



**Board of Directors Meeting
Wednesday, November 22, 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>		
Board By-Laws	✓	✓
Ratification of Executive Committee FOH Capital Grant and Policy	✓	✓
Executive Committee Minutes Approval	✓	✓
Nominating Committee- Present Slate at December Meeting		
<u>President and CEO Report</u>		
HRSA Visit and Form 5A		✓
Table of Organization	✓	✓
OhioMHAS Director Resignation		
<u>PROGRAM / QI COMMITTEE</u>		
LabCorp Satisfaction Survey	✓	✓
Continental Message Services (CMS) Satisfaction Survey	✓	✓
Ryan White Part B Non-compete Renewal Application (with Finance)	✓	✓
HRSA Bridge Vaccine Funding (with Finance)	✓	✓
HRSA Quality Badge (CHQR)		
<u>FINANCE</u>		
Financials	✓	✓
FOH Elevator Procurement Summary	✓	✓
Ryan White Part B Non-compete Renewal Application (with Program)	✓	✓
HRSA Bridge Vaccine Funding (with Program)	✓	✓
<u>HUMAN RESOURCES COMMITTEE</u>		
Affirmative Action Report	✓	✓

GOOD THINGS

At the SID annual meeting held on 11/09/2023 James Alexander was recognized for outstanding service for his work with individuals with substance abuse disorders and 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.

The Franklin County ADAHM Board has awarded Southeast \$100,000 from the Capital Fund for Carpenter and Redmond House.

Southeast was awarded 2 Community Health Quality Recognition (CHQR) badges this year for Access Enhancer and Health Disparities Reducer. The awards are based on data from the 2022 Uniform Data System (UDS) reporting period. CHQR badges recognize health centers that have made notable achievements in the areas of access, quality, health equity, health information technology, and COVID-19 public health emergency response for the most recent UDS reporting period.

Sandy Stephenson and Southeast received a Thank You Letter from Attorney General David Yost for our participation during the statewide initiative, "Operation Buyer's Remorse", on September 25-30, 2023.

Southeast staff are currently participating in Trees of Gratitude and the Candy Corn to Candy Cane Challenge!

EXECUTIVE SESSION

Adjournment

**denotes emailed later*



**Board of Directors
Meeting Minutes
October 25, 2023, 11:00 AM
Virtual GoToMeeting**

Members Present:

Rev. Tony Burns, Chairperson
Angela Fry, VP
Eileen Goodman, Secretary
Dave Lane, Immediate Past
Chair
Pat Halaiko
Tom Shanahan
Don Strasser
Kim Krone
Sarah Lenkay
Steve Sielschott

Members Excused:

Kori Manus, Treasurer
Kate Hamilton
Art DeLeon

Absent:

SE Staff:

Bill Lee, President and CEO
Rebecca Carr, CFO
Sandy Stephenson, Special Projects
Director
Kim Cooksey, Clinical Director of SPMI
Services
April Welch, Executive Assistant

Call to Order: Tony Burns called the meeting to order at 11:03 am.

Approval of Board Minutes – Tony Burns moved to approve the September board minutes, and Pat Halaiko seconded. Motion approved.

Board Chair’s Report – Tony Burns

Board By-Laws Policy Update

Bill Lee reviewed proposed changes to the Board By-Laws. The By-Laws will be approved at the November Board Meeting. No motion needed.

Governing Body Responsibilities Policy

Bill Lee presented the Governing Body Responsibilities Policy and noted track changes.

Motion

Dave Lane moved for approval of Governing Body Responsibilities Policy. Pat Halaiko seconded. Motion approved.

Conflict of Interest Policy

Bill Lee reviewed the Conflict of Interest Policy and noted track changes.

Motion

Dave Lane moved for approval of Conflict of Interest Policy. Pat Halaiko seconded. Motion approved.

The November Board meeting is scheduled for 11/22/2023; Bill Lee opened the floor to the Board to vote on moving the meeting due to the Thanksgiving holiday. The Board has decided to keep the original date of 11/22/2023 for the November Board Meeting.

President and CEO Report – Bill Lee, President and CEO reviewed the Strategic Plan, the HRSA site visit and the December Annual Board Meeting.

Bill Lee reviewed key elements of Southeast's Strategic Plan. Bill reminded The Board of the HRSA visit December 5th through December 7th and to be prepared for questions from HRSA. The Board was also reminded of the HRSA requirement of 51% of members are to receive services from Southeast.

Bill Lee opened the floor to the Board to ask for recommendations for the December date of the Annual Board Meeting. April Welch will send Board a Survey Monkey to vote on a date.

Program Committee

Angela Fry presented the Direct Services for Victims of Human Trafficking Grant, Hours of Operation, HRSA Form 5A and the Safety Plan: Emergency Management and Communication Plan and Environment of Care Plan and Goals.

Direct Services for Victims of Human Trafficking Grant (with Finance)

Angela Fry presented the Direct Services for Victims of Human Trafficking Grant. The Ohio Department of Public Safety (ODPS), Office of Criminal Justice Services (OCJS) is seeking applications to provide direct services to victims of human trafficking. The purpose of this grant program is to support the development, expansion, and strengthening of victim service programs specifically serving victims of human trafficking in Ohio. Southeast plans to request OCJS funding to expand our existing outreach efforts to survivors of human trafficking provided by the HOPE Task Force in partnership with the RREACT program. HOPE Task force staff members regularly engage with survivors and participate in the Central Ohio Reach and Restore Coalition (CORRC) which is led by the Salvation Army. The Salvation Army is supportive of an application by Southeast to OCJS to expand the range of services and support available to survivors in Central Ohio. Funding will be used to add a 1.0 FTE Case Manager assigned to the project to work specifically with survivors of human trafficking. Ideally the individual hired for this position will have lived experience as a survivor of trafficking. Funding will also be used to expand the availability of financial assistance for survivors to address barriers such as emergency relocation costs/rental assistance, transportation, and groceries/personal care items.

Southeast can apply for up to \$200,000 for grant period 1/1/2024 – 6/1/2025 (17 months), Funding will be provided as an expense-based block grant. There is no requirement that Southeast provide matching funds.

Proposed Action

RESOLVED, The Board of Directors of Southeast Healthcare hereby approves the submission of an application through the Direct Services for Victims of Human Trafficking Grant Program to the Ohio Department of Public Safety (ODPS), Office of Criminal Justice Services (OCJS), for up to \$200,000 by 11/8/2023.

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

Angela Fry moved to approve the application through the Direct Services for Victims of Human Trafficking Grant Program. Dave Lane seconded. Motion approved.

Hours of Operation

Angela Fry gave an overview of the updated Hours of Operation. This summary of service sites and hours of operation was reviewed and approved by the Board of Directors at last month's meeting, but after approval we noted that the address listed for the Morrow County (Mt. Gilead) site was incorrect. The hours of operation for our Eastern Ohio sites have also been revised. This version of the document has been revised with the corrected address and hours.

Recommended Action

RESOLVED, The Southeast Healthcare Board of Directors approves the proposed hours of operation for all FQHC and non-FQHC service sites.

FURTHER RESOLVED, The Southeast Healthcare Board of Directors approves the submission of a change in scope to HRSA to update Form 5B: Service Sites to reflect the FQHC site hours of operation.

Motion

Angela Fry moved to approve the Hours of Operation for all FQHC and non-FQHC sites and the update and submission of HRSA Form 5B. Tom Shanahan seconded. Motion approved.

HRSA Form 5A Update

Angela Fry reviewed the HRSA Form 5A. As part of our preparation for the upcoming HRSA site visit in December, Southeast has reviewed our scope of services to ensure accuracy. Form 5A lists the required and additional health services a health center provides, as well as the service delivery methods for each service. A health center may deliver services directly to patients, through formal contracts and agreements, or through formal written referral arrangements. Services listed in column 1 are directly provided by the health center, services listed in column 2 are provided through formal written contracts/agreements (for which the health center pays), and services listed in column 3 are provided through formal written referral arrangements (for which the health center does not pay). Health centers are required to ensure all patients have access to all required services, either directly or through contracts/referral arrangements listed on form 5A. Based on our review of form 5A, Southeast proposes to submit a change in scope to HRSA to remove "Coverage for Emergencies During and After Hours" from column 2 as a contracted service. Southeast has received conflicting guidance regarding this service type from HRSA surveyors during previous site visits. At one of the previous site visits, Southeast was advised that "Coverage for Emergencies During and After Hours" should be listed in column 2 because the after-hours answering service interacts directly with patients. However, we now understand that HRSA's guidance has changed since that time and a service should no longer be listed in column 2 simply based on patient interaction. Services should only be listed in column 2 if there is a clinical service or judgement being rendered.

Southeast reviewed our current form 5A with a consultant at OACHC who has advised us to remove this service type from column 2 as a contracted service because Continental Messaging Solutions (CMS), Southeast's after-hours answering service, does not actually provide a clinical service. Rather, CMS refers the call to the on-call Southeast provider who remains responsible for exercising professional judgement in assessing the patient's need for emergency medical care and following up with the patient. Because this follow-up is being managed by a Southeast

provider, the service is being provided directly and should only be listed in column 1 as a direct service.

Proposed Action

RESOLVED, the Board of Directors of Southeast Healthcare hereby approves the submission of a change in scope to HRSA to remove “Coverage for Emergencies During and After Hours” as a contracted service from column 2 of Form 5A.

Motion

Angela Fry moved to approve the change in scope to HRSA Form 5A. Pat Halaiko. Motion approved.

Emergency Management and Communication Plan

Angela Fry presented the Emergency Management and Communication Plan. The Southeast Board is required to review and approve our Emergency Management Plan (EMP) and Communication Plan. The plan was significantly revised last year and there are no changes to the plan presented. The Communication Plan, Attachment C, has been updated to reflect current staff positions. The Quality Council has reviewed and approved the plan.

Motion

Angela Fry moved to approve the Emergency Management Plan and the Communication Plan for CY 2024. Dave seconded. Motion approved.

Environment of Care Plan (formally Safety Management Plan) and Goals

Angela Fry reviewed the Environment of Care Plan and Goals. The Southeast Board is required to review and approve our Environment of Care (EOC) Plan and goals. The plan was significantly revised last year and there are no changes to the plan presented but the goals were updated. The Quality Council has reviewed and approved the plan and goals.

We have revised the goals as follows:

Goals Removed:

- Ensure staff are knowledgeable about the use and location of spill kits. This is now part of ongoing training.
- Have alternative locations in place in case of emergency. These locations have been determined.

Goal Added:

- Re-evaluate the panic system at each location.
 - Ensure staff understand the phone panic and page system as it relates to their work location(s).

