Survey Report, Quality Council and the Southeast Board of Directors made the following recommendations.

SFY23 Survey Report Recommendations

Identify interventions to address the disparity between black and white patients' satisfaction. This may include HR and staffing that better reflects our patient population.

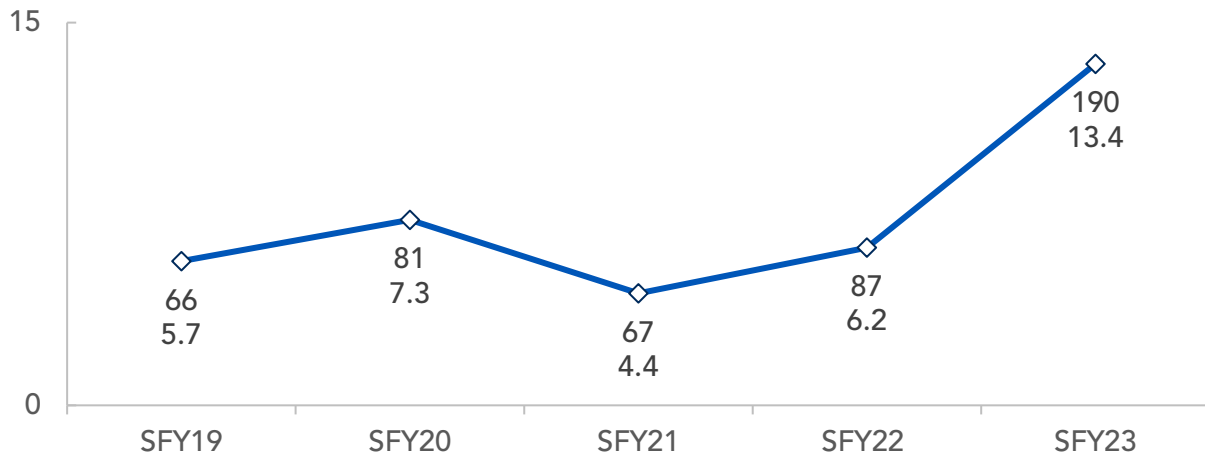
Review data for housing programs with low averages, particularly Briggsdale and Parsons to evaluate possible solutions.

Patient Rights

Volume

Rate (and number) of complaints per 1,000 served

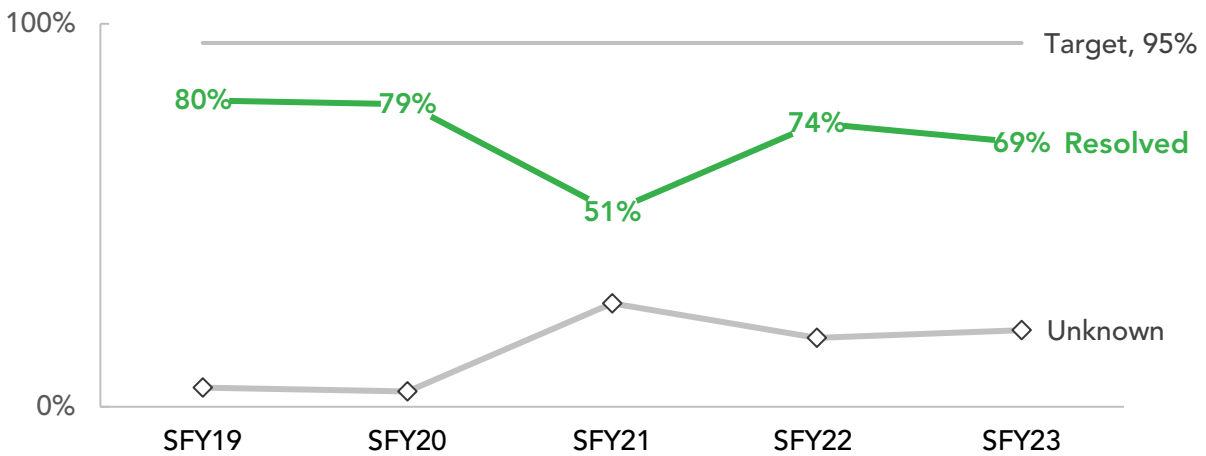
Over the past five fiscal years, the number and rate of complaints per 1,000 patients served increased greatly. The rate of complaints per 1,000 people served in fiscal year 2023 is more than double the fiscal year 2019 rate (increase of 137%). This increase was primarily in Franklin County. No grievances were filed during this fiscal year.



Performance

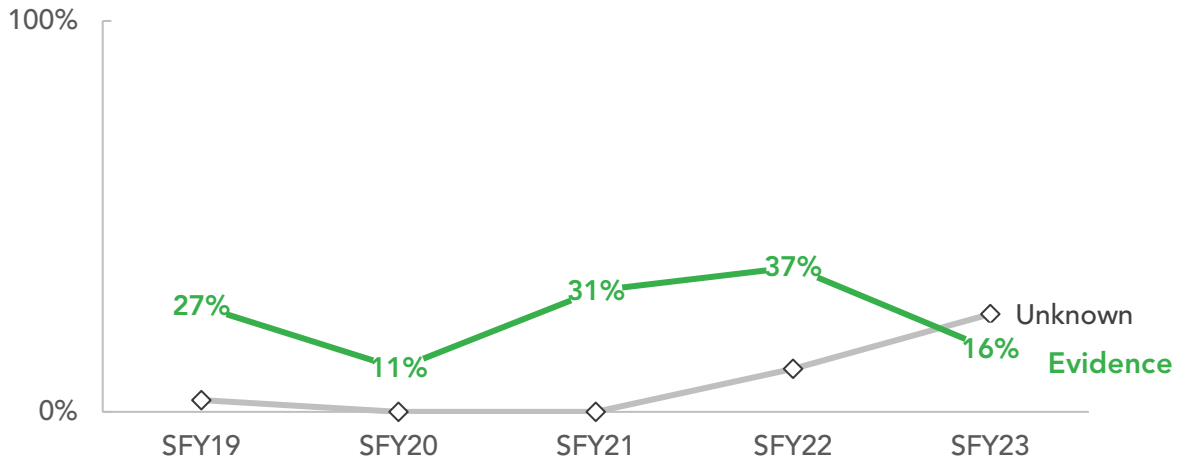
Percent resolved to the complainant's satisfaction

Southeast evaluates complaints performance based on the percent of complaints resolved to the patient's satisfaction as indicated by the Patient Rights Officer (PRO), with a goal of 95% resolved. 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. This is primarily due to not being able to get in contact with the complainant to follow up.



Percent with evidence to support them

In addition to tracking the satisfaction of the patient, Southeast also tracks whether there is evidence to support the complaint. The reduction in the proportion of complaints with evidence to support them is partly due to an increase in those recorded as unknown (FY23, 25%).



Recommendations

Based on the full FY23 Patient Rights Report, Quality Council and the Southeast Board of Directors made the following recommendations.

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.

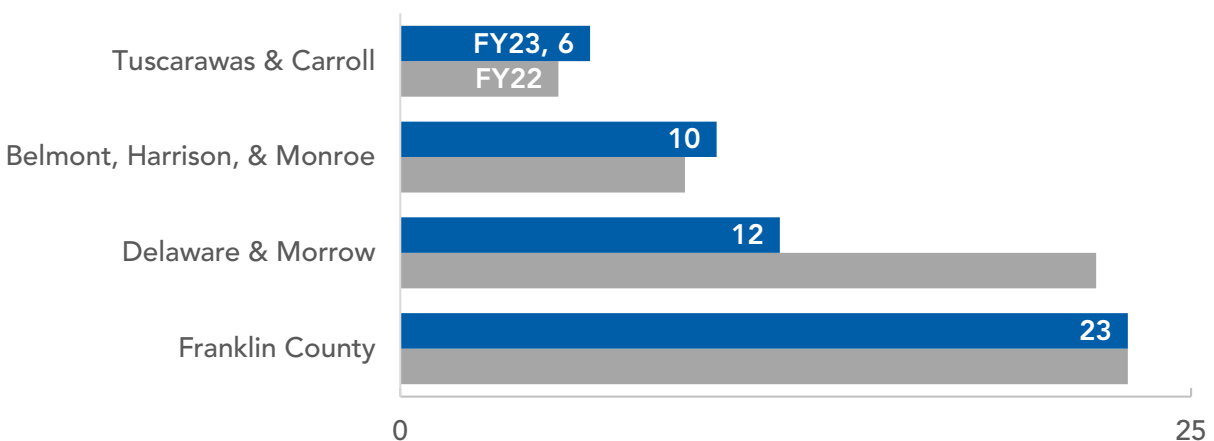
New racial disparity workgroup will incorporate data in this report into their evaluation and improvement process.

Provide more specificity for the complaint categories.

Partner organization survey

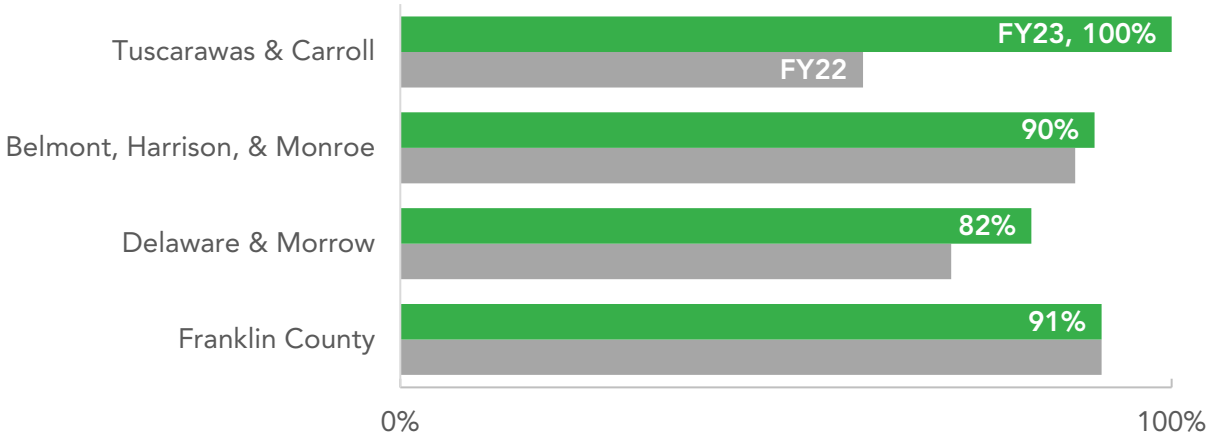
Volume

Southeast annually surveys partner organizations in the community by board area, including those who refer to Southeast for services. In SFY 2022, a total of 59 people responded, decreasing to a total of 51 in SFY 2023.

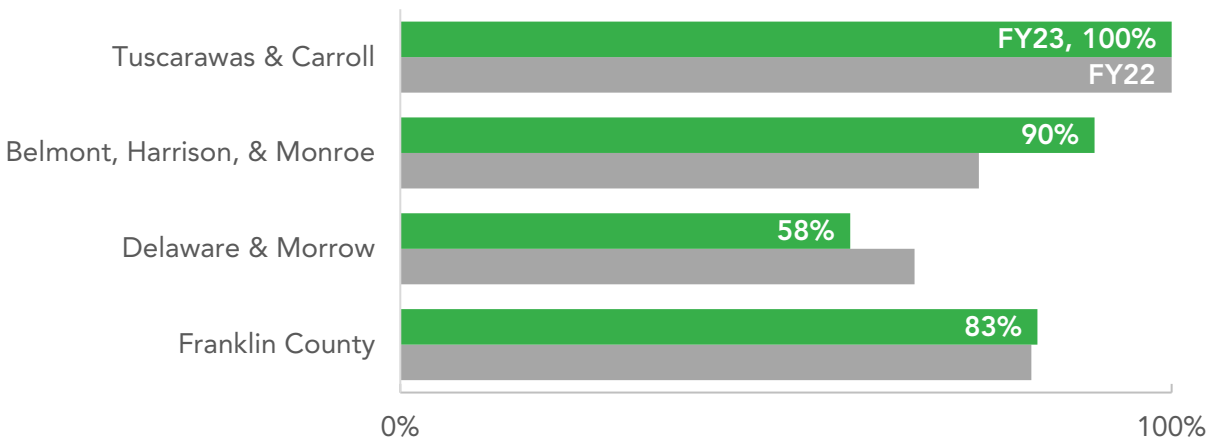


Performance

Responses to the question “How well does Southeast fulfill our mission statement?” were generally positive (91% on average in SFY 2023 responded “excellent” or “good”), and increased in SFY 2023.