Motion

Angela Fry moved to approve the Environment of Care Plan and goals for CY 2024. Pat Halaiko seconded. Motion Approved.

Finance Committee

Dave Lane presented the Financials, Alternative Lifestyles Audit, 401k Audit and the Investment Analysis.

Financials:

Dave Lane yielded floor to Rebecca Carr to review Financials.

Rebecca Carr presented the finance packet for October 2023. Net revenue for the month of September was \$51,070. Operating net income was \$147,818. Investment decreased in value \$427,810. The cash balance increased in September to 3.6 million. Audit fieldwork will hopefully be completed by the beginning of November. A corrected accounts receivable amount will be reflected on the June 20, 2023, financial statement and we will begin to book gross revenue minus adjustments and allowance to the financial statements after the audit is complete. We continue to streamline processes in both the billing and accounting departments. The goal is to decrease costs associated with tasks and to have accurate reporting for each program to monitor financial performance. We continue to review Practice Management reports to determine accuracy so that revenue can be appropriately booked to the financial statements and accounts receivable reflected appropriately moving forward. In addition, we have worked with the county ADAMH boards to ensure the amount posted to our financial statements for those contracts are accurately reflected.

Motion:

Dave Lane moved to approve financials for October 2023. Pat Halaiko seconded. Motion approved.

Alternative Lifestyles Audit

Dave Lane yielded floor to Rebecca Carr to review the ALS Audit.

Rebecca Carr reviewed the findings of the Alternative Lifestyle Audit. Alternative Lifestyle Audit (ALS) was completed by Forvis, which assesses the statement of financial position as of June 30, 2023, and the related statements of activities, functional expenses, and cash flows for the year then ended, and the related notes to the financial statements. No notes or suggestions were given for the Summary Schedule of Current Year Findings or the Summary Schedule of Prior Year Findings.

Motion:

Dave Lane moved to approve the Alternative Lifestyle Audit results. Angela Fry seconded. Motion approved.

401k Audit

Dave Lane yielded floor to Rebecca Carr to review the 401k Audit.

Rebecca Carr reviewed the 401k Audit. Southeast's 401k audit has been completed. Net assets available for plan benefits for the end of the year 2022 are \$12,297,608 while in 2021 net assets was \$14,560,665. No issues were noted.

Motion:

Dave Lane moved to approve the findings of the 401k Audit. Pat Halaiko seconded. Motion approved.

Investment Analysis

Dave Lane yielded floor to Rebecca Carr to review the Investment Analysis.

Rebecca reviewed the Investment report for the first quarter of the fiscal year. As of 9/30/23 Southeast Investments total \$12,412,423.

Motion:

Dave Lane moved to approve the Investment Analysis. Sarah Lenkay seconded. Motion approved.

Human Resources Committee

Pat Halaiko presented the privileging of staff.

New Privileging

Latoi Habbas, Therapist

Dr. Steven Brezney, Assistant Medical Director/Physician

Motion

Pat Halaiko moved to approve the privileging of staff. Sarah Lenkay seconded. Motion approved.

Good Things

SEHC will be included in an interview on Fox 28 TV- Good Day Marketplace as a part ADAMH's drive to highlight school-based prevention investments across Franklin County. The interview will include Ashley Pittman (Reynoldsburg Student Services Administrator) and Elena Fisher (SEHC Prevention Specialist) and will air on 10/25.

Dr Jacobson was selected as a 40 under 40 of America's Top Young Dentists by Incisal Edge Magazine for Fall 2023

Sandy Stephenson received the Founders Award from OBHPN.

Adjournment – Tony Burns moved to adjourn the meeting.

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

Eileen Goodman, Secretary

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Effective Date: March 9, 1978
Issue/Revision Date: 02/22/2023
Supersedes: 12/14/93, 9/26/94, May 6, 2002, 06/07/04,
September 09, 2008, 11/01/2010, 01/03/11, 04/01/13, 9/10/13, 8/1/15, 6/6/16, 9/12/16, 9/12/16, 09/16/19, 2/23/22

Approved by: Board of Directors
Signatory: Chief Executive Officer

ARTICLE I

NAME, MISSION AND LOCATION OF CORPORATION

Section 1. Name. The name of this corporation shall be Southeast, Inc.

Section 2. Mission. Southeast, Inc. is a comprehensive provider of mental health, chemical dependency, healthcare, and homeless services assisting diverse populations regardless of their economic status. With the belief that all people have the capacity to grow and change, we provide our services to people of all ages, cultures, races, religious preferences, genders, and sexual orientations in order to enhance wellness and recovery, thereby improving families, workplaces, and communities.

Section 3. Service Area. The primary areas to be served by this corporation are Franklin, Delaware, Morrow, Tuscarawas, Carroll, Belmont, Harrison, and Monroe Counties, Ohio. The Corporation may contract to serve other areas from time to time as appropriate and consistent with the health and human services needs of people and communities.

Section 4. Office Location. The principal office of the corporation is to be located within Franklin County.

Section 5. Non-Discrimination Provisions. The corporation will not discriminate regarding employment, appointment, or election to the Board of Directors or as an Officer, or to be a member of the corporation on the basis of race, color, national origin, ancestry, religion, veteran status or veterans of the Vietnam-era, ethnicity, age, gender, gender identity, disability, marital status and/or sexual orientation. Services will not be denied on the basis of race, color, religion, veteran status or veterans of the Vietnam-era, ethnicity, age, national origin, gender, gender identity, disability, marital status and/or sexual orientation.

ARTICLE II

PURPOSE

Section 1. The purpose of this corporation shall be:

- a. To establish, equip, staff, maintain and operate comprehensive healthcare services exclusively for charitable purposes and for not-for-profit purposes;

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- b. To provide a comprehensive range of coordinated and integrated mental health, chemical dependency and physical health care services; and, to provide human and social services including vocational, employment and emergency shelter and housing interventions for people who are homeless;
- c.. To cooperate and/or contract, when necessary, with public, not-for-profit, and for-profit organizations to provide needed services;
- d. To provide opportunities for training and research in the areas of health, vocational and homeless services;
- e. To provide, administer and foster programs for the prevention of illness, and the promotion of wellness and recovery;
- f/. To assure the maximum utilization of all existing resources and initiate services not in existence for the benefit of persons living in the geographic areas served by the organization;
- g. To solicit and receive direct and indirect contributions from private and public sources, to be used exclusively for the exercise or performance of the not-for-profit purposes for which this corporation is formed;
- h. To provide education, training, internship and residency opportunities; and
- i. To do any and all things incident and appropriate to the foregoing purposes .

ARTICLE III

BOARD OF DIRECTORS

Section 1. Governing Powers. The property and affairs of the corporation shall be managed and controlled by a Board of Directors and such officers and agents as they shall from time to time duly elect and appoint. The Board shall retain full authorities, responsibilities, and functions as prescribed in legislation and/or regulations of all local, state, and federal funding authorities including but not limited to: Board composition; executive committee function and composition; selection of Board ~~President~~~~Chairperson~~; selection of Board members; strategic planning; approval of the annual budget; selection/dismissal and evaluation of the President & CEO/~~Executive Director~~; adoption of policies and procedures for personnel and financial management and policies for all other enterprise operations; establishment of organizational priorities; establishment of eligibility requirements for consumer/patient partial payment for services; adoption of organization's healthcare policies including scope and availability

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of services, sites and locations, hours of operation and quality of care and quality improvement/assurance plan.

Section 2. Number and Qualifications. The Board of Directors shall consist of no fewer than nine (9) members and no greater than twenty-five (25) who have interest in the mission of the organization. In the event board membership falls below 13, at least one board member must be added within three (3) months. The members shall be residents, be employed, or have a nexus of interest in areas in which Southeast, Inc. is a service provider. No fewer than fifty-one percent (51%) of members of the Board will receive services from the organization's Federally Qualified Health Center, and as a group, will be representative of the Health Center's service area. The user members must live or work in the Health Center's service area. The Board shall provide representation of service area residents taking into consideration geographic location, age, gender, economic, consumer and patient status, race and ethnic origin, and sexual orientation of the service area population. At least one member will be a person who is homeless or formally homeless. A majority of non-patient board members shall not derive more than 10% of their annual income from the healthcare industry. No person shall be eligible for membership on the Board of Directors of Southeast, Inc. if he/she holds another position or board membership which is incompatible with Board membership of this corporation as this conflict of interest is defined in an Attorney General's opinion or regulations of the State of Ohio. Directors will sign a conflict of interest statement annually. No person is eligible to be elected to Board membership if an immediate family member holds a current Southeast, Inc. Board of Directors membership.

Section 3. Election, Vacancies, and Orientation. Elections to the Board of Directors shall be made and vacancies, including Board Officer vacancies, shall be filled by the nominating and selection procedure of the Board of Directors of Southeast, Inc. Should the Board ~~Chairperson~~~~President~~ resign, the Vice-Chair shall assume the position as ~~President~~~~Chairperson~~ of the Board. No Board Member shall be appointed by a third party. Opportunity shall be open to all members of the Board to make recommendations to fill a vacancy to the chair of the Nominating Committee. Upon the recommendation of the Nominating Committee, a vacancy shall be filled by action of the remaining members of the Board of Directors. All newly elected Directors shall participate in an orientation process.

Section 4. Term of Office. The term of office of a Director shall be up to twelve (12) automatically renewing one-year terms beginning on the date of election to the Board. Board members who do not wish their term to renew shall notify the Board President in writing. At the completion of twelve (12) terms, a Director must retire from the Board. Any retired Director shall be eligible to re-apply for Board membership after an absence of one full year. During the one-year absence, a retired Director shall be eligible to serve on ad-hoc committees as appointed by the Board ~~President~~~~Chairperson~~ or President & CEO. Notwithstanding the foregoing, the ~~President~~~~Chairperson~~ of the Board shall be eligible to remain in that role to complete three (3) full one-year terms of office as outlined in Article V. Section 2. The immediate past ~~President~~~~Chairperson~~ of the Board

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shall be eligible to remain on the Board in the role of ~~President-Chairperson~~ Emeritus for at least one full year regardless of length of service.

Section 5. Leave of Absence: Board members may take a declared leave of absence for up to four (4) continuous months. Board members on a leave of absence for more than four (4) months, will be considered to have resigned and must reapply for Board membership.

Section 6. Resignation and Disqualification. Any member of the Board of Directors may resign by tendering a written resignation to the ~~President-Chairperson~~ of the Board. No person may sit on the Board who is an employee of the organization. **Former Board Members seeking employment at Southeast, Inc. must have resigned their position on the Board at least two years prior to applying for an employment position.** Any member will automatically vacate his/her position on the Board if he/she accepts a position or Board membership which is incompatible as defined in Section 2 of this Article. Any member who has an unexcused absence (no call, no show) from two (2) consecutive Board meetings, displays conduct detrimental to the Organization and its Mission, or is suspended or disbarred from participation Federal programs, may be removed from membership subject to review by the Nominating Committee with recommended action taken to the Board. The Executive Committee of the Board may introduce a motion to the full Board to terminate a Director/Officer for any action or behavior determined to be detrimental to the Organization.