Responses to the question “How would you rate Southeast’s service delivery overall?” were also generally positive (83% on average in SFY 2023 responded “excellent” or “good”).



Unusual Incidents

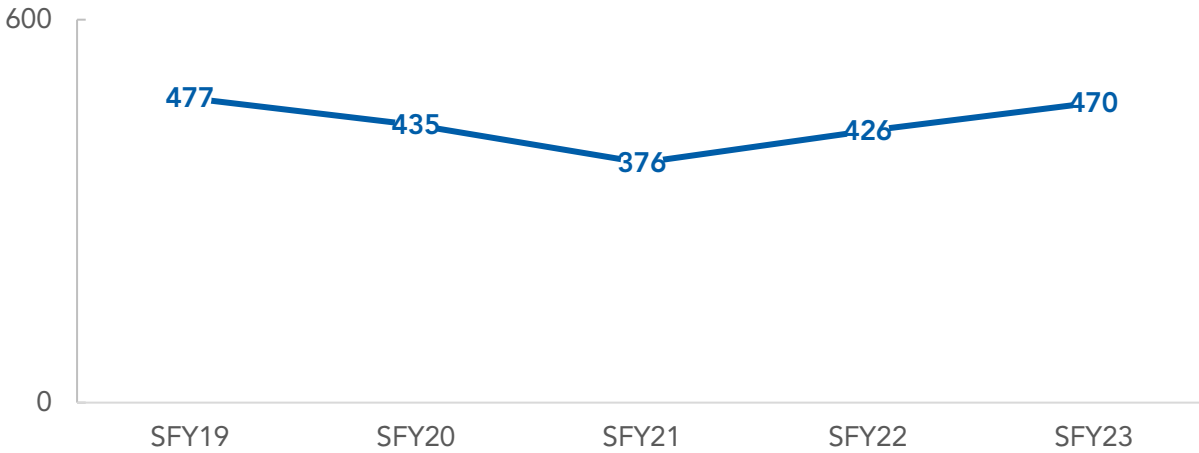
All incidents

Volume

Southeast tracks unusual incidents (UI’s), defined as events that are not consistent with routine care of patients or routine operations that negatively impact persons served, staff, visitors and/or property. The Unusual Incident Committee, as part of the quality improvement process, has identified client illness/medical emergencies, medication errors, serious decompensation/agitation, and client deaths as incidents of focus.

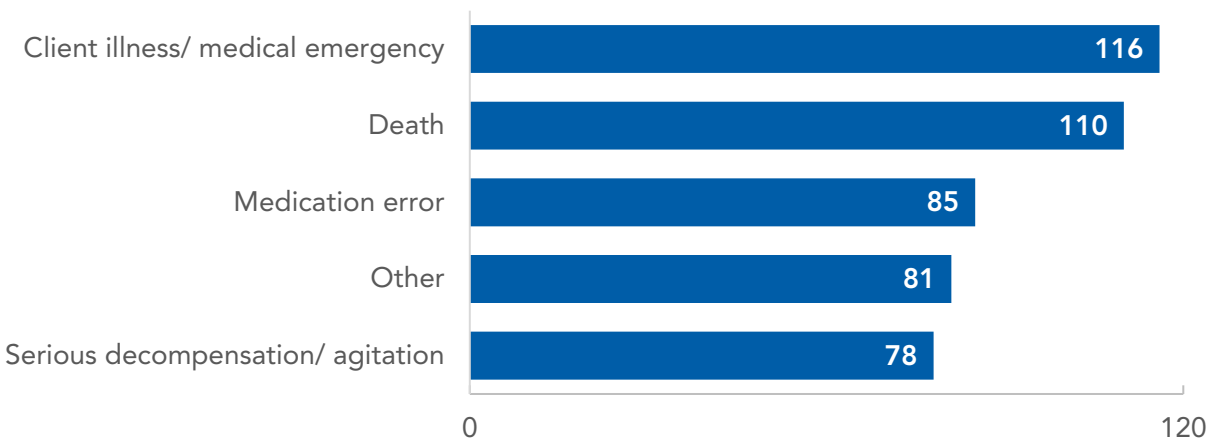
Number of total incidents

The number of total incidents was lowest in SFY 2021 and has increased since then.



Number of incidents in FY23 by type

Client illness or medical emergencies are the most common types of incidents, followed by death. "Other" includes incidents such as theft, property damage, environment of care related incidents, and vehicle accidents.

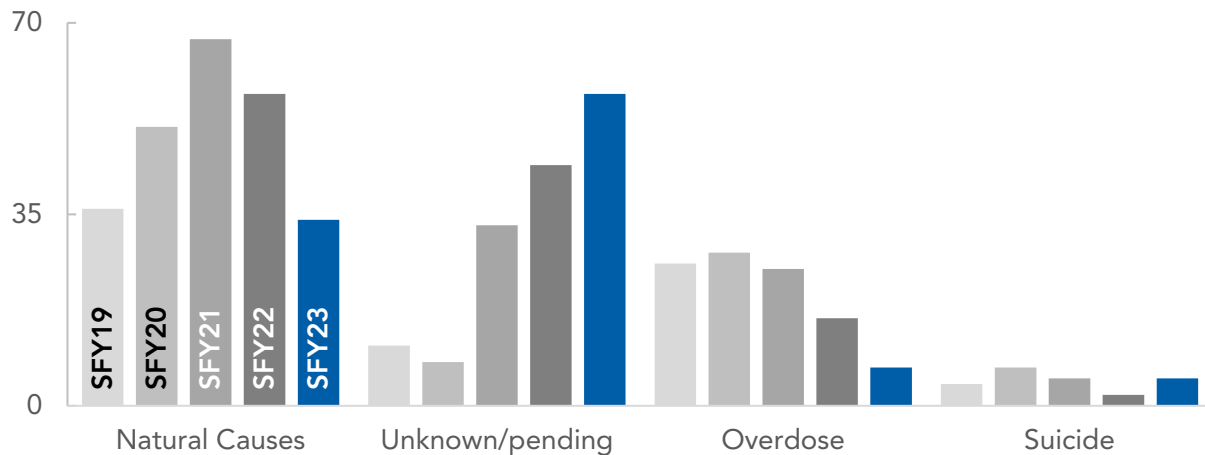


Type	SFY19		SFY20		SFY21		SFY22		SFY23	
Client illness/ medical emergency	107	22%	98	23%	61	16%	95	22%	116	25%
Death	85	18%	102	23%	135	36%	124	29%	110	23%
Serious decompensation/ agitation	75	16%	94	22%	58	15%	65	15%	78	17%
Medication error	54	11%	48	11%	43	11%	48	11%	85	18%
Other	156	33%	93	21%	79	21%	94	22%	81	17%
Total	477	100%	435	100%	376	100%	426	100%	470	100%

Number of deaths by cause of death

For death related incidents, Southeast tracks the causes of death based on death certificates. When there is an investigation into the cause of death, the coroner will send a preliminary death

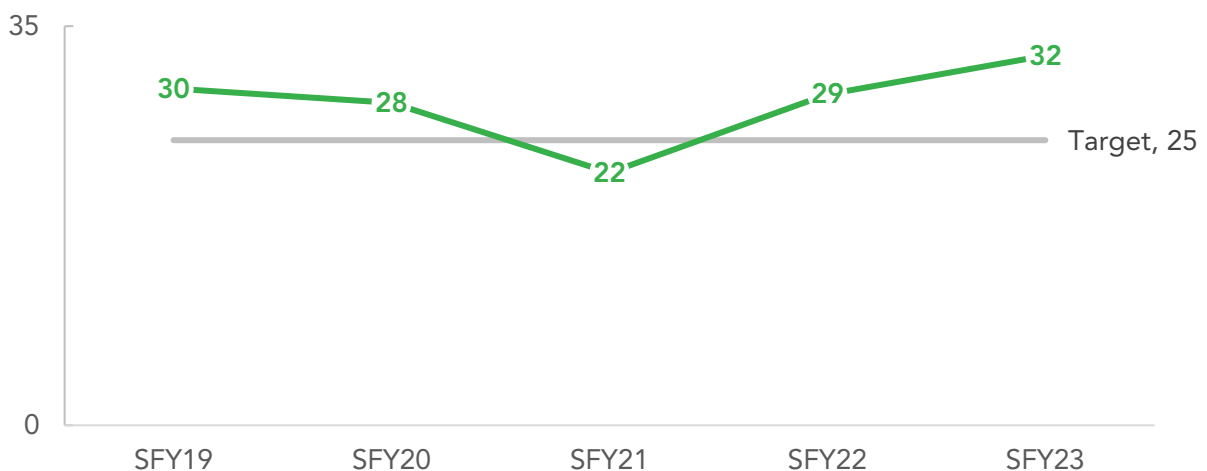
certificate that reports that the cause of death is pending. This can take a few months and is likely the cause for the high number of pending causes of death in this fiscal year. As those death certificates come with a verified cause of death, Southeast expects to see numbers in the other areas increase; this is often the case with overdoses.



Performance

Rate of incidents (per 1,000 people served)

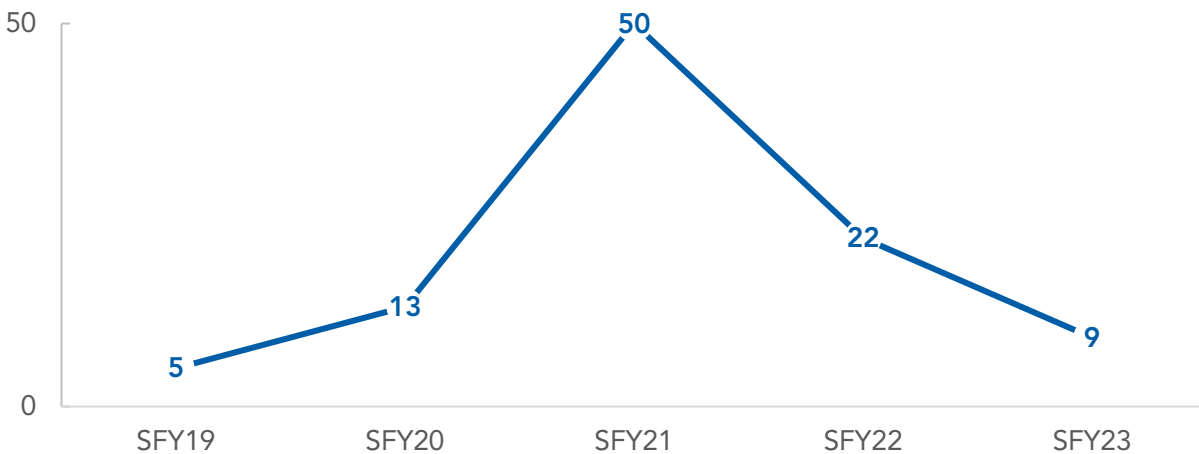
Southeast has a goal of less than 25 documented incidents per 1,000 people served. The rate has often been greater than that target in the past five years.



Reportable incidents

Reportable incidents are the more serious type and must be reported to the ADAMH Board and the Ohio Department of Mental Health and Addiction Services (OMHAS). This includes situations such as homicide or suicide by a client, abuse or neglect by staff, and other serious incidents. In SFY20, due to the Covid-19 Pandemic, OHMHAS requested that Covid-19 positive staff, patients and/or disruption of services due to illness be added to the list of reportable incidents.

Number of reportable incidents



Operations

Financial Performance

Financial performance is measured by change in net assets and the ratios reflected below. The large increase in net assets in 2021 is a result of COVID related funding including the Paycheck Protection Program. Ratios continue to increase in a favorable manner for Current Ratio, Asset to Liabilities while Debt to Equity ratio decreases in a favorable manner. Days cash on Hand and Average Days in accounts receivable are ratios we would like to increase and decrease, respectively. The figures below are based on audited final numbers, and SFY 2023 is not yet audited.

	SFY19	SFY20	SFY21	SFY22	SFY23*
Change in net assets	(\$352,662)	\$1,701,743	\$10,362,497	\$1,442,473	*

Ratio	Definition	Standard	SFY19	SFY20	SFY21	SFY22	SFY23*
Current Ratio	Ability to pay current debt with current assets	2 to 4	4.26	4.4	6.13	8.96	*
Assets to Liabilities	Debt structure of Organization	2.0	3.42	2.34	4.61	5.79	*
Debt to Net Assets (Equity)	Compares borrowed capital to invested capital	0.40	0.41	0.75	0.28	0.21	*
Days of Cash	Number of days of cash SE has on hand	90	15.26	60.12	32.58	36.01	*
Average Days in Receivables	Number of days it takes to collect our receivables	n/a	61.2	87.4	104.1	103.4	*

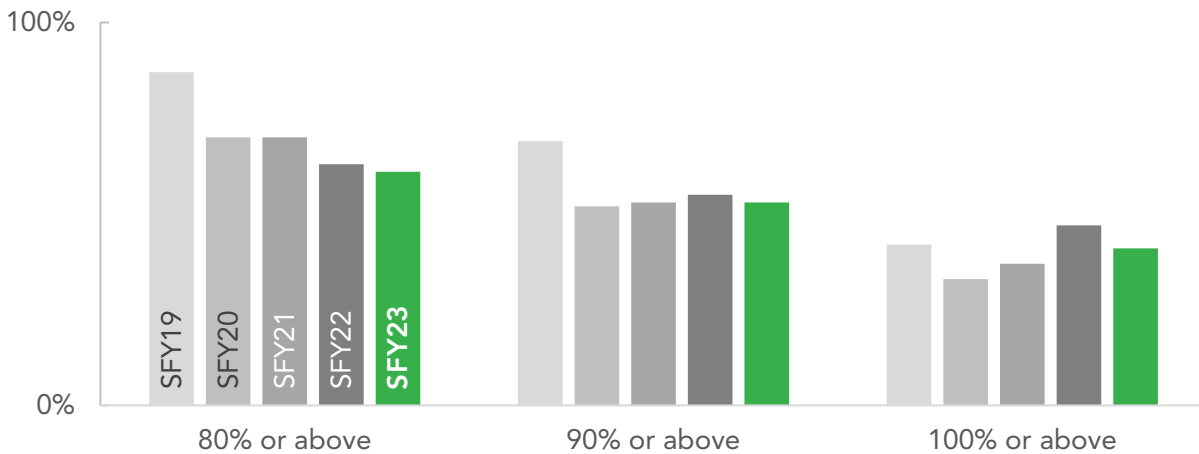
	SFY19	SFY20	SFY21	SFY22	SFY23*
Total Line of Credit Outstanding	\$800,000	\$800,000	\$800,000	\$0	*
Total Liabilities: Current Liabilities + Long Term Liabilities	\$8,754,477	\$9,823,423	\$9,212,839	\$7,249,565	*

*to be updated, audited number not yet available.

Productivity

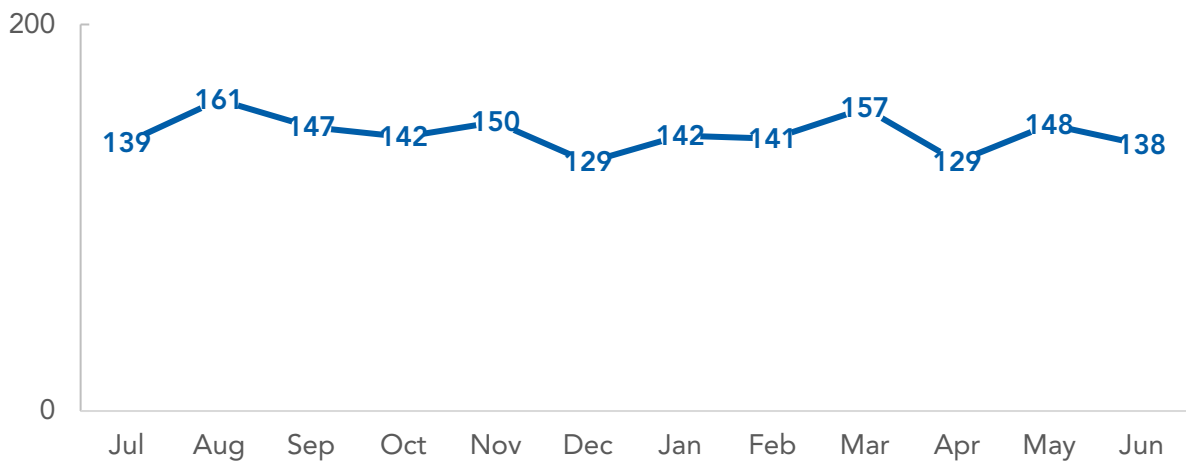
Behavioral health staff productivity percentages

Each direct service staff member has a productivity target assigned based on their position. Productivity is based on the number of service units provided during working hours.



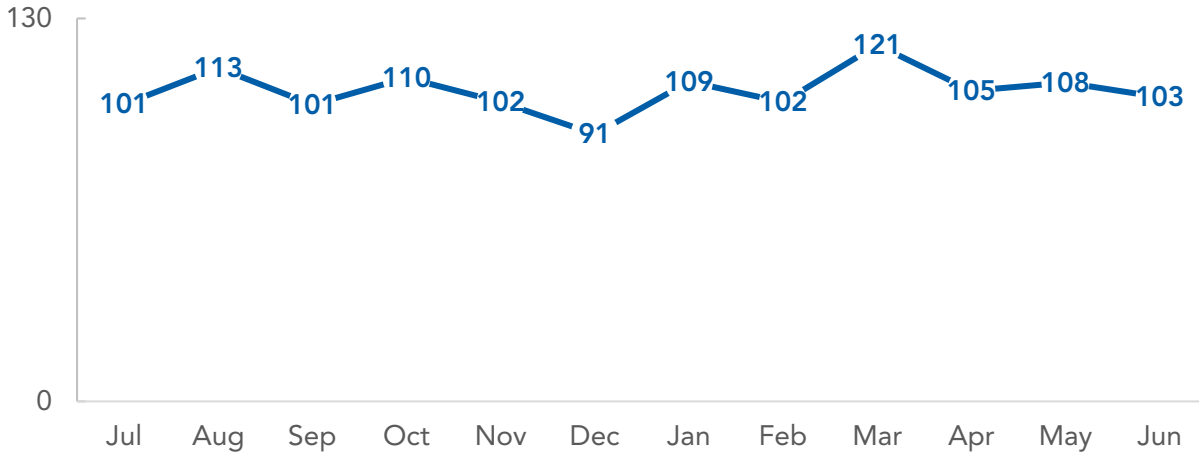
Behavioral Health: average number of encounters per prescriber

Behavioral Health prescribers averaged 143 encounters per month overall in FY 2023. Appointments are typically an hour for assessments, or 20-30 minutes otherwise.



Primary Care: average number of encounters per prescriber

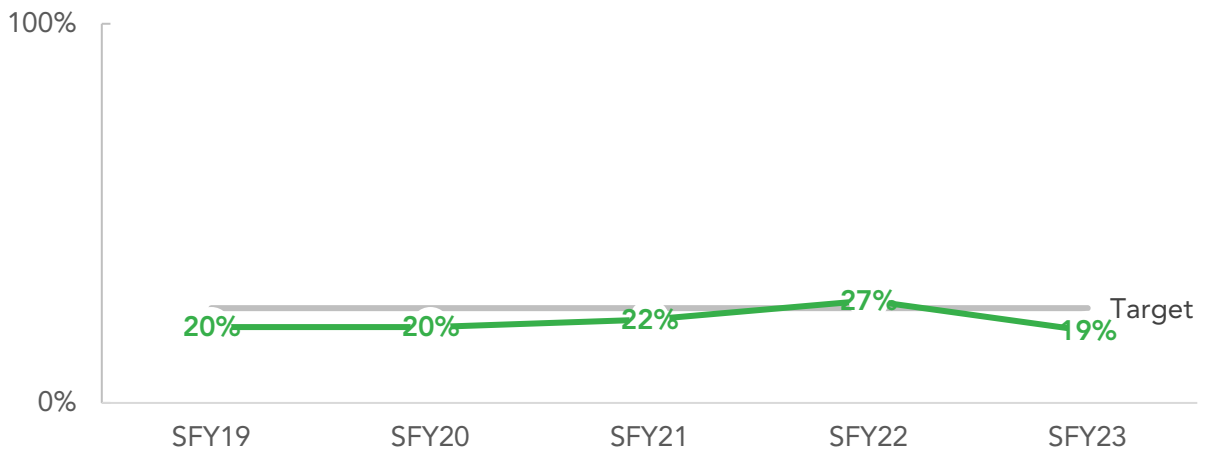
Primary care productivity targets and calculations continue to be refined, but below are the average number of encounters per provider each month during the fiscal year, with an overall average of 105. Primary care appointments are typically 15-30 minutes.



Human Resources

Staff turnover

Southeast measures staff turnover on an annual basis, with a goal of having less than 25% overall turnover. This year, Southeast saw an 8% decrease from SFY22.



Compliance/Risk Management

Program audits, reviews, licensure, and accreditation

Southeast receives program and facility audits from several oversight organizations each year. All areas identified needing improvement have been addressed.