Commented [WW1]: Conflicts with article 10 section 1

Section 7. Compensation. No officer or member of the Board shall receive compensation or payment except as reimbursement for funds actually expended in conduct of the business for the Board.

ARTICLE IV

MEETINGS

Section 1. Regular Meeting. The Board shall meet every month for a minimum of twelve (12) regular meetings per year. To be considered a Regular Meeting, a quorum must be present.

Section 2. Annual Meeting. The annual meeting of the Board shall be the regular meeting held in December.

Section 3. Special Meetings. Special meetings of the Board may be called by the President or at the request of any four (4) members and must include a quorum for transaction of business..

Section 4. Notice of Meetings. Notice of each regular meeting of the Board shall be sent by mail or email in advance of the meeting and shall include an agenda. Notice of

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special meetings may be made by mail or by telephone, or by email and shall give members at least forty-eight (48) hours notice and shall state the purpose of the meeting.

Section 5. Waiver of Notice. Before, at or after any meeting of the Board of Directors, any Director may, in writing, waive notice of any meeting and such waiver shall be deemed equivalent to the giving of notice. Attendance by a Director at any meeting of the Board shall be a waiver of notice by him/her of the time and place thereof. If all Directors are present at any meeting of the Board, no notice shall be required and any business may be transacted at the meeting. To the extent permitted by law, any lawful action of the Board of Directors may be taken without a meeting, if done pursuant to the unanimous consent of the Directors.

Section 6. Quorum. Seven (7) Board Members present at any Board meeting shall constitute a quorum of members for the transaction of business. Authority is given to the ~~President~~ Chairperson of the Board, or his/her designee, to poll by telephone or by email the members of the Board to determine the will of the Board on special or urgent matters. 100% of the membership must respond to the poll and a majority of the respondents must respond in the affirmative to approve proposed action. Such action shall be subject to formal approval at the next regular Board Meeting and such action shall be reflected in the minutes of the next Board meeting. Time sensitive urgent matters may be taken to the Executive Committee of the Board. Action of the Executive Committee must be presented to the full Board at the next scheduled meeting and ratified by the Board.

ARTICLE V

OFFICERS

Section 1. Designation and Election. The officers of the Board shall be a ~~President~~ Chairperson, Vice ~~Chairperson~~ President, Secretary and Treasurer. Officers shall be elected by the Board from membership of the Board at the Annual Meeting and shall take office immediately upon the conclusion of such meeting. The immediate Past ~~President~~ Chairperson shall be a designated officer of the Board.

Section 2. Term. The term of office for Officers shall be for one (1) year with opportunity for election to a maximum of three (3) consecutive terms. No elected officer may serve more than three (3) consecutive terms in the same office unless current elected officer has specific skills that benefit a specific officer role then the officer can be eligible to be elected to additional term.

Section 3. ~~President~~ Chairperson. The ~~Chairperson~~ President shall preside at all meetings of the Board and shall be an ex-officio member of all committees of the Board, except the Nominating Committee. The ~~President~~ Chairperson may designate the Vice ~~President~~ Chairperson to sit on such committees in his/her place. The ~~President~~

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Chairperson shall be the Chair of the Board and shall in addition exercise such authority and perform such duties as the Board may, from time to time, assign to him or her.

Section 4. Vice ~~President~~ Chairperson. The Vice ~~President~~ Chairperson shall perform the duties of the ~~President~~ Chairperson during the absence of the ~~President~~ Chairperson or the inability of the ~~President~~ Chairperson to discharge the duties of office, and shall perform such other duties as the ~~President~~ Chairperson or Board may from time to time assign to him or her.

Section 5. Secretary. The Secretary shall be responsible for the minutes and records of the meetings of the Board and shall perform such other duties as the President or Board may delegate, or from time to time may assign to him or her or as determined by the needs of the organization.

Section 6. Treasurer. The Treasurer shall have oversight of all monies and securities of the Board and may delegate these responsibilities with the approval of the Board. The Treasurer shall be responsible for assuring that sound fiscal policies are maintained concerning all funds of the Board and shall perform other duties as the President or Board may delegate or from time to time may assign to him or her.

Section 7. Immediate Past ~~President~~ Chairperson. The immediate Past ~~President~~ Chairperson shall provide historical perspective for the ~~President~~ Chairperson and the Board. In addition, the Immediate Past ~~President~~ Chairperson shall perform such other duties as the ~~President~~ Chairperson the Board may from time to time delegate or assign.

Section 8. President & CEO. The Board shall select, appoint, directly employ, evaluate, and/or dismiss a President & CEO who shall be directly responsible to the Board of Directors. The President & CEO shall be the President/Chief Executive Officer of the corporation and will be responsible for the day-to-day operation of corporate affairs. Board members and Board officers may not usurp or unnecessarily impinge upon the authority of the President & CEO for the day to day management and operation of the Organization. The President & CEO shall also be an ex-officio member, without vote, of the Board of Directors and other standing and ad hoc Committees as the Board may from time to time assign and direct. The general duties and responsibilities of the President & CEO shall be as follows:

- a. Day-to-day operations of all corporate affairs.
- b. Preparing and submitting to the Board of Directors an annual budget representing the projected operations of the Corporation.
- c. Administering the operational and fiscal affairs of the Corporation consistent with the policies as determined by the Board of Directors.

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- d. Recruiting, selecting, hiring, assigning, supervising, evaluating and removing when indicated, personnel of the Corporation.
- e. Negotiating and entering into contractual agreements on behalf of the Corporation as outlined and authorized by the Board of Directors.
- f. Preparing and presenting any and all manner of information and/or reports as may from time to time be assigned by the Board.
- g. Functioning as a staff resource to the Board in the formulation of Corporate policy.
- h. Performing any other related and/or appropriate duties and tasks as may be assigned by the Board of Directors.

The President & CEO's professional performance will be reviewed and evaluated annually by the Board of Directors.

ARTICLE VI
COMMITTEES

Section 1. Committee Memberships. It is expected that all Board members will serve on at least one committee of personal interest or ability based on the need of the organization. Members may serve on more than one committee. Each committee shall keep minutes of committee meetings. Committee memberships will be reviewed annually by the Board at the meeting following the annual meeting. Committees shall assume responsibilities delegated by the Board and shall make recommendations to the full Board with regard to authorities and responsibilities of the Board as defined in Article III, Section 1, Governing Powers. Committees will take all recommended action to the full board in the form of motions. Term limits for committee chairs and members will not exceed overall term limits.

Section 2. Standing Committees. In addition to those committees defined herein, the President Chairperson may appoint committees he/she feels are necessary from within the Board, to carry out the functions and purposes of the Board. Each committee shall consist of at least two (2) members of the Board.

Section 3. Special Committees. The President Chairperson may appoint committees he/she feels are necessary from without the Board, to carry out the functions and purposes of the Board. Each committee from without shall consist of at least two (2) members of the Board.

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Section 4. Executive Committee. The Executive Committee will be composed of the President, Immediate Past President, Vice President, Treasurer and Secretary. The Executive Committee will be chaired by the ~~President Chairperson~~ or, in his/her absence, the Vice ~~President Chairperson~~ or his/her designee. In the event the Immediate Past ~~President Chairperson~~ position is vacant, the Board will elect an at-large member to serve on the Executive Committee. The Committee will meet as determined by the ~~President Chairperson~~ to review and determine substantive matters of Board Policy and/or action for recommendation to the full Board. The Executive Committee may take action on behalf of the Board of Directors in emergency situations, or when the Board cannot meet and delay would have a detrimental effect on operations of the Corporation. Such action will be reviewed by the full Board at the next scheduled meeting for ratification. The Executive Committee shall confirm all committee appointments made by the ~~President Chairperson~~ and provide counsel and advice to the ~~President Chairperson~~; other officers of the Board and President & CEO. The Executive Committee shall also serve as the Corporate Compliance Committee.

Section 5. Finance Committee. The Finance Committee shall be responsible for formulating, supervising and evaluating the fiscal policies of the corporation. The Finance Committee will be chaired by the Treasurer and shall meet prior to the regular meeting of the Board of Directors or as determined by the Treasurer. The Finance Committee shall also serve as the Audit Committee and shall be responsible for the hiring, review and oversight of the auditor's activity. The Finance Committee will review and recommend budget priorities and budget approvals to the full Board.

Section 6. Nominating Committee. The Nominating Committee shall present nominations for the election of officers at the Annual Meeting and shall serve for the following year to recommend individuals to fill vacancies. The Nominating Committee shall make recommendations to the Board regarding the appointment of new members and shall assure orientation for newly elected members of the Board.

Section 7. Program and Quality Improvement Committee. The Program and Quality Improvement Committee shall provide the ongoing review, evaluation and recommendation of Southeast service area needs and service delivery within Behavioral Health, Community Health Center (FQHC), Homeless Programs, Vocational Programs, and all other Human Services Programs. The committee shall evaluate patient satisfaction and client grievance reports and program and services outcome data and make quality improvement recommendations to the full Board for review and action. The Committee shall monitor and evaluate the Southeast Quality Improvement Plan and activities, review reports from the Southeast Quality Council and look for trends, potential problem areas or deficiencies and participate in the evaluation of corrective actions and make recommendations for further actions. Areas of focus will include service utilization and efficiency and at least an annual review of the Organization's Unified Data (UDS) as submitted to HRSA and the Health Center's scope and availability of services, sites and hours of service. The Program Committee, in cooperation with the President & CEO, will establish community advisory and

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advocacy committees if and when appropriate and as defined by the Board of Directors to meet a funder's contractual obligation. These committees will meet on a scheduled basis and will provide a means for flow of information both to and from the community and clients of Southeast.

Section 8. Human Resources Committee. The Human Resources Committee shall review and approve a system of personnel policies to guide the administration on personnel matters. The Committee shall review FQHC staff credentialing and all staff applications for privileging and make recommendations to the full Board. Personnel Policy and Procedures will be reviewed for update and/or amendment on an annual basis with a review and recommendations presented to the full Board. The committee will also serve as a consultative resource to the President & CEO and/or designee, relative to personnel administration matters and will regularly review the affirmative action reports of the organization. This committee is also responsible for conducting the annual performance evaluation of the President & CEO and annually reviewing staff officers' salaries and benefits and staff salary scales.

ARTICLE VII

FISCAL MANAGEMENT

Section 1. The fiscal year of Southeast, Inc. shall be July 1 to June 30 of each year.

Section 2. The Southeast Fiscal Audit shall be conducted by an independent accounting firm. Results of fiscal audits will be reviewed by the Finance Committee and reported to the full Board on an annual basis.

ARTICLE VIII

VOTING

Section 1. Each Board member shall have one vote. Members may be present in person, via phone or video. A simple majority at any duly called meeting of the Board at which a quorum is present at the time of the vote, will decide all other matters, unless otherwise specified herein. A Board member is required to abstain in a vote on any matter if the matter presents a conflict of interest. A Board member with a conflict of interest in any Board proceeding shall not participate or be present in the discussion and shall not be present for the vote. Any Board member on a leave of absence is not eligible to vote.

Section 2. A two-thirds (2/3) majority of eligible members of the entire board membership is required for the approval of the following: amendments to the By-Laws, termination of the President & CEO, accepting a settlement in which the Board has

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standing equal to or greater than \$50,000, initiating a lawsuit, removing a Board member, or approving a merger or acquisition.

ARTICLE IX

EXPENSES

Section 1. It is clearly intended that this Board will operate on a not-for-profit basis. Neither the corporation itself nor members of the Board shall at any time receive compensation for any expenses except those incurred in the business of the Board.

Article X

CONFLICT OF INTEREST

Section 1. No Board member shall be an employee or an immediate family member of an employee of Southeast, Inc. No Board member shall be considered for employment in any position of Southeast, Inc., until at least ~~one year~~ **two (2) years** has elapsed since the person was a Board member.

Commented [WW2]: Changed to match Article III, Section 6 and governing board responsibilities policy

Section 2. No Board member shall discuss or participate in any Board action in which a conflict of interest exists due to a financial or other benefit that exists directly or indirectly with an immediate family member, the Board member's business or place of employment or with the Board member him or herself. In such situations, the Board member shall leave the Board meeting during any discussion of the action and vote.

Section 3. An immediate family member is defined as a person's spouse or domestic partner; parents immediate in-laws, children, siblings, grandparents, and grandchildren whether biological, through marriage or through adoption.

ARTICLE XI
DISSOLUTION

Section 1. Upon the dissolution of the corporation, the Board of Directors shall, after paying or making provision for the payment of all of the liabilities of the corporation, dispose of all of the assets of the corporation exclusively for the purposes of the corporation in such a manner, or to such organization or organizations organized and operated exclusively for charitable, educational, religious or scientific purposes as shall at the time qualify as an exempt organization or organizations under Section 501 (c) (3) of the Internal Revenue Code of 1954 (or the corresponding provision of any future

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United States Internal Revenue law), as the Board of Directors shall determine. Any of such assets not so disposed of shall be disposed of by the Court of Common Pleas of the county in which the principal office of the corporation is then located, exclusively for such purposes or to such organization or organizations, as said court shall determine, which are organized and operated exclusively for such purposes.

ARTICLE XII
BOARD RELATED DOCUMENTS

Section 1. Organizing documents, articles of incorporation, by-laws, amendments and minutes will be retained as long as the corporation is in existence. The most recent three years of Board minutes are kept in the Executive Assistant's office. Electronic minutes are stored on the server. Older paper records are archived.

ARTICLE XII
AMENDMENTS

Section 1. These articles may be amended by a two-thirds vote of the eligible members of the entire board membership and after written notice of the proposed changes has been distributed to the members at least two (2) weeks prior to the meeting.

Funding Opportunity Summary

Southeast Healthcare Board of Directors Executive Committee

November 2023

State Capital Budget Funding Request FY2025-2026 – FOH Shelter Renovations

Funding Source: State of Ohio		
Funding Opportunity: Capital Budget of the State of Ohio, FY2025-2026		
Funding Amount: up to \$150-200 million available statewide. No maximum request amount indicated.		
Deadline for Proposal: Proposal due to City of Columbus by 11/17/23; proposal due to State of Ohio by 12/18/23		
Award Start Date: 7/1/2024	Funding Period: 7/1/24 – 6/30/26	Renewal Available: No
<p><u>Program Summary</u></p> <p>The State of Ohio is currently accepting applications for funding through the state capital budget process for FY2025-2026. The state capital budget includes a portion of funding dedicated to local community projects that have a benefit and nexus to the state. The capital budget typically includes approx. \$150-200M for impactful, public-facing community projects across the state.</p> <p>Southeast was invited to submit an application through this process to cover the cost of proposed renovations at the Friends of the Homeless Men’s Emergency Shelter. Southeast will submit the proposal to the City of Columbus by 11/17 for consideration to be included in a consolidated funding request to be submitted to the State of Ohio. FOH is the oldest shelter currently operating in the City of Columbus. The facility is over 100 years old and has not been fully renovated for some time. Southeast will request funding to make a number of renovations and improvements to the facility to enhance staff workflow and maximize efficient use of the space available, with an emphasis on improved security and an improved environment for shelter residents and staff. The improvements will also contribute to the longevity of the facility.</p> <p>The proposed renovations include the following:</p> <ul style="list-style-type: none"> ● 1st floor <ul style="list-style-type: none"> ○ Redesign entrance to improve security, reconfigure staff workspaces to enhance workflow and provide greater visibility; add staff restroom ○ Expand restroom, reconfigure laundry room, update kitchen area ○ Relocate dental clinic to 1st floor ● 2nd floor <ul style="list-style-type: none"> ○ Convert conference room into isolation space for residents with infectious diseases ○ Reconfigure staff office space ○ Add beds to 2nd floor to reduce resident density on 3rd floor ○ Renovate staff restroom and expand resident restroom ● 3rd floor <ul style="list-style-type: none"> ○ Expand restroom ○ Convert single beds to bunk beds ● Shelter windows will also be replaced. The funding request will include proposed costs to relocate shelter residents while the project is underway. <p><u>Financial Impact on Southeast</u></p> <p>Funding will be provided as an expense-based block grant. Southeast has been invited to request funding to cover the full proposed project cost. CSB and City of Columbus funding can be used to provide a match if funding is awarded.</p>		

Funding Opportunity Summary

Southeast Healthcare Board of Directors Executive Committee

November 2023

Proposed Action

RESOLVED, The Board of Directors of Southeast Healthcare hereby approves the submission of an application requesting funding for FOH shelter renovations to the City of Columbus by 11/17/23 for inclusion in a proposal to the State of Ohio for funding through the capital budget for FY2025-2026;

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.

SOUTHEAST, INC.

Area: Southeast Overviews
Subject: Organizational Statement of Values and Ethics

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SE Doc#: 02.03.00.00

Effective Date: 3/28/94

Issue/Revision Date: ~~11/15/18~~ 11/15/23

Reviewed Date: 02/17/07

Supersedes: 3/28/94, 12/00, 05/06/02, 1/15/04, 11/7/16, 11/19/18

Approved by: Board of Directors

Signatory: Chief Executive Officer

ORGANIZATIONAL STATEMENT OF VALUES AND ETHICS

PURPOSE:

This document describes the organization's values and ethics for all areas of operations.

POLICY:

Values and **ethical** considerations must be integral components of Southeast, Inc. clinical, fiscal, and operational policies, procedures and processes. All Southeast activity is expected to be conducted with integrity, honesty, and a focus on this organization's Mission and Statement of Values and Ethics. The Statement of Values and Ethics will address, but not be limited to, ~~client~~patient admissions, ~~client and~~ patient services and referrals, marketing, fiscal and billing practices, and contractual relationships.

PROCEDURES:

1. Southeast will develop, maintain, and orient new staff to a Southeast Statement of Values and Ethics that is consistent with the Southeast Mission Statement. The Statement of Values and Ethics will be reviewed for changes and updates at least every two (2) years and approved by the Board of Trustees.
2. Values and ethics discussions, critique and debate are essential to the development of clinical programs, processes, operations, contractual relationships, and fiscal management. Such discussion, critique, and debate shall be encouraged at all levels of Southeast, Inc.
3. A review and discussion of the Southeast Mission Statement and Organizational Statement of Values and Ethics will be a part of the Employee Orientation and will be posted at all Southeast sites.

ORGANIZATIONAL VALUES:

1. An organizational and individual commitment to the value and legitimacy of people, including but not limited to race, gender, sexual orientation, gender identity, veteran status, disability, religion, age, and socio-economic diversity of people and communities.

SOUTHEAST, INC.

Area: Southeast Overviews
Subject: Organizational Statement of Values and Ethics

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2. An organizational commitment that acknowledges that traumatic experiences in our society and communities are widespread and that these experiences impact the overall behavioral, physical health and wellbeing of people. Southeast will operate with a trauma-informed philosophy that embraces the principles of safety, choice, collaboration, patient empowerment and trustworthiness within relationships with our patients and each other.

A trauma-informed organization embraces a structural and treatment framework that includes understanding, recognizing and responding to the effects of trauma. Trauma-informed organizations emphasize physical, psychological and emotional safety and help people impacted by trauma rebuild a sense of control and empowerment.

3. ClientPatient-centered services that focus on what the clientpatient needs and/or wants, the clientpatient's culture, and that consider the clientpatient's emotional, mental, physical, and spiritual well-being.
4. A "no eject, no reject" clinical policy and practice.
5. A primary focus on clientpatient strengths, including families and communities, in assessment, treatment planning, and treatment provision processes.
6. Programs and services that are accessible, available, affordable, appropriate, and acceptable to persons served by Southeast.
7. Respect and advocacy for clientpatient rights and dignity.
8. A customer service and satisfaction focus with the customer being broadly defined.
9. A commitment to quality improvement in our organizational and service environments for our staff and clientpatients.
10. A commitment to operate with fiscal and operational integrity, efficiency and effectiveness.
11. A commitment to the support and development of all staff to reach their maximum potential.

ORGANIZATIONAL ETHICS:

Southeast, ~~Inc.~~ is committed to insuring that the highest ethical practices are embraced by the staff and Board of Southeast, Inc.

SOUTHEAST, INC.