During SFY 2023, Southeast received visits from the following funding and licensure authorities:

- ACT Fidelity Reviews

- OHMHAS On- Site Survey
- Carpenter and Redmond House re-certification by OHMAS
- Comprehensive Primary Care ODM Audit
- Delaware Morrow Mental Health & Recovery Services Board Program Audit
- IPS Fidelity Review
- United Healthcare Behavioral Health Audit
- Ryan White Part B Program Audit
- CSB Program Audit

Fiscal audits

Southeast received the following fiscal audits in SFY 2023:

- Annual Financial Audit – Southeast
- Annual Financial Audit – Alternative Lifestyles, Inc
- Annual 401k Audit
- Ryan White Program Audit
- City of Columbus Subrecipient Audit
- Community Shelter Board (CSB) – Financial
- Community Housing Network – Financial

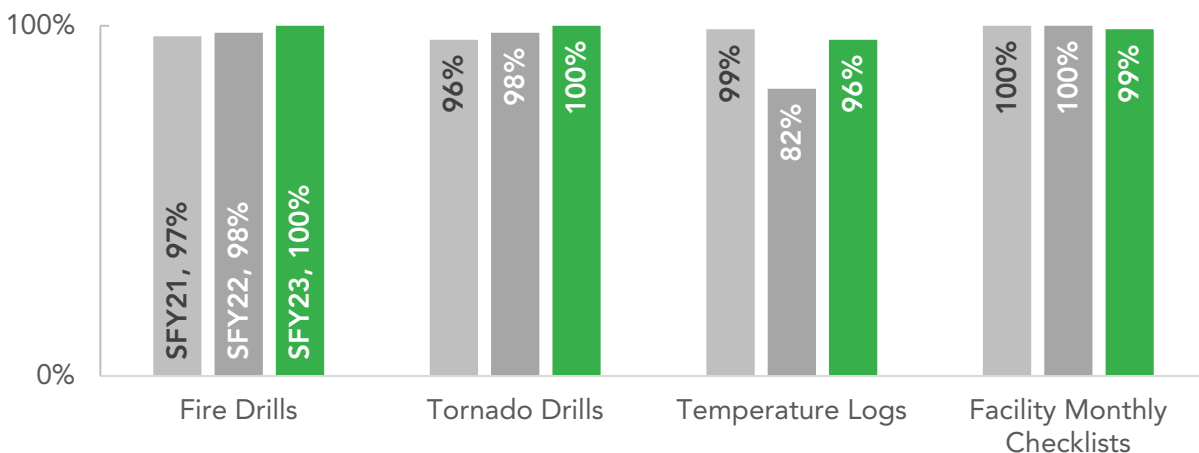
Environment of Care

Facilities and Equipment

Southeast measures the safety and quality of facilities and equipment by completing fire and safety drills and facility and equipment inspections on a regular schedule. The organization currently operates across 20 facilities in operation, and safety drills and inspections are completed at each location. Fifteen of the 20 locations have refrigerators and/or freezers that require temperatures to be logged daily to ensure they remain within recommended temperature range.

Some drill completion rates were impacted by the Covid-19 pandemic in SFY20 due to a reduction of staff and patients in buildings and the need to maintain social distancing. Since SFY20, completion rates have improved.

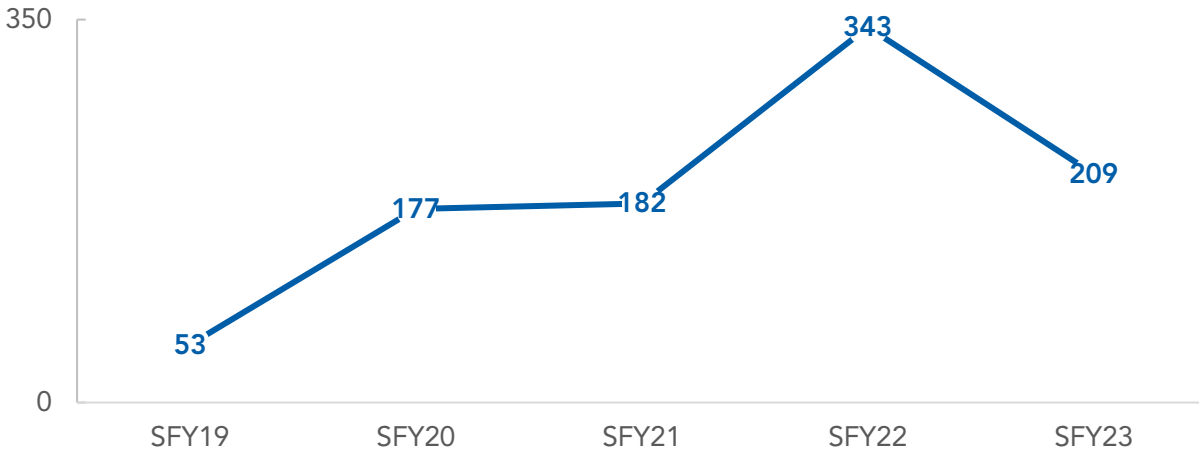
Percent of drills and checklists completed



Infection Prevention and Control

The Southeast Healthcare Infection Prevention Control Officer works with the Compliance/QI Director to review facilities, procedures, and work practices to help prevent infection. Forty-three percent of reported infectious diseases in SFY 2023 were COVID-19. In SFY20, a community outbreak of Hepatitis A led to a spike in the number of new cases.

Total number of infectious diseases reported

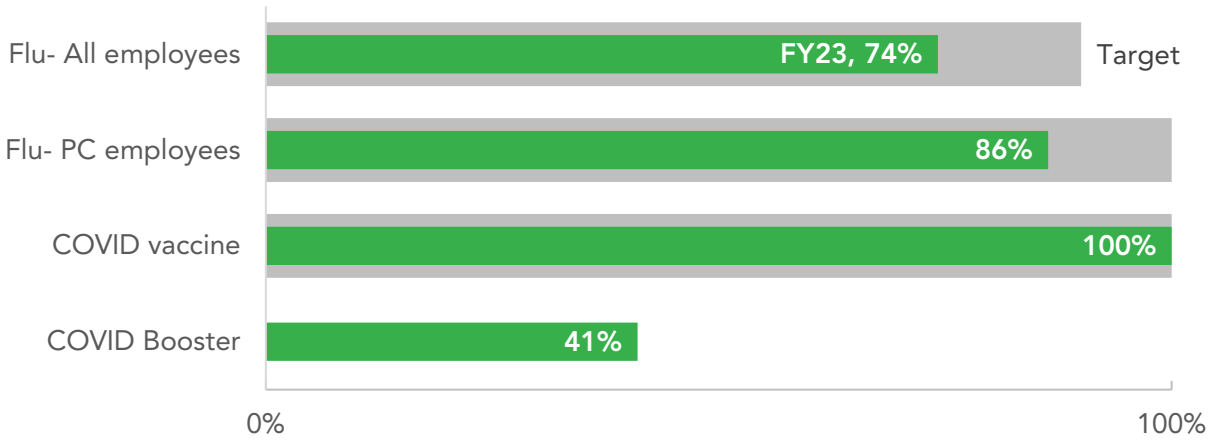


Number of infectious diseases by type

Reportable Infections Type	SFY19	SFY20	SFY21	SFY22	SFY23	Trend
TB	0	0	1	0	0	
Hepatitis A	2	96	0	0	0	
Hepatitis B	0	22	2	0	1	
Hepatitis C	40	22	11	65	66	
HIV	4	2	3	6	1	
STD	6	35	16	18	17	
COVID-19	n/a	n/a	149	224	89	
Other	1	1	0	30	35	
Total	53	177	182	343	209	

Employee vaccination rates

Southeast's accreditation body, the Joint Commission, began in SFY 2020 to require a 90% staff influenza vaccination rate. Southeast did not reach this target in SFY 2023 for all staff (74%) or primary care staff (86%). Starting November 1, 2021, all new staff are required to receive a flu shot during flu season. The COVID-19 vaccination became required for all workforce members, and staff are encouraged to receive boosters as appropriate (no target set).



Recommendations

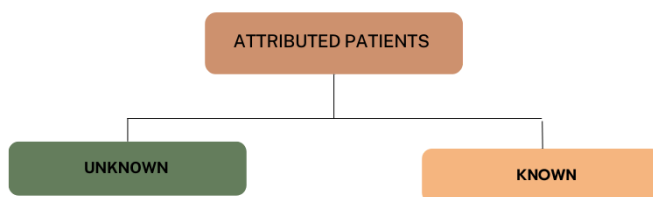
Primary Care Strategy

Comprehensive Primary Care (CPC)

Our Primary Care strategy needs to be simple and patient-centered. We've strategically decided to prioritize Comprehensive Primary care (CPC). At the time of this writing, SEHC has 3 CPC sites (16 W Long, Franklin Station, and St. Clairsville). As a result, we are implementing a two-pronged approach: Unknown Patients and Known Patients.



Primary Care Gap Closure Strategy



Unknown Patients

Unknown patients are defined as patients who have yet to receive primary care services at SEHC.

We'll use Comprehensive Primary Care (CPC) attribution files to identify patients assigned to us.

- Assigned patients are patients who don't receive primary care at SEHC. However, the Ohio Department of Medicaid has assigned those patients to us. We are required and expected to do outreach to those patients and get them scheduled.

Procedure:

1. Pull the attribution list.
2. Filter that list for "assigned" patients.
3. Contact those patients
 - We also have the option to cross-reference the attribution list with our BH client list and partner with BH clinicians to introduce them to Primary Care.

This process will require we review the attribution list to ensure the assignments are appropriate.

- Look at the individual's address and the assigned clinic's address. Someone in Dayton, Ohio, is inappropriate for 16 W Long.
- Those individuals who are deemed inappropriate should be noted. We can request that ODM remove those individuals from our attribution list.

Known Patients

Known is defined as patients who receive Primary Care services at SEHC.

Procedure:

1. Pull a gap list by provider or location
2. Sort the "Gaps in Care" Column from Largest to Smallest
3. Reach out to those patients who have the most gaps and schedule appointment times appropriate for the number of gaps

The high gap strategy approach requires that providers/care managers know the patient's gaps in care before the visit. The visit must be used to close as many gaps in care as possible during the visit.

Considerations:

- Whoever is doing the outreach and scheduling must allot enough time to close gaps during the visit (i.e., cervical screening).
- This entire process will need to be tracked using the Outreach Tracking Excel Sheet. The following will be tracked:
 - # of patients we attempted to contact
 - The number of patients we were able to reach vs. unreached
 - The number of patients who we were able to schedule
 - The number of patients who No- Showed and Showed for those appointments
 - The number of gaps we were able to close as a result of this initiative

Next Steps

- Data analysis on why Known members have gaps

- Create regularly scheduled QI meetings with Primary Care
- Review PC Strategy with Primary Care
 - Outline Roles and Responsibilities

Appendix: tables

Total patients served & by board area

Year	Total Patients	Franklin	Belmont, Harrison & Monroe	Delaware & Morrow	Tuscarawas & Carroll	Other
SFY19	16,154	9,883	3,039	1,455	419	1,358
SFY20	15,387	9,298	3,154	1,449	413	1,073
SFY21	16,975	9,925	3,641	1,597	419	1,393
SFY22	14,682	8,206	3,279	1,591	427	1,179
SFY23	14,491	7,998	3,516	1,486	426	1,065

FQHC patients (UDS Report)

Year	Unique patients
CY18	5,523
CY19*	7,577
CY20	7,914
CY21	8,431
CY22**	10,305
CY23***	9,143

*BH was added CY19

**Multiple BH locations were added to scope CY22

***CY23 data are YTD due to the time this report is generated.

Primary care patients, visits, and visits per patient

Year	Patients	Visits	Visits per patient
SFY19	4,447	13,505	3.0
SFY20	4,456	15,459	3.5
SFY21	5,231	21,264	4.1
SFY22	4,453	17,400	3.9
SFY23	4,352	17,212	4.0

Behavioral health patients, visits, and visits per patient

Year	Patients	Visits	Visits per patient
SFY19	14,427	255,494	17.7
SFY20	13,929	254,476	18.3
SFY21	15,018	250,606	16.7
SFY22	13,126	221,113	16.8
SFY23	12,930	219,346	17.0

Dental patients, visits, and visits per patient

Year	Patients	Visits	Visits per patient
SFY19	652	1294	2.0
SFY20	542	919	1.7
SFY21	343	546	1.6
SFY22	446	849	1.9
SFY23	612	1186	1.9

No show rates

Year	Primary Care	Behavioral Health
SFY19	35%	26%
SFY20	26%	28%
SFY21	17%	24%
SFY22	27%	29%
SFY23	28%	25%