Area: Southeast Overviews
Subject: Organizational Statement of Values and Ethics

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1. Southeast shall at all times adhere to all client/patient information confidentiality laws and the Health Insurance Portability and Accountability Act (HIPAA) governing the organization and workforce members.
2. Southeast shall seek to insure all admissions to the organization are appropriate to the service and level of care required by the client/patient.
3. Southeast shall seek to continually improve its services, insuring high quality individualized client/patient care appropriate to the needs of the individual.
4. Southeast shall promote and market its services in ways which accurately reflect the organization's capacities.
5. Southeast shall seek to ensure that competent workforce members are providing services and that procedures are in place to assure competencies and to support workforce member development. All workforce members will meet state licensing, credentialing, or registration as required by their position and scope of duties; and workforce members will follow their professional code of ethics and conduct. Southeast workforce members shall adhere to Human Resources Policies and Procedures governing workforce members expectations.
6. Southeast shall seek to provide a safe environment for client/patients, workforce members, and visitors.
7. Southeast shall seek reimbursement for only the services provided and eligible for such reimbursement. Fraudulent billing and/or fiscal practices will never be tolerated.
8. Southeast shall adhere to written agreements and contractual relationships entered into by the organization and attempt to engage in a collaborative process to seek resolution to any dispute which may arise.
9. ~~Workforce members will be aware of and adhere to Conflict of Interest Policy and Procedures and expectations.~~ The President & CEO and all organizational officers must disclose to the Chair of the Southeast Board of Directors, in writing, any specifics of any plans to accept supplemental outside employment so that the Southeast Board may determine whether such outside employment or consultancy conflicts, or has the potential or appearance of conflicting, with the interests of Southeast. Prior approval of such outside employment or consultancy is required. Southeast executive staff must disclose the same to the Chief Human Resources Officer and the Chief Human Resources Officer will disclose to the President & CEO.
10. Workforce members will be aware of and adhere to Conflict of Interest Policy and Procedures and expectations.

SOUTHEAST, INC.

Area: Southeast Overviews

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10. Southeast shall not discriminate with regard to race, color, religion, age, ~~gender~~, national origin, disability, sexual orientation, gender and gender identity and/or veteran status.

RESPONSIBILITIES:

All workforce members

FORMS:

None cited



Executive Committee Meeting

November 17, 2023 4:00pm

GoToMeeting

Present: Tony Burns, Angela Fry, Eileen Goodman,

Staff Present: Bill Lee, Wendy Williams, Rebecca Carr

Tony opened the Executive Committee meeting.

State Capital Budget Funding Request FY2025-2026 – FOH Shelter Renovations

Wendy Williams presented State Capital Budget Funding Request.

The State of Ohio is currently accepting applications for funding through the state capital budget process for FY2025-2026. The capital budget typically includes approx. \$150- 200M for impactful, public-facing community projects across the state. Southeast was invited to submit an application through this process to cover the cost of proposed renovations at the Friends of the Homeless Men's Emergency Shelter.

Southeast will submit the proposal to the City of Columbus by 11/17 for consideration to be included in a consolidated funding request to be submitted to the State of Ohio. Southeast will request funding to make a number of renovations and improvements to the facility to enhance staff workflow and maximize efficient use of the space available, with an emphasis on improved security and an improved environment for shelter residents and staff. The improvements will also contribute to the longevity of the facility.

Funding will be provided as an expense-based block grant. If funded there would be a 30-year lean through OhioMHAS Southeast has been invited to request funding to cover the full proposed project cost. CSB and City of Columbus funding can be used to provide a match if funding is awarded.

RESOLVED, The Board of Directors of Southeast Healthcare hereby approves the submission of an application requesting funding for FOH shelter renovations to the City of Columbus by 11/17/23 for inclusion in a proposal to the State of Ohio for funding through the capital budget for FY2025-2026.

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

Tony Burns moved to approve the State Capital Budget Funding Request. Angela Fry seconded. Motion approved.

Organizational Statement of Values and Ethics Changes

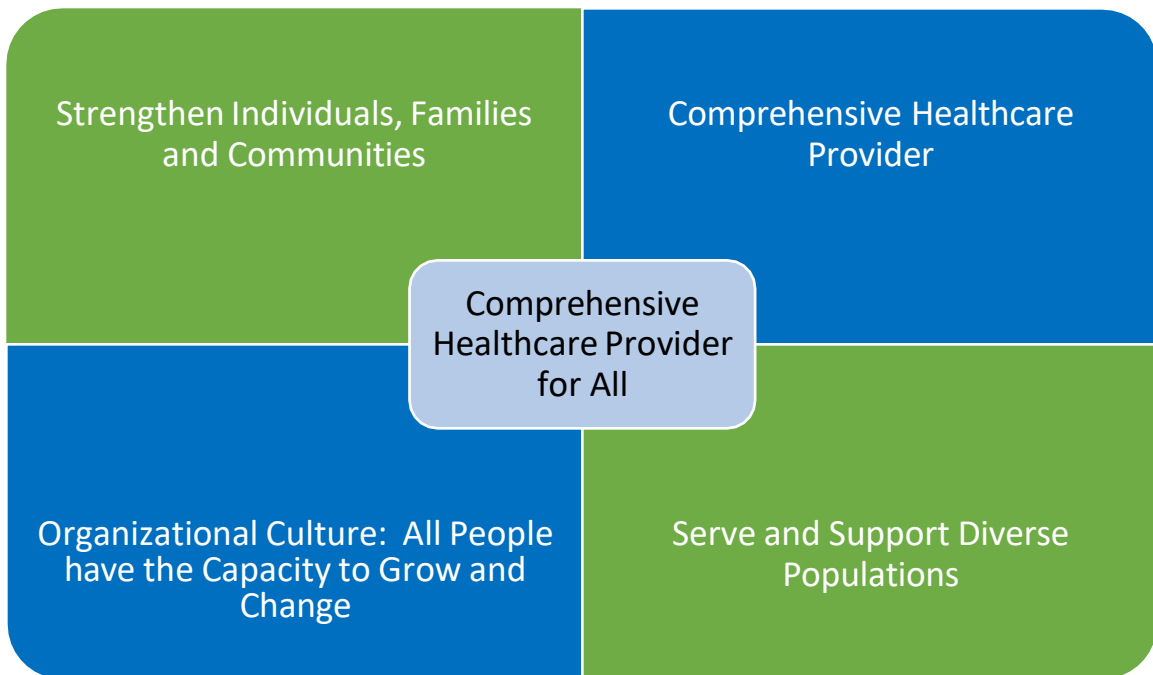
Wendy Williams presented the Organizational Statement of Values and Ethics Policy changes.

Changes to the Organizational Statement of Values and Ethics Policy include language changes and an update to the disclosure requirements.

Angela Fry moved to approve the Organizational Statement of Values and Ethics Policy. Eileen Goodman seconded. Motion approved.



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



Mission & Vision

Mission Statement:

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

Vision Statement:

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

Southeast Healthcare Values & Ethics

❖ Values

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

❖ Ethics

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

Focus Areas

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

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

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

Strategic Objectives

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

2023 Board Education

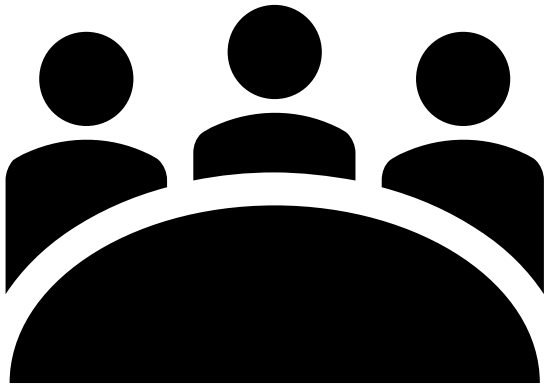
HRSA Organizational Site Visits



Roles and Responsibilities of the Health Center Board

- **Strategic Board Composition**- recruiting members, electing members, and staying engaged within the board.
- **Strategic Planning and Strategic Thinking**- approval of the mission, vision, and values, oversees strategic goals, and works with CEO.
- **Various Forms of Oversight**- the providing of guidance in areas of finance, quality, corporate compliance, and CEO.
- **CEO Oversight and Partnership**- the board hires, works with, evaluates, approves compensation, and partners with the CEO in day-to-day operations.
- **Policies**- the board approves bylaws and policies
- **Effective Board Functioning**- the board ensures meetings are effective, the culture is healthy, and that good governance is being practiced.
- **Resources and Partnerships**- the board helps to ensure resources for the health center, including reputational resources and/or financial resources.

Individual Duties of Members



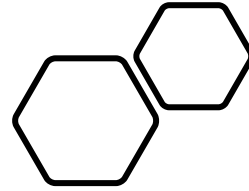
- Duty of Care- board members should use good judgement and act in manner for the best interest of the organization.
 - Examples:
 - Attend board and committee meetings and come prepared
 - Think independently
 - Review all data and health center finances, programs, and quality



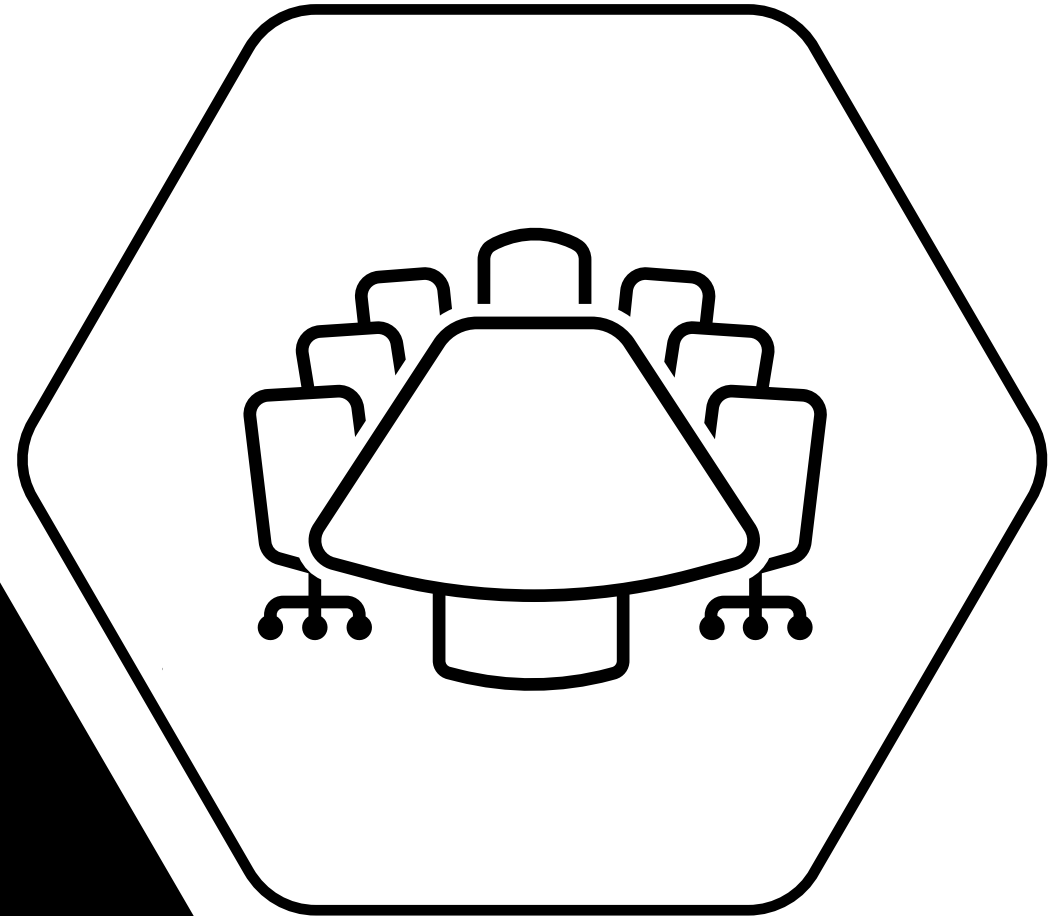
Individual Duties of Members

- Duty of Loyalty- board members are prohibited from using their position to benefit themselves, family members, or businesses. Board members must place the organization's interests and needs above all else.
 - Examples:
 - Annually review conflict-of-interest policy
 - Avoid using board opportunities for personal benefit
 - Always maintain all confidentiality of patient and organization's business matters

Individual Duties of Members



- Duty of Obedience- board members are required to be faithful to the organization's mission, to follow all laws, and abide by bylaws.
 - Examples:
 - Fully understand bylaws and participate in comprehensive orientation
 - Understand the mission of the organization
 - Be consistent with organization's mission, goals, objectives, and board decisions





Governance vs Management

- The board must govern, while the CEO's must oversee the management of the healthcenter. The board and CEO play different roles within the organization.