Primary care performance measures

Measure	CY20	CY21	CY22	FY23 goal
Hypertension control	57%	61%	71%	69%
Diabetes A1c>9 (LOWER IS BETTER)	35%	32%	33%	32%
Cervical Cancer Screening	35%	32%	37%	43%
Breast Cancer Screening	18%	13%	22%	30%
Colorectal Cancer Screening	30%	27%	30%	32%
BMI Screening & Follow-Up Adult	71%	50%	56%	71%
Tobacco Use Screening & Cessation	76%	91%	91%	90%
Statin Therapy	75%	79%	81%	80%
IVD Aspirin use	90%	85%	87%	85%
HIV Linkage to Care	91%	83%	0%	90%
HIV Screening	51%	59%	69%	65%
Screening for Depression & Follow-Up	73%	66%	63%	75%
Depression Remission	6%	14%	12%	20%
Child Weight Assessment & Counseling	56%	47%	74%	80%
Childhood Immunizations	0%	0%	0%	50%

Behavioral health performance measures

Evaluation area	Target	FY23
Increase BH prescriber appointment show rates.	70%	78%
Increase BH prescriber evaluation appointment show rates.	58%	64%
Patients with a PHQ-9 score ≥ 15 with a minimum of 2 PHQ-9 screens in EMR will experience an improvement as evidenced by a reduction in their PHQ-9 score.	60%	69%
Patients with a PHQ-9 score ≥ 15 will have a second PHQ-9 screen completed with 30 days.	80%	45%
Children and adolescents will have a minimum of 2 visits with the agency before prescribing antipsychotic medication.	50%	96%
Children and adolescents on multiple concurrent antipsychotics.	3%	8%
Patients will have a follow-up visit with a mental health practitioner within 7 days after discharge.	59%	50%
Patients will have a follow-up visit with a mental health practitioner within 30 days after discharge.	86%	74%
Evaluation area	SFY22	SFY23
Suicide rate (lower is better, target decrease of 30% per year)	0.14	0.34

Employment/Vocational number served

Program	FY23	Target
RecoveryWorks North	110	96
BHM Supported Employment	104	n/a
Delaware/Morrow Vocational	153	220
REBEL IPS	167	100
Project Work	226	330
Franklin Career Development	337	400

Employment/Vocational job starts

Program	FY23	Percent of total	Target
Franklin County Vocational (all programs)	54	8%	20%
Delaware/Morrow Vocational	65	42%	60%
BHM Supported Employment	23	22%	50%

Employment/Vocational number of job starts exceeding 90 days of continuous employment

Program	FY23	Target
Franklin County Vocational (all programs)	63%	25%
Delaware/Morrow Vocational	69%	75%
BHM Supported Employment	70%	50%

Employment/Vocational average number of hours worked per week

Program	FY23	Target
Franklin County Vocational (all programs)	24.39	20
Delaware/Morrow Vocational	27.74	25
BHM Supported Employment	29.57	n/a

Employment/Vocational average hourly income

Program	FY23	Target
Franklin County Vocational (all programs)	\$13.34	\$10.50
Delaware/Morrow Vocational	\$15.47	\$9.55
BHM Supported Employment	\$12.54	\$9.50

Shelter: Friends of the Homeless volume

	SFY19	SFY20	SFY21	SFY22	SFY23
Number served	1,093	952	779	1,169	1,396
Target	1,416	1,300	1,300	1,400	1,300
Percent of target	77%	73%	60%	84%	107%

Shelter: Friends of the Homeless average length of stay

	SFY19	SFY20	SFY21	SFY22	SFY23
Average length of stay (days)	43	51	45	44	44
Target	56	56	63	66	45

Shelter: Friends of the Homeless nightly occupancy

Performance	SFY19	SFY20	SFY21	SFY22	SFY23
Nightly occupancy average	132	117	75	136	154
Target	130	115	70	160	160

Transitional housing: Bridge to Success

Year	Residents admitted	Average length of stay	Residents successfully housed
SFY19*	68	140	59
SFY20	81	142	89
SFY21	66	160	47
SFY22	84	145	80
SFY23**	99	211	47
SFY23 Target	95	180	90%

*A number of leased units were not available due to being renovated during this time period.

**Less clients were successfully housed in FY23 due to a new agency (CGI) taking over the approval process for CMHA applications starting September of 2022. This has caused a significant increase in the average length of stay as well as a significant decrease in the number of clients we were able to exit to permanent housing.

**September 2023 Southeast Healthcare Board of Directors
Summary of Service Sites and Hours of Operation**

Background

As a federally qualified health center (FQHC) funded by HRSA, the Southeast Board of Directors is required to review and approve the hours of operation of all health center sites annually. The attached table lists the hours of operation for all active Southeast service sites, including locations that are not FQHC sites under HRSA. Locations that are FQHC sites are indicated by cell color.

Summary of Changes this Year

Two locations (Van Buren Health Clinic and Friends of the Homeless Dental Clinic) are not currently operating due to staff turnover. Southeast intends to resume the listed hours of operation for these sites as soon as positions are filled. If any changes to the listed hours of operation for these sites are necessary after new staff have been hired, Southeast will prepare a revised listing of hours of operation for board approval. Hours of operation for 720 E. Broad have been expanded to Monday – Friday, 8am – 5pm as we have added an additional provider at this site. There are no other significant changes to hours of operation since last year.

Recommended Action

The Southeast Healthcare Board of Directors approves the proposed hours of operation for all FQHC and non-FQHC service sites listed on the attached table.

Southeast Healthcare Location Information

Location	Hours	Program
		Cell color denotes FQHC Location
Downtown Columbus 16 W Long Street Columbus, OH 43215	Monday- Friday 8am-5pm	AHC -Primary Care AHC-Dental BHC- Mental Health Services, Addictions, Case Management, Assertive Community Treatment, BH Services for persons with intellectual/developmental disabilities.
Franklin Station 524-B W. Broad Street Columbus, OH 43215	Monday-Friday 8am-5pm	AHC – Primary Care, Addictions, BHC - Mental Health Services
720 E Broad 720 E. Broad Suite 101 Street Columbus, OH	Monday-Friday 8am-5pm	AHC-PC, Addictions BHC - Mental Health Services, Case Management
Merion Village 1455 S. Fourth Street Columbus, OH 43207	Monday and Tuesday 8am-6:30 Wednesday, Thursday, Friday 8am-5pm	BHC – Mental Health Services, Addictions, IOP, Case Management, Prevention
Friends of the Homeless 924 E Main St Columbus, OH, 43205	24/7 Wednesday 5pm-8pm*	BHC-Shelter AHC- Dental
Van Buren Health Clinic 595 Van Buren Dr. Columbus, OH 43223-2230	Monday, Tuesday, Wednesday, 4pm-8pm*	AHC - Primary Care, Mental Health Services, Case Management
Redmond 1989 W Broad St Columbus, OH 43223	24/7	BHC - Residential, Mental Health Services, Case Management
Carpenter 1699 S High St Columbus, OH 43207	24/7	BHC - Residential, Mental Health Services, Case Management

Clintonville 3770 N. High St Columbus, OH 43214	Monday-Friday 7:30am-4:30pm	BHC- Vocational Rehabilitation
RREACT 1705 S High St Columbus, OH 43207	Monday - Friday 8am-5pm (site hours) Program Hours -Monday - Friday 8:00am- 10:30pm Saturday 9:00am – 9:30pm, Sunday 9:00am-5:30pm	BHC - Addictions
Delaware 824 Bowtown Rd Delaware, OH 43015	Monday & Tuesday 8:00am – 5:00pm Monday, Wednesday-Friday 8am-5pm Tuesday 8am-8pm	AHC - Primary Care BHC- Mental Health Services, Addictions, Case Management, Assertive Community Treatment BHC - Vocational Services
Morrow 950 Meadow Drive Suite A Mt. Gilead, OH 43338	Monday-Wednesday, Friday 8am-5pm Thursday 8am-8pm First Saturday of each month 9am-12pm (Telehealth therapy only)	BHC - Mental Health Services, Case Management BHC-Vocational Services BHC - Vocational Services
St Clairsville 68353 Bannock Rd St. Clairsville, OH 43950	Monday, Thursday, Friday 8am-5pm Tuesday Wednesday 8am-8pm Monday-Friday 7am-3:30pm	AHC - Primary Care BHC - Mental Health Services, Case Management BHC - IOP
Woodsfield 37990 Airport Rd Woodsfield, OH 43793	Monday-Friday 8:30am-5pm	BHC - Mental Health Services, Case Management
Cadiz 243 S Main St Cadiz, OH 43907-1131	Monday-8am-4:30pm, Tuesday - Friday 8am- 6pm Monday-Friday 8am-4:30pm	AHC- Primary Care BHC-Mental Health Services, Case Management
Martins Ferry 302 W Walnut Martins Ferry, OH 43935	Monday, Tuesday 8:30am-9pm, Wednesday, Thursday, Friday 8:30am-5pm,	BHC - Mental Health Services, Case Management
Shadyside Middle School 3795 Leona Ave. Shadyside, OH 43947	Thursday 7am-3:30pm Monday-Friday 7am-3pm for BH counseling	AHC- Primary Care BHC - Mental Health Services, Case Management

Four Oaks 46137 National Road West St.Clairsville, OH 43950	24/7	BHC - Mental Health Services, Residential
New Philadelphia 344 W. High Avenue New Philadelphia, OH 44663	Every other Tuesday 9am-4 pm Monday-Friday 8am-4:30pm	AHC- Primary Care BHC - Mental Health Services, Case Management
Carrollton 783 Jones Avenue Carrollton, OH 44615	Monday-Friday 8am-4:30pm	BHC - Mental Health Services, Case Management
BHM Coach Martins Ferry	Wednesday 9am-4:30pm	AHC- Primary Care
Wheeling Healthright	Thursday 9am-4pm	BHC - Mental Health Services
PATH Coach Van Buren Shelter	Tuesday 9am - 1pm	BH - Mental Health Services, Case Management
Various location in Franklin County based on need	Varies, up to 5 hours per week	
* Van Buren Health Clinic and FOH Dental clinic are not currently operating due to staff turnover. Southeast intends to resume the listed hours of operation for these sites as soon as positions are filled. If any changes to the listed hours of operation for these sites are necessary after new staff have been hired, Southeast will prepare a revised listing of hours of operation for board approval		

September 2023 Southeast Healthcare Board of Directors

Alcohol, Drug, and Mental Health Board of Franklin County – Contract Year 2024 ADAMH Service Plan Overview

Background

Southeast will submit our contract year (KY) 2024 agency service plan (ASP) application to the Alcohol, Drug, and Mental Health Board of Franklin County by Friday, September 29th. Programs included for funding will generally replicate the services funded by this Board during KY 2023. The Board is purchasing non-Medicaid eligible services. Additional services are provided that are not funded by the ADAMH Board.

Summary of Changes for KY 2024

The ADAMH funded services provided will remain largely the same for KY 2024 as during KY 2023. ADAMH is not accepting proposals for new services that require additional funds to be allocated for KY 2024 at this time. Since the transition from the SHARES billing system to SmartCare, ADAMH has realigned all allocations to six system of care categories (Crisis, Treatment, Recovery Supports, Family Supports, Housing, and Prevention). Exempt block grants (which are not in SmartCare) are still uniquely identified in the budget.

Southeast's KY 2024 allocation from ADAMH is \$10,882,088. For KY 2024, ADAMH has increased all non-Medicaid procedure codes by 2% and all Medicaid taxonomy procedure codes have been increased by 5%. In addition, ADAMH has increased all levy funded allocations by 2% compared to KY 2023 levels. For block grants that require encounter claims, ADAMH is restoring the encounter claims threshold to receive full reimbursement to 90% of the projected total. This target had been reduced to 80% since the onset of the pandemic to allow for greater flexibility as many providers experienced challenges in reaching the 90% target. There are no significant changes planned for ADAMH value based contracting initiatives or outcomes for KY 2024.

Recommended Action

The Southeast Healthcare Board of Directors approves the submission of the KY 2024 ADAMH service plan application and budget to the Alcohol, Drug, and Mental Health Board of Franklin County up to \$10,882,088 and authorizes the Southeast President & CEO to negotiate and enter into the KY 2024 contract.

Allocations Detail - Allocation Lines, Subtypes, and Funding Source (Project)

Allocation Line (SOC)	Allocation Line Subtype	Allocation Amount	Hold Amount	Hold Reason	Carry Over	Project	Project Description	CFDA# (if applicable)	Encounter Claim Requirement
Crisis	Addiction and Crisis Team	93479.94				H1014	Levy		Exempt
Crisis	NA	797727.21				H1014	Levy		Required
Crisis	NA	25000				H2924	Chi oMHAS State Crisis Infrastructure		Required
Crisis	NA	25000	\$25,000.00	Award		H2925	Chi oMHAS State Crisis Infrastructure		Required
Family Supports	NA	1549.85				H1014	Levy		Required
Housing	Housing Stabilization Services - Franklin State	30228.72				H1014	Levy		Exempt
Housing	NA	340781.02				H1014	Levy		Exempt 90%
Prevention	NA	336956.84				H1014	Levy		Exempt 90%
Recovery Supports	MSA Care Coordination	66978.16				H3064	Chi oMHAS 421 State Multi-System Adult		Exempt
Recovery Supports	MSA Care Coordination	59389	\$59,389.00	Award		H3065	Chi oMHAS 421 State Multi-System Adult		Exempt
Recovery Supports	MSA Client Payments	348613.84				H3064	Chi oMHAS 421 State Multi-System Adult		Exempt
Recovery Supports	MSA Client Payments	326203	\$326,203.00	Award		H3065	Chi oMHAS 421 State Multi-System Adult		Exempt
Recovery Supports	NA	2936370.27				H1014	Levy		Required
Treatment	Central Rx	79934.9				H1014	Levy		Exempt
Treatment	Foundational Payment for Infrastructure and Op	10000				H1014	Levy		Exempt
Treatment	NA	3307652.81				H1014	Levy		Required
Treatment	PATH	85547.67				H1014	Levy		Exempt
Treatment	PATH	21500				HTBD	Funds To Be Determined		Exempt
Treatment	PATH	128321.5				H4434	Chi oMHAS 613 Federal MH PATH	93.15	Exempt
Treatment	PATH	128321.5	\$128,321.50	Award		H4435	Chi oMHAS 613 Federal MH PATH	93.15	Exempt
Treatment	Prison Re-Entry Case Management	85680				H1014	Levy		Exempt
Treatment	Reeb Avenue - Rent Subsidy	8709.49				H1014	Levy		Exempt
Treatment	Residential - Redmond and Carpenter	1638142.44				H1014	Levy		Exempt
Total		\$10,882,088.16	\$538,913.50						

A l l o c a t i o n s S u m m a r y - T o t a l s b y A l l o c a t i o n L i n e / S u b t y p e f r o m D e t a i l S h e e t

A l l o c a t i o n L i n e (S C)	A l l o c a t i o n L i n e S u b t y p e	A l l o c a t i o n T o t a l s
Prevention	NA	\$336,956.84
Treatment	Foundational Payment for Infrastructure and Operations	\$10,000.00
	NA	\$3,307,652.81
	Central Rx	\$79,934.90
	PATH	\$363,690.67
	Prison Re-Entry Case Management	\$85,680.00
	Reeb Avenue - Rent Subsidy	\$8,709.49
	Residential - Redmond and Carpenter	\$1,638,142.44
Crisis	NA	\$847,727.21
	Addiction and Crisis Team	\$93,479.94
Family Supports	NA	\$1,549.85
Housing	NA	\$340,781.02
	Housing Stabilization Services - Franklin Station	\$30,228.72
Recovery Supports	NA	\$2,936,370.27
	MSA Care Coordination	\$126,367.16
	MSA Client Payments	\$674,816.84
Tot al		\$10,882,088.16



Financial Statements

August 31, 2023

Southeast, Inc.**Financial Report**

For the Month ended August 31, 2023

Finance Committee Meeting held September 25, 2023

Board Meeting held September 27, 2023

Statement of Revenue and Expenditures

- Net loss for the month of August was (\$209,118). This is a result of increase in payroll expense and a loss in investments in the amount of \$198,426. Operating net loss was (\$63,303).
- The audit starts the week of September 25th, and the accounts receivable reconciliation should be completed before audit completion. This will result in a change of how we report patient/client service revenue.

Balance Sheet & Statement of Cash Flows

- The cash balance decreased in August to 2.9 million.
- The independent audit firm continues to work through the claims accounts receivable to determine accuracy. This will impact accounts receivable when the process is complete.

Risk & Opportunities

- We continue to streamline processes in both the billing and accounting department. The goal is to decrease costs associated with tasks and to have accurate reporting for each program to monitor financial performance.
- We continue to work with trade partners to voice our concerns with the issues with the Ohio Department of Medicaid's Enterprise System, the system used to process claims.

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

	FY24 BUDGET	***** ACTUAL *****		LAST YEAR YTD	YTD BUDGET	ACT vs. BUD \$ VARIANCE	% VAR OF BUDGET
		August	YTD				
REVENUE							
ADAMH FUNDING							
ADAMH-FFS	\$ 7,155,738	\$ 410,227	\$ 998,010	\$ 947,494	\$ 1,192,623	(\$194,613)	(16.3%)
ADAMH - BLOCK GRANT	6,283,766	416,654	898,917	290,276	1,047,294	(148,377)	(14.2%)
ADAMH PHARMACY	2,000	0	0	-	333	(333)	(100.0%)
ADAMH - OTHER	-	0	0	-	-	-	
TOTAL	13,441,504	826,881	1,896,927	1,237,770	2,240,251	(343,324)	(15.3%)
FIRST & THIRD PARTY							
CLIENT FEES	94,564	7,516	14,542	17,456	15,761	(1,219)	(7.7%)
INSURANCE	1,298,968	132,241	223,411	136,552	216,495	6,916	3.2%
MEDICARE	1,134,719	100,133	162,079	150,336	189,120	(27,041)	(14.3%)
MEDICAID	13,829,675	1,089,999	2,101,639	1,944,887	2,304,946	(203,307)	(8.8%)
CONTRACTS	10,780,603	1,158,910	2,160,837	1,841,953	1,796,767	364,070	20.3%
PHARMACY SALES	25,034,750	2,506,757	4,733,059	3,799,284	4,172,458	560,601	13.4%
IN KIND REVENUE	-	0	0	-	-	0	#DIV/0!
TOTAL THIRD PARTY	52,173,279	4,995,556	9,395,567	7,890,468	8,695,547	700,021	8.1%
OPERATING REVENUE	\$ 65,614,783	\$ 5,822,437	\$ 11,292,494	\$ 9,128,238	\$ 10,935,797	\$356,697	3.3%
EXPENSES							
SALARIES	33,443,731	2,810,374	5,275,105	4,903,166	5,573,955	(298,850)	(5.4%)
EMPLOYEE BENEFITS	7,692,058	631,239	1,233,618	1,080,773	1,282,010	(48,392)	(3.8%)
CONTRACT SERVICES	1,480,000	112,734	191,666	234,768	246,667	(55,001)	(22.3%)
COMPUTER EXPENSE	1,271,991	67,325	195,915	197,919	211,999	(16,084)	(7.6%)
OPERATING SUPPLIES	700,890	14,376	24,858	107,019	116,815	(91,957)	(78.7%)
OPERATING EXPENSES	3,250,000	353,167	611,208	528,443	541,667	69,541	12.8%
OFFICE EXPENSES	350,000	23,470	50,749	28,674	58,333	(7,584)	(13.0%)
MOBILE PHONES	350,000	28,172	56,128	53,226	58,333	(2,205)	(3.8%)
TRAVEL/TRANSPORTATION	900,000	85,003	109,308	136,025	150,000	(40,692)	(27.1%)
BUILDING & GROUNDS	2,637,325	238,084	356,347	313,728	439,554	(83,207)	(18.9%)
DEPRECIATION	795,758	43,634	90,559	97,829	132,626	(42,067)	(31.7%)
AUDIT & LEGAL FEES	250,000	11,002	16,720	18,752	41,667	(24,947)	(59.9%)
INSURANCE EXPENSE	750,000	89,527	150,287	121,169	125,000	25,287	20.2%
PHARMACY COG	12,650,000	1,346,071	2,525,554	1,888,959	2,108,333	417,221	19.8%
IN KIND EXPENSE	-	0	0	-	-	0	#DIV/0!
OTHER EXPENSES	250,000	31,562	51,100	33,996	41,667	9,433	22.6%
TOTAL EXPENSES	\$ 66,771,753	\$ 5,885,740	\$ 10,939,122	\$ 9,744,446	\$ 11,128,626	(\$189,504)	(1.7%)
OPERATING NET INCOME/(LOSS)	\$ (1,156,970)	\$ (63,303)	\$ 353,372	\$ (616,208)	\$ (192,828)	\$546,200	
MISCELLANEOUS REVENUE							
INTEREST INCOME	408	51	99	36	68	31	45.6%
INVESTMENT	885,446	(198,426)	70,083	161,605	147,574	(77,491)	(52.5%)
RENT	145,500	13,991	27,246	26,179	24,250	2,996	12.4%
GAIN/(LOSS) ON PURCHASE	-	0	0	-	-	-	
OTHER	810,000	38,569	79,857	66,166	135,000	(55,143)	(40.8%)
TOTAL MISCELLANEOUS	1,841,354	(145,815)	177,285	253,986	306,892	(129,607)	(42.2%)
SOUTHEAST NET REVENUE	\$ 684,384	\$ (209,118)	\$ 530,657	(362,222)	\$114,064	\$416,593	
Margin on Operating Revenue	(1.8%)	(1.1%)	3.1%	(6.8%)			
Margin on Total Revenue	1.0%	(3.7%)	60 4.6%	(3.9%)			

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

ASSETS

<i>CASH:</i>			
CASH IN BANK - UNRESTRICTED	\$	2,931,697	
SCHOLARSHIP ACCOUNT			
BUILDING MANAGEMENT		-	
PETTY CASH		3,430	2,935,127
<i>INVESTMENTS:</i>			
SHORT TERM INVESTMENTS		3,600,744	
AMERICAN FUNDS		9,815,031	
RESTRICTED INVESTMENTS		288,120	13,703,895
<i>ACCOUNTS RECEIVABLE:</i>			
Claims Based Receivables			
CLIENT & THIRD PARTY		4,184,148	
MEDICAID		14,116,918	
ADAMH			(1,138,634)
Franklin County		(2,337,145)	
Delaware & Morrow Counties		853,719	
Belmont, Harrison & Monroe Counties		343,286	
Tuscarawas & Carroll Counties		1,505	
ALLOWANCE FOR DOUBTFUL ACCOUNTS		0	
Total Claims Based Receivables		17,162,432	
Other Receivables			
OTHER GRANTS & CONTRACTS		2,146,234	
APOTHECARE		2,202,004	
MISCELLANEOUS		183,447	21,694,117
Total Other Receivables		4,531,685	
<i>OTHER CURRENT ASSETS:</i>			
APOTHECARE INVENTORY		1,293,357	
PREPAIDS		1,545,644	
EMPLOYEE LOAN/EPP		17,874	
OTHER		9,087	2,865,962
TOTAL CURRENT ASSETS			41,199,101
<i>FIXED ASSETS:</i>			
VEHICLES		579,879	
BUILDING, LAND & IMPROVEMENTS		12,772,762	
FURNITURE & EQUIPMENT		3,760,293	
TENANT IMPROVEMENT		174,753	
subtotal		17,287,687	
LESS accumulated depreciation		(11,602,685)	
NET FIXED ASSETS			5,685,002
TOTAL ASSETS			\$ 46,884,105