	Board /Governance	CEO/Management
Strategic Board Composition	<ul style="list-style-type: none"> • Ensures its own strategic composition • Ensures composition complies with requirements of the Health Center Program 	<ul style="list-style-type: none"> • Supports board in ensuring its strategic composition, has voice in recruitment
Strategic Planning and Strategic Thinking	<ul style="list-style-type: none"> • Participates in establishing the strategic plan • Approves strategic plan • Monitors progress of strategic plan • Engages in ongoing strategic thinking 	<ul style="list-style-type: none"> • Engages board and staff, as well as other stakeholders, in developing strategic plan • Implements strategic plan with staff • Works with board chair to include strategic issues on board agendas
Financial Oversight	<ul style="list-style-type: none"> • Approves budget • Monitors financials • Oversees audit • Approves certain policies 	<ul style="list-style-type: none"> • Prepares and proposes budget to board along with key financial staff • Manages health center in alignment with financial policies and budget guidelines
Quality Oversight	<ul style="list-style-type: none"> • Approves and revises quality assurance (QA) and quality improvement (QI) policies • Ensures follow-up taken regarding quality, patient grievances, etc. 	<ul style="list-style-type: none"> • Ensures staff manage the quality program
CEO & Staff	<ul style="list-style-type: none"> • Hires, provides oversight of CEO • Establishes CEO compensation • Approves certain personnel policies 	<ul style="list-style-type: none"> • Hires, manages rest of staff • Coaches staff
Policy	<ul style="list-style-type: none"> • Approves bylaws and certain policies 	<ul style="list-style-type: none"> • Makes recommendations to board regarding policy • Implements policies
Effective Board Functioning	<ul style="list-style-type: none"> • Ensures own functioning via effective meetings, committees, board culture • Demonstrates a commitment to effective governance practices 	<ul style="list-style-type: none"> • Supports board in accomplishing work by helping focus on important issues, advising on trends and compliance, providing information, etc.
Ensuring Resources and Partnerships	<ul style="list-style-type: none"> • Supports positive reputation • Approves major partnerships 	<ul style="list-style-type: none"> • Hires and oversees staff that handle communications • Manages partnerships

¹⁴ Barry S. Bader, "Distinguishing Governance from Management," *Great Boards* (Fall 2008).

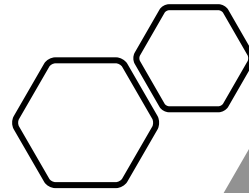
¹⁵ This table originally appeared in a NACHC Community Health Institute & Expo session titled, "Building and Maintaining an Effective Board-CEO Partnership" (2018).

Pillars of High-Performing Board



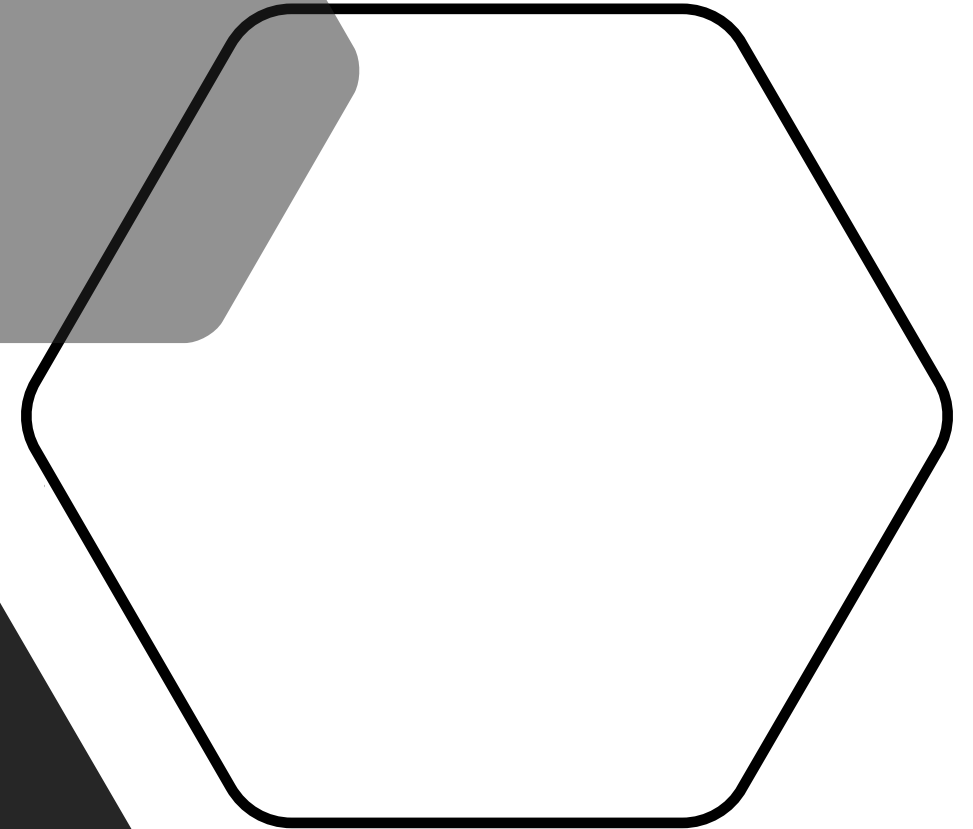
- Board-CEO Partnership
- Accountable to the Mission and a Focus on Organizational Sustainability
- Strategic and Diverse Board Composition
- Intentional Board Practices
- Healthy Board Culture
- Ongoing Learning
- Strategic Focus

References



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

[02d206b6f4525dd3c799e53c1c3fcff
5.pdf \(digitellinc.com\)](https://www.nachc.org/files/media/documents/2017/02/02d206b6f4525dd3c799e53c1c3fcff5.pdf)



Board Authority

Operational Site Visit Prep



Demonstrating Compliance

It is required that governing health center boards demonstrate compliance on all requirements. Compliance must be achieved and outlined in proper documents:

- Articles of incorporation
- Bylaws
- Board minutes
- Other relevant documents

Requirements

- Establish a governing board that has specific responsibility oversight of the Health Center Program project.
- Develop bylaws which specify the responsibilities of the board.
- Assure that the center is operated in compliance with applicable Federal, State, and local laws and regulations.
- Hold monthly meetings and record in meeting minutes the board's attendance, key actions, and decisions.

Requirements

- Approve the selection and termination/dismissal of the health center's CEO.
- Have authority for establishing or adopting policies for the conduct of the Health Center Program project and for updating these policies when needed.
 - Financial management, finance, partial payment schedules, personnel, quality
- Must adopt health care policies including:
 - Scope and availability of services, service site location(s), and hours of operation
- Review and approve the annual Health Center Program project budget.

Requirements

- Develop its overall plan for the Health Center Program project under the direction of the governing board.
- Provide direction for long range planning, including but not limited to identifying health center priorities and adopting a plan for financial management and capital expenditures.
- Assess the achievement of project objectives through evaluation of health center activities, including service utilization patterns, productivity (efficiency and effectiveness) of the center, and patient satisfaction.
- Ensure that a process is developed for hearing and resolving patient grievances.

Demonstrating Compliance

- Board minutes and other relevant documents should ensure that the board exercises the following authorities:
 - Conducting of strategic planning at least once every three years
 - Evaluating the performance of the health center based on quality assurance/quality improvement assessments. Ensure that appropriate follow up has been taken regarding- Achievement of project objectives, service utilization patterns, quality of care, efficiency and effectiveness of the center, and patient satisfaction, including addressing any patient grievances.
- The board adopts and evaluates key policies at least once every three years. (Sliding Fee Discount Program, Quality Improvement/Assurance, and Billing and Collections)
- The board adopts and evaluates once every three years all financial management, accounting, and personnel policies.

Related Consideration

- It is essential that the board carries out functions and responsibilities regarding:
 - The establishment of committees
 - The input and assistance from other organizations or subject matter experts
 - How often the CEO performance is evaluated
- The health center determines how to set quorum for board meetings that are consistent with state, territorial or other applicable law

OSV Practice

Operational Site Visit Practice

- How are policies formulated?
 - *Internally with management/leadership team, then brought to Board for approval.*
- What is the process for the CEO evaluation?
 - How does the board look at salary and continue to stay competitive?
 - The CEO has input, feedback, and effort in their evaluation.
- Site/services/hours
 - *Hours of operation document*
- Conflict of Interest: *asked in the beginning of every board meeting is if there have been any conflicts risen in the last month*
- Does Southeast refuse patients?
 - If so, there needs to be a refusal policy, which states the reasons for refusing. There is no policy needed if all patients are accepted.

Site Visit Scenarios

Are the following decisions Board or Management decisions?

- The CEO wants to change hours of the organization (Board Decision)
- Want to add OB to the health center (Board Decision). OB is a different specialty, which would require a scope of change.
- The opening of a new site or location (Board Decision)

A grayscale background image featuring a financial dashboard. It includes a calculator on the left, a pie chart in the center, a line graph on the left, a compass on the right, and a data table at the bottom. The entire scene is framed by a white, hand-drawn style border.