LIABILITIES & NET ASSETS

<i>LIABILITIES:</i>			
ACCOUNTS PAYABLE	\$	859,083	
ACCRUED EXPENSES		-	
PROPERTY TAX PAYABLE		38,211	
TENANT DEPOSIT		6,907	904,201
<i>ACCRUED WAGES & FRINGE BENEFITS:</i>			
ACCRUED VACATION		1,600,612	
ACCRUED PAYROLL		1,632,480	
ACCRUED RETIREMENT		-	
ACCRUED OTHER		343,167	3,576,259
TOTAL CURRENT LIABILITIES			4,480,460
<i>DEFERRED REVENUE</i>			1,431,133
<i>LONG TERM DEBT</i>			
			2,473,558
<i>ADVANCES FROM THE STATE</i>			
			497,761
<i>CAPITALIZED LEASE AGREEMENT</i>			
			251,172
TOTAL LIABILITIES			9,134,084
<i>NET ASSETS:</i>			
UNRESTRICTED		35,601,496	
DESIGNATED		1,821,293	
RESTRICTED		39,112	
SCHOLARSHIP		288,120	
TOTAL NET ASSETS			37,750,021
TOTAL LIABILITIES & NET ASSETS			\$ 46,884,105

SOUTHEAST, INC
STATEMENT OF CASH FLOWS
FOR THE PERIOD ENDED AUGUST 31, 2023

	Current Period
Cash From Operations	
Change in net assets	(206,193.00)
Adjustments to reconcile change in net assets to net cash	
Depreciation	40,709.00
Forgiveness of advance from State of Ohio	(4,615.00)
Total Adjustments to reconcile change in net assets to net cash	36,094.00
(Increase) decrease in:	
Accounts receivable	(423,255.00)
Inventory	72,651.00
Other current assets	<u>125,659.00</u>
Total (Increase) decrease in:	(224,945.00)
Increase (decrease)	
Accounts payable	(915,064.00)
Accrued expenses and taxes	<u>352,850.00</u>
Total Increase (decrease)	(562,214.00)
Total Cash From Operations	(957,259.00)
 Cash From Investing Activities	
Purchase of investments	
	<u>198,426.00</u>
Total Cash From Investing Activities	<u>198,426.00</u>
 Cash Flows From Financing Activities	
Principal payments on long-term debt	
	(9,351.00)
Principal payments on capital lease obligations	
	(7,427.00)
Total Cash Flows From Financing Activities	(16,778.00)
 Net Increase/Decrease in Cash	(775,611.00)
Cash and Cash Equivalents, beginning of period	
	<u>3,710,738.00</u>
 Cash and Cash Equivalents, end of period	<u><u>2,935,127.00</u></u>

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

Year to date performance

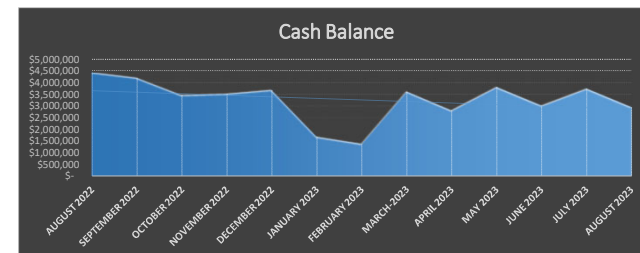
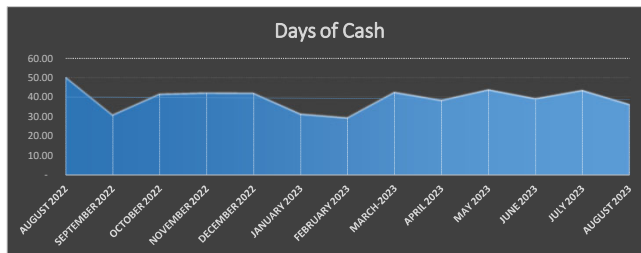
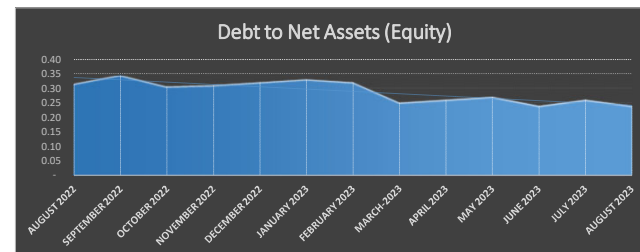
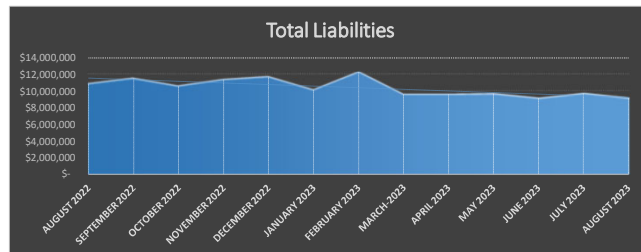
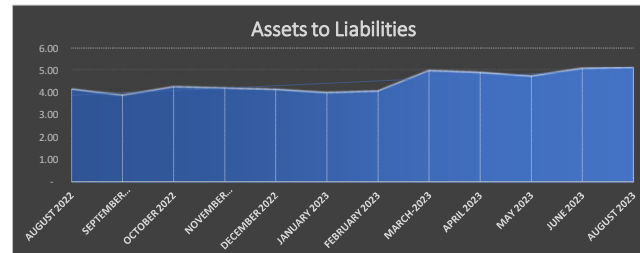
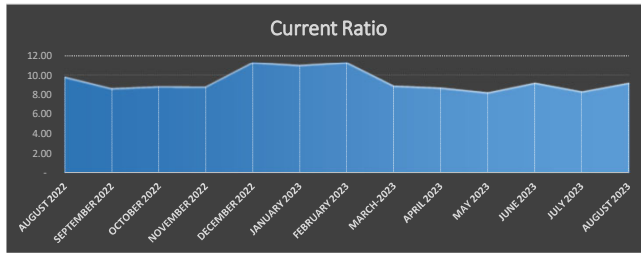
Current Ratio	(CURRENT ASSETS/CURRENT LIABILITIES)	9.2	Ability to pay current debt with current assets; 2 to 4 is standard.
Revenue over Expense Margin	(YTD REVENUE/YTD EXPENSES)	1.063	Indicates revenues (net income) over expenses; Over 1.03 is excellent.
Assets to Liabilities	(TOTAL ASSETS/TOTAL LIABILITIES)	5.13	Indicates debt structure of Organization; 2.0 is standard.
Debt to Net Assets (Equity)	(TOTAL LIABILITIES/NET ASSETS)	.24	Compares borrowed capital to invested capital; .40 is standard.
Days of Cash	CASH & ST INVESTMENTS/AVE. DAY'S EXPENSES	36.3	Indicates number of days of cash SE has on hand. 90 days is good
Average Days in Receivables	(REVENUE/365)AR/Revenue per day)	119.0	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)	9.40%	7% - 9.99%	10% - 10.99%	4
Debt to Equity Ratio (Total Liabilities/Net Assets)	0.242	.40 - .49	.50 - 1.19	5
Revenue to Expenses (Total Revenue / Total Expense)	0.95	1.03 - 1.0599	1 - 1.0299	4
Current Ratio (Current Assets/Current Liabilities)	9.20	1.80 - 2.39	1.4 - 1.79	5
Cash to Avg. Mo. Expense (Days) (Cash + ST Invest/Total Expenses)	36.3	80 - 89.99	50 - 79.99	3
Fund Balance Reserve (Net Assets / Ave. Monthly expenses- including CGS)	8.32	6 - 6.99	4 - 5.99	4
% of Revenue from ADAMH (ADAMH Revenue/Total Revenue)	14.6%	< 55.0%	70% - 55%	5
				4.3

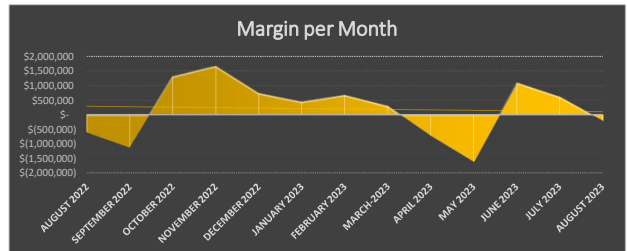
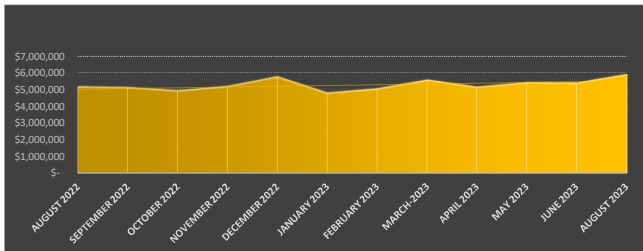
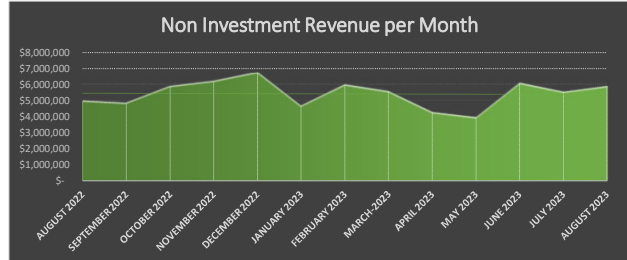
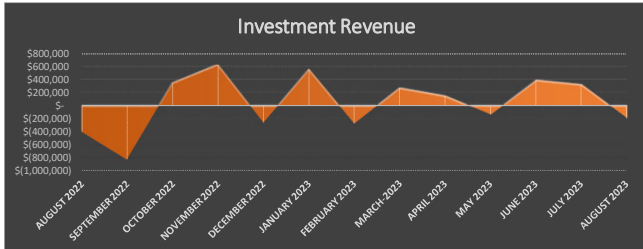
Index Coding
5 - Excellent
4 - Good
3 - Fair
2 - Poor
1 - Correction Required

Historical Ratio Dashboard
For the period ended July 31, 2023



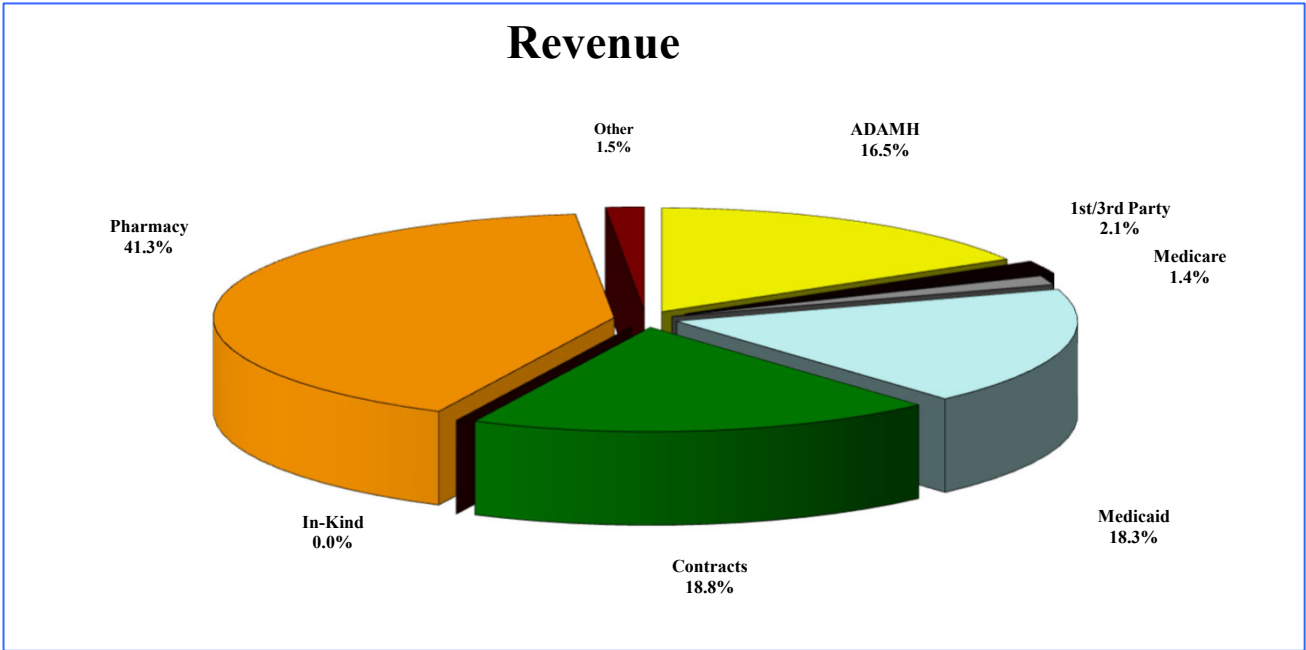
Ratio	Formula	Description
Current Ratio	(CURRENT ASSETS/CURRENT LIABILITIES)	Ability to pay current debt with current assets; 2 to 4 is standard.
Revenue over Expense Margin	(YTD REVENUE/YTD EXPENSES)	Indicates revenues (net income) over expenses; Over 1.03 is excellent.
Assets to Liabilities	(TOTAL 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**

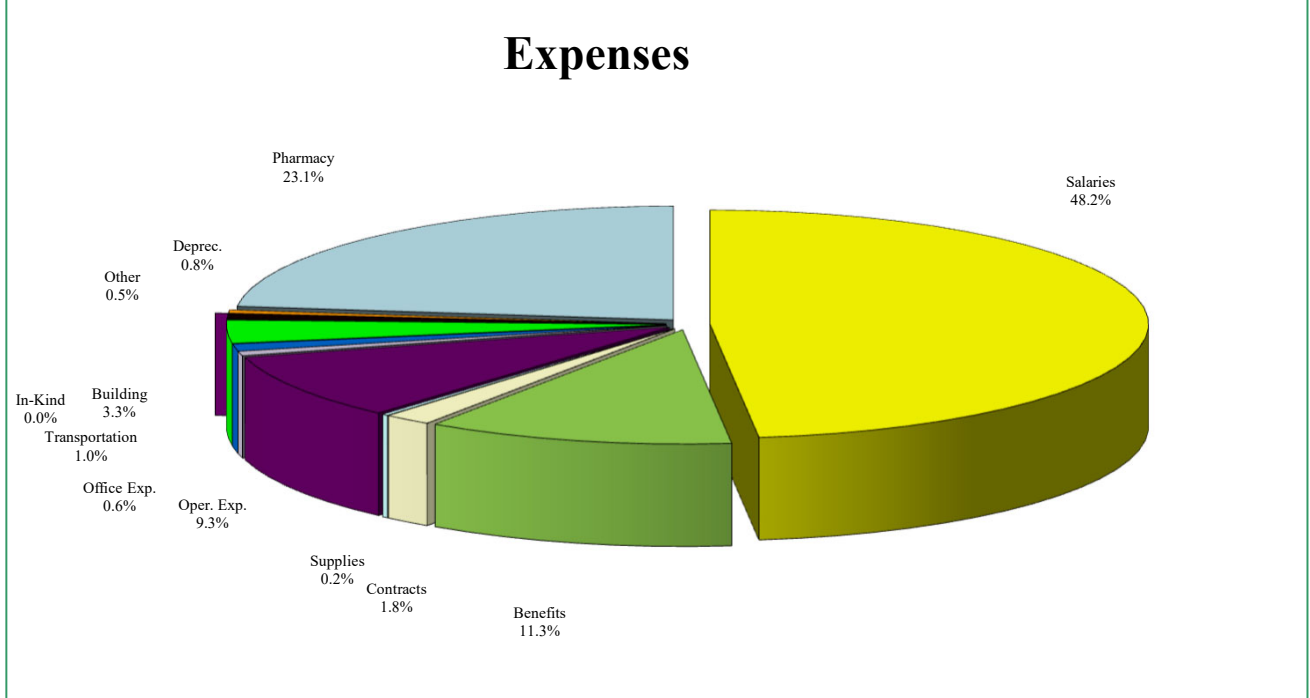


Southeast, Inc. Revenue & Expenses by Category

YTD FY 2024 TOTAL CONSOLIDATED REVENUE \$11,469,779



YTD FY 2024 TOTAL CONSOLIDATED EXPENSES \$10,939,122



Effective Date: 1/1/91
Issue/Revision Date: 07/26/2023
Reviewed Date: 01/05/07
Supersedes: 6/1/94, 12/00, 11/01/03

Approved by: Board of Directors
Signatory : President & CEO

FINANCIAL REPORTING

PURPOSE:

The purpose of the agency's financial reporting is to provide information about the agency's financial status and performance to Southeast's Board of ~~Trustees~~ Directors, management, staff, funding agencies, governments and the public.

POLICY

It is the policy of Southeast to provide financial reports to Board Committees, the Board of Directors, management staff, funders and the public as required by law, rule or regulation.

PROCEDURES:

1. The Chief Financial Officer or designee shall prepare agency financial reports on the accrual basis of accounting in accordance with Generally Accepted Accounting Principles.
2. The Chief Financial Officer or designee will maintain a computerized accounting system that includes ledgers and journals to record and provide an audit trail for all financial activity impacting the agency's trail balance.
3. The Chief Financial Officer or designee shall prepare and provide financial reports to external entities as mandated by Federal, state, county, city or other funders as contractually required.
4. The Chief Financial Officer or designee will provide the Executive Staff with detailed internal financial reports and data as scheduled or deemed necessary. The Chief Financial Officer or designee will also provide Financial Report training/commentary to the Southeast staff, Finance Committee, Board of Directors, and funders as necessary.
5. A Statement of Financial Position and Statement of Activity are prepared by the Chief Financial Officer (or designee) monthly on an accrual basis in accordance with Generally Accepted Accounting Principles. The Statement of Activity will include comparisons to the budget.

6. These statements are presented to the Finance Committee and the Board of Trustees at each month's meeting for approval by the Board of Directors. Approval of the statements will be reflected in the minutes of the Board of Directors.
7. Additional financial reports, graphs and charts will be presented to the Finance Committee and Board of Directors as deemed necessary.

RESPONSIBILITIES:

Chief Financial Officer
Controller

FORMS:

None cited

American Rescue Plan Health Center Construction and Capital Improvements Revised Proposal – HRSA

Funding Source: Health Resources & Services Administration (HRSA)
Funding Opportunity: Fiscal Year (FY) 2021 American Rescue Plan Health Construction and Capital Improvements (ARP – Capital), HRSA-21-114
Funding Amount: \$583,347 (based on formula of \$500,000 base award plus \$11 per patient as reported in 2019 UDS – SE reported 7,577 patients).
Match Required: No
Project Period: September 1, 2021 – September 14, 2024
<p><u>Program Summary</u></p> <p>Southeast was awarded \$583,347 through the fiscal year (FY) 2021 American Rescue Plan – Health Center Construction and Capital Improvements (ARP-Capital) funding opportunity. The purpose of this one-time funding opportunity is to support construction, expansion, alteration, renovation, and other capital improvements to modify, enhance, and expand health care infrastructure.</p> <p>Southeast had initially planned to use HRSA capital funding to renovate the offices that are part of the garage located at 86 N. Front St. so that the Bridges to Opioid Recovery (BOR) program could be relocated there. This location was approved by HRSA as a temporary health center site for COVID-19 testing in response to the pandemic. However, due to the impact of inflation and other challenges such as a fire that occurred at 86 N. Front St. last year, Southeast has decided not to move forward with the project originally proposed. Southeast will submit a change in scope to HRSA in the near future to formally remove the 86 N. Front St. site from our scope of services because we are not proceeding with the renovation project there and the site is no longer being used for COVID-19 testing purposes.</p> <p>HRSA has invited Southeast to submit a revised proposal so that HRSA capital funding can be used for a different project/site. Southeast will propose to use these funds to cover planned alterations/renovations and equipment purchases at the 16 West Long Street site. Below is a summary of the planned activities:</p> <ul style="list-style-type: none"> • <u>1st Floor and patient lobby renovations to enhance environment for patient care:</u> <ul style="list-style-type: none"> ○ Entrance door renovation – estimated cost \$3,925 ○ Lobby reception area installation of laminate countertop – estimated cost \$14,025, 1056 sq ft ○ Primary care patient intake area wall renovation – estimated cost \$8,635, 18 sq feet ○ Lobby/hallways interior painting – estimated cost \$13,535, 8100 sq ft ○ Metal detector installation in entrance vestibule area to ensure safety of patients and staff – estimated cost \$8,710 ○ Installation of new flooring in Apothecare pharmacy and patient exam rooms – estimated cost \$36,786.45, 1350 sq ft • <u>3rd Floor renovations:</u> <ul style="list-style-type: none"> ○ 3rd floor air exchange/heating and cooling makeup air unit installation to replace existing HVAC system – estimated cost \$150,000 ○ 3rd floor installation of new flooring – estimated cost \$7,634.50, 900 sq ft ○ 3rd floor staff training room installation of new carpet and flooring – estimated cost \$21,781.38, 2998 sq ft • <u>6th Floor renovations:</u> <ul style="list-style-type: none"> ○ 6th floor hallway installation of new flooring – estimated cost \$6,950.50, 900 sq ft

- Other renovations:
 - Replace five heat pumps (includes three 5-ton heat pumps, one 4-ton heat pump, and one 3-ton heat pump) – estimated cost \$80,000
- Equipment:
 - Spirometry Machines to evaluate patient lung function (machine also doubles as an EKG) – 8 machines at unit price of \$6,500 each, total cost of \$52,000
 - Pharmacy Blister Pack replacement machine. Southeast’s Apothecare pharmacy in Columbus uses a blister packing machine to automate the filling of many prescriptions. A medication blister pack is an automated process that packages doses of medication. Medication blister packs ensure that the right medication dose is available at the right time in the most efficient way. This process assists in improving efficiency with speed and accuracy and assists in increasing medication adherence. The current machine is obsolete and needs to be replaced. – estimated cost of \$247,000
- TOTAL REVISED PROJECT COST: \$650,982.83
 - While this total exceeds the HRSA award amount of \$583,347, SE will use other funding to cover the difference.

Financial Impact on Southeast

Funding is provided as an expense-based block grant. There is no requirement that Southeast provide matching funds.

Change in Scope - Proposed Action

RESOLVED, the Board of Directors of Southeast Healthcare hereby approves the submission of a change in scope to HRSA to remove the health center service site at 86 North Front Street, Columbus, OH, 43215.

ARP Capital Funding Proposal - Proposed Action

RESOLVED, the Board of Directors of Southeast Healthcare hereby approves the submission of a revised proposal to HRSA requesting to use FY 2021 American Rescue Plan Health Construction and Capital Improvements funding for alterations/renovations and equipment purchases at the health center site located at 16 West Long St, instead of the originally proposed project at 86 N. Front St;

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 obtain approval of the revised project.