FINANCIAL OVERSIGHT

Chapter 4 / Board Education

125,058	154,568	95,054	124,500
125,487	56,845	97,511	125,000
124,000	110,000	99,011	154,000
150	150,000	99,216	95,000
	35,000	101,090	154,200
		101,684	110,000
		101,962	89,000
			50,000
			10,700

FINANCIAL RESPONSIBILITIES

Role	Responsibilities
<i>Board</i>	<ul style="list-style-type: none"> • Approve budget and monitor budget • Review financial status of the health center through regular review of: <ul style="list-style-type: none"> • Income statement • Balance sheet • Cash flow statement • Ensure financial controls are in place • Review audit, meet in executive session with the auditor • Approve policies and update policies that support financial management and accounting systems
<i>Board Members</i>	<ul style="list-style-type: none"> • Understand financial terminology • Review and understand financial statements • Ask questions to inform decisions
<i>Finance Committee (common committee)</i>	<ul style="list-style-type: none"> • Revise budget and make recommendations • Meet regularly to review financial information reported by health center staff • Review accounting and control policies and make recommendations • Oversee audit engagement (if no separate Audit Committee)
<i>Audit Committee (if the board has this committee)</i>	<ul style="list-style-type: none"> • Oversee the independent audit process
<i>Treasurer</i>	<ul style="list-style-type: none"> • Head of the Finance Committee • Provide financial reports at board meetings in collaboration with center staff • Answer questions from board members
<i>Staff</i>	<ul style="list-style-type: none"> • Prepare the budget and present it to the finance committee and board • Monitor the finances on daily basis, prepare accurate and timely financial reports • Implement financial policies • Provide information and offer recommendations to the Finance Committee

Health center's *articles of incorporation, bylaws, or other relevant documents outline* the board's responsibilities:

- Approving the annual Health Center Program project budget and applications;
- Approving the health center services and the location and hours of operation of health center sites;
- Evaluating the performance of the health center;
- Establishing or adopting policy related to the operations of the health center; and
- Assuring the health center operates in compliance with applicable Federal, State, and local laws and regulations

DEMONSTRATING COMPLIANCE

DEMONSTRATING COMPLIANCE

Health center *board minutes and other relevant documents confirm* that the board carries out:

- Approving applications related to the Health Center Program project, including approving the annual budget, which outlines the proposed uses of both Health Center Program award and non-Federal resources and revenue;
- Monitoring the financial status of the health center, including reviewing the results of the annual audit, and ensuring appropriate follow-up actions are taken; and
- Conducting long-range/strategic planning at least once every three years, which at minimum addresses financial management and capital expenditure needs

The health center has adopted, evaluated **a t l e a s t o n c e e v e r y t h r e e y e a r s, and as needed, approved updates to policies in the following areas:
Sliding Fee Discount Program, Quality Improvement/Assurance, and Billing and Collections

APPROVAL OF BUDGETS

- The board is responsible for reviewing and approving the annual organizational operating budget (*which is the health center's financial plan for achieving its health service program and financial goals*).
- Budget must align with the overall priorities and strategic plan for the health center.
- Things to consider:
 - Current year's expected results
 - Anticipated changes in funding
 - Changes in expenses
 - Provider vacancies
 - Anticipated changes in patient volumes
- Health centers submit an annual grant application that includes a budget, or a "total budget," to HRSA that reflects the revenues and costs needed to support the health center's proposed or HRSA-approved scope of project.



MONITORING FINANCIAL PERFORMANCE & STATUS

Every board member should be able to understand financial statements in order to assess their reliability and to recognize warning signs that might indicate a change in the financial condition of the organization.

- Balance sheet
- Income statement
- Cash flow statement



FINANCIAL RATIOS

- Ratios are a way to express the relationship between one measure to another. They are used to assess an organization's financial situation and compare measures to similar organizations and industry standards. Examples include:
 - Total cost per patient (decrease desired)
 - Medical cost per medical visit (decrease desired)
 - Health Center Program grant costs per patient (decrease desired)

OTHER KEY FINANCIAL MEASURES

Measure Name	What it measures	Target/desired direction
Operating Margin	Measures the performance of the health center over a period of time, and is calculated by dividing operating income by total revenues.	2 to 4%, over 5% if possible
Days Cash on Hand	Measures how many days a health center can pay its expenses if income were to cease.	45 to 60 days minimum; best practice 90-120 days
Unrestricted Net Assets	Total unrestricted net assets less net investment in fixed assets	Measure should be positive and not decrease over time
Current Ratio	Current assets divided by current liabilities	Minimum 1.5, ideally 2.0
Days in Accounts Receivable	Measures how long it takes for a health center to collect its patient accounts receivable.	Less than 45 days (lower number is better)

ACCOUNTING AND INTERNAL CONTROLS SYSTEMS

Health centers must have in place systems for collecting income, paying bills, determining eligibility for sliding fee discounts, and providing accurate and timely reports.



The systems are expected to reflect "Generally Accepted Accounting Principles" (GAAP).



Internal controls are functions established by the health center to provide checks and balances to ensure reliable financial reporting, effective operations, and compliance with applicable laws and regulations, as well as to prevent fraud.

APPROVING POLICIES AND THE AUDIT

- Approving Policies : It is important for boards to approve various financial policies, which may include policies on reserves, investments, gift acceptance, the audit, among others.
- Audit : Health Centers are required to engage an audit firm to perform an annual, independent audit in accordance with federal audit requirements. It is an essential step to validate information found in the center's financial statements.
 - If there are findings or material weakness, the board is responsible for ensuring that the CEO and staff develop and implement a corrective action plan.

IRS FORM 990

- The Internal Revenue Services (IRS) requires that most federally tax-exempt organizations annually file the IRS Form 990.
- The form inquires about the independence of board members, the community benefit of the organization, and the reasonableness of executive compensation– to determine whether an organization continues to fill the requirements for its tax-exempt status.

STRATEGIC FISCAL PLANNING

It is important to have an overall financial plan that is linked to the strategic plan.

The board plays a key role in the development of fiscal goals.

These goals are to be evaluated through the review of monthly financial statements and key financial measures.

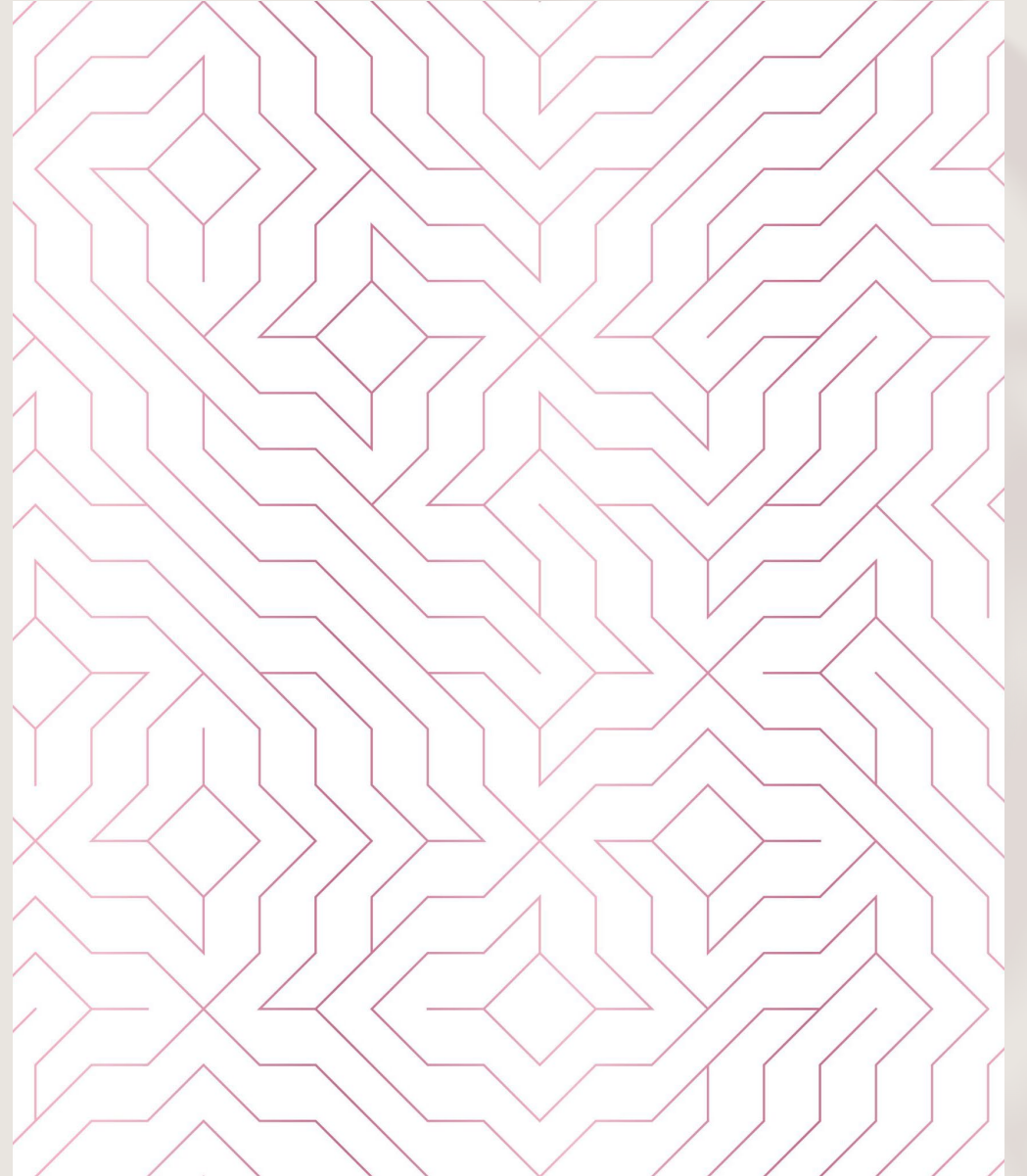
REFERENCES

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

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2023 Board Education

Chapter 3: Strategic Planning and
Strategic Thinking



Board Roles & Responsibilities

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

The Health Center Program and Strategy

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

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



The Health Center Program and Strategy

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

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

The Health Center Program and Strategy

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

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

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

Mission, Vision, and Values



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



Mission

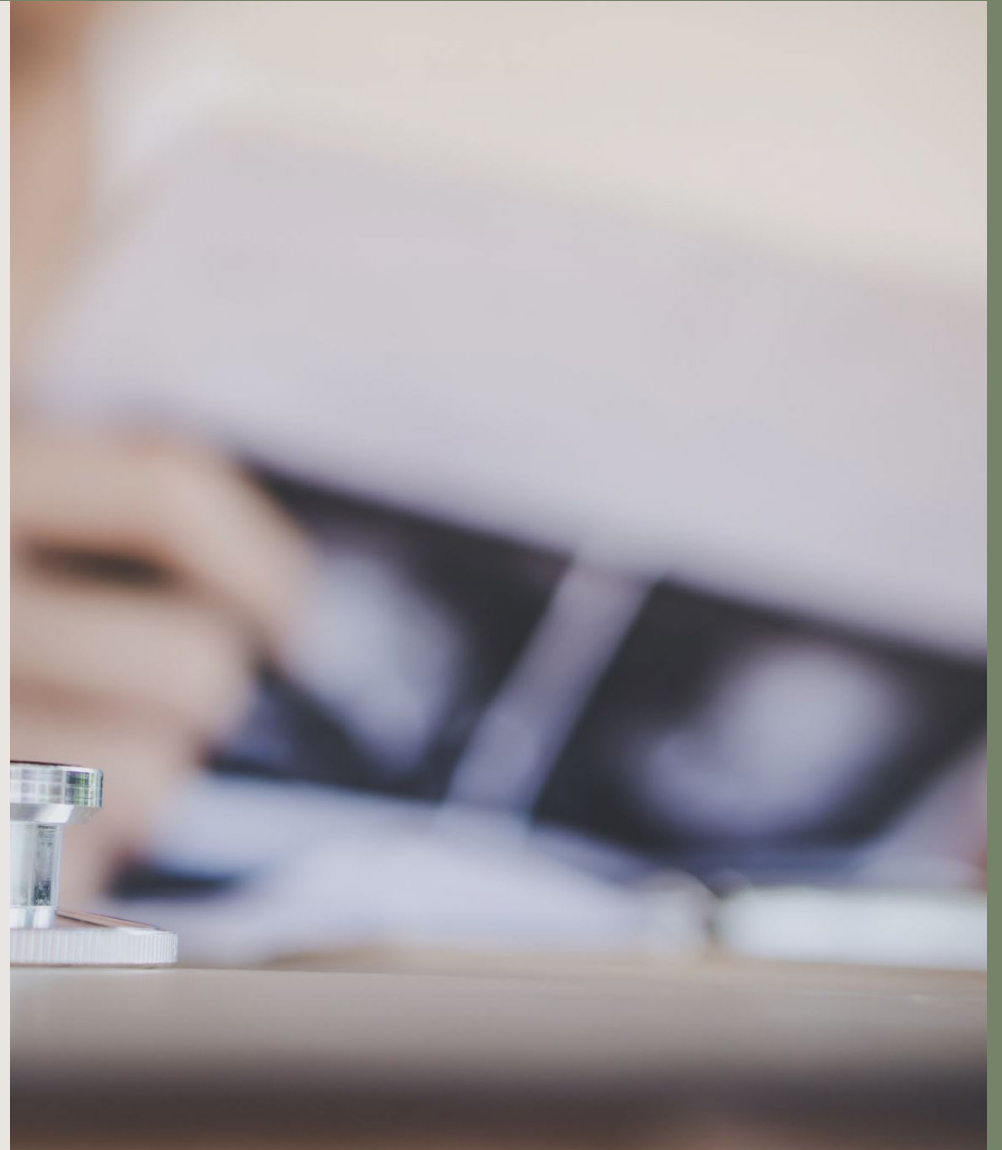
The core purpose of the organization, describing why the health center exists and what it intends to accomplish.

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

Vision

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

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



Community Health Needs Assessment

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

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

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



Strategic Planning

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

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

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

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

Ongoing Strategic Thinking

Fiduciary Mode: primarily about exercising oversight

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

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

References

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

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NATIONAL ASSOCIATION OF

Community Health Centers

BOARD EDUCATION

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



ROLES & RESPONSIBILITIES

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

ROLES & RESPONSIBILITIES

Governance Committee

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

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

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

CEO¹⁹

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

Demonstrating Compliance

(Extracted from CH 20: Board Composition)

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

Recruiting and Vetting Board Candidates

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

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

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



Mission, vision, and
Ethics

Organizational chart

A copy of the health
center's bylaws

A copy of the board
of director role
description

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

Board roster

Committee
descriptions,
committee
assignments, and
board chairs

Orientation- Handbook

Continued Education

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

Board Terms

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

Officer Roles

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

Selection

- Governance Committee identifies members to be presented for board approval

Succession

- Members may serve twelve one-year terms.

Officer Roles, Selection, and Succession

References

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

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Name _____

Signature _____

Date _____

Quality Oversight

Board Education- Chapter Five

Defining Quality

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

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

Board Role in Quality Oversight

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

Board Role in Quality Oversight

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



The Health Center Program and Board Oversight of Quality

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

Demonstrating Compliance: Board Authority

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

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

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

Demonstrating Compliance: Board Authority

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

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

Quality Improvement/Assurance- Compliance

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

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

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

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

Quality Improvement/Assurance- Compliance

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



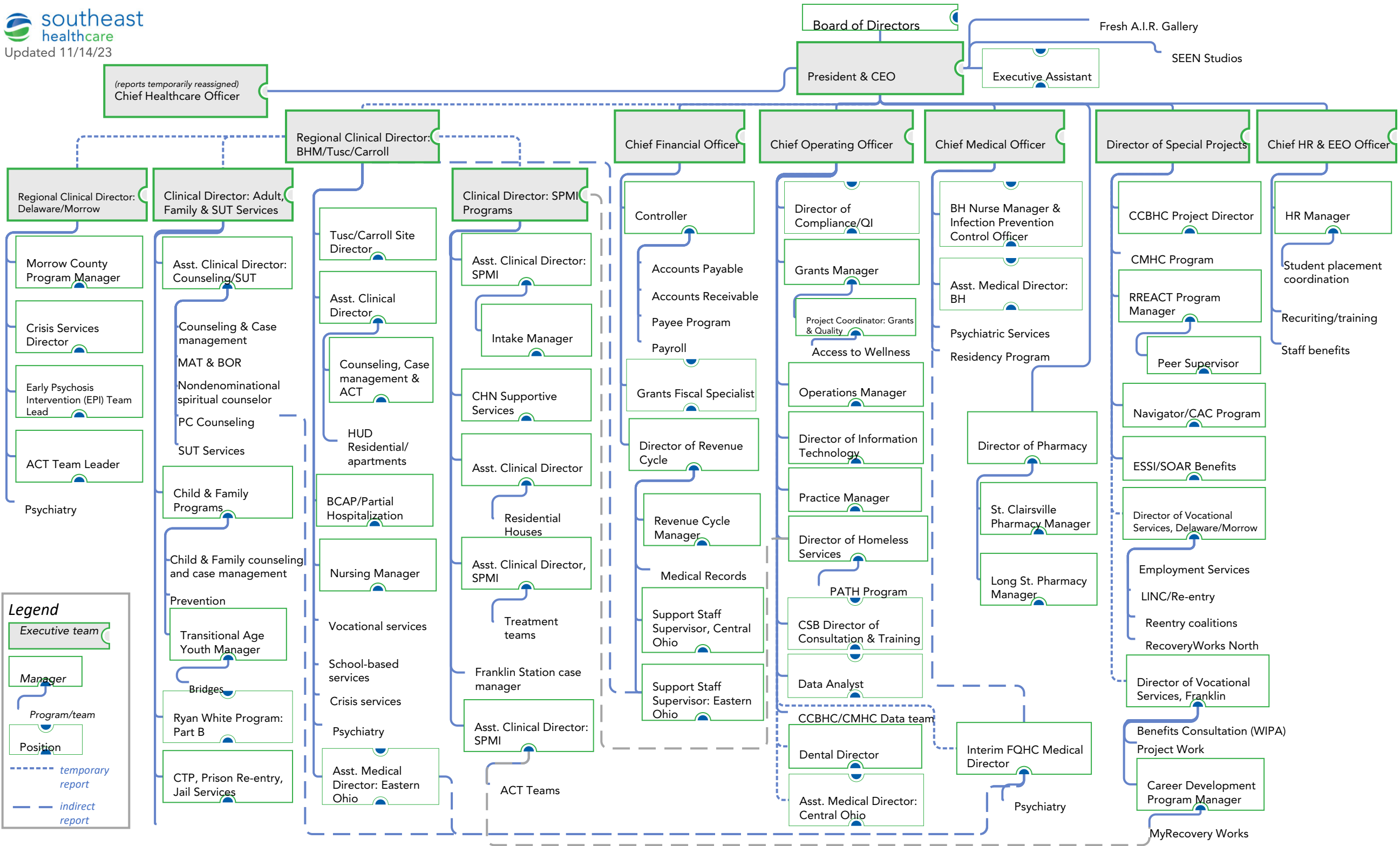
QA/QI Program

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

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

QA/QI Program

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



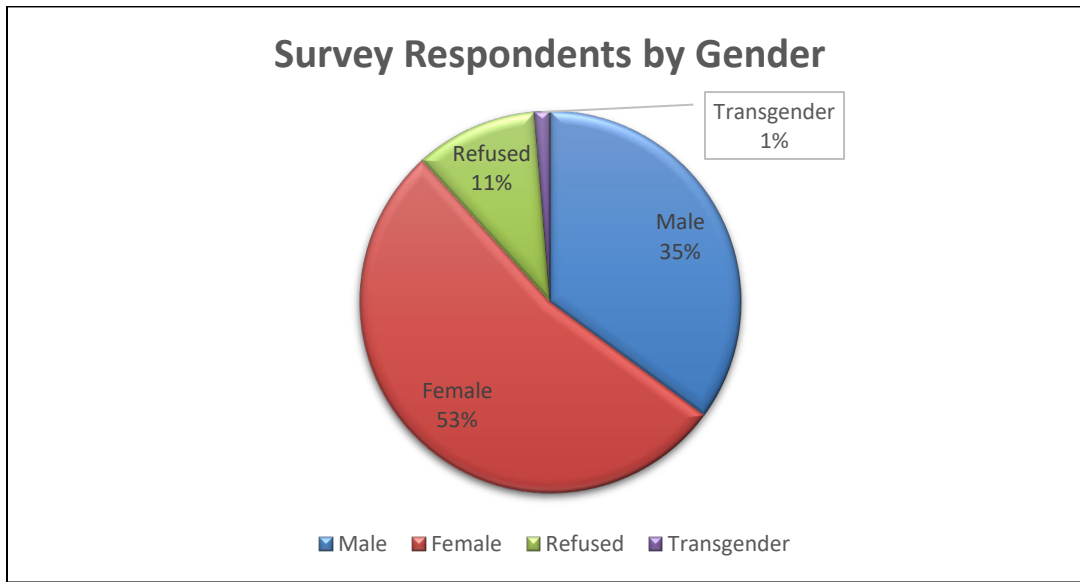
Legend

- Executive team (Green box)
- Manager (White box)
- Program/team (White box)
- Position (White box)
- temporary report (Dashed blue line)
- indirect report (Dashed blue line)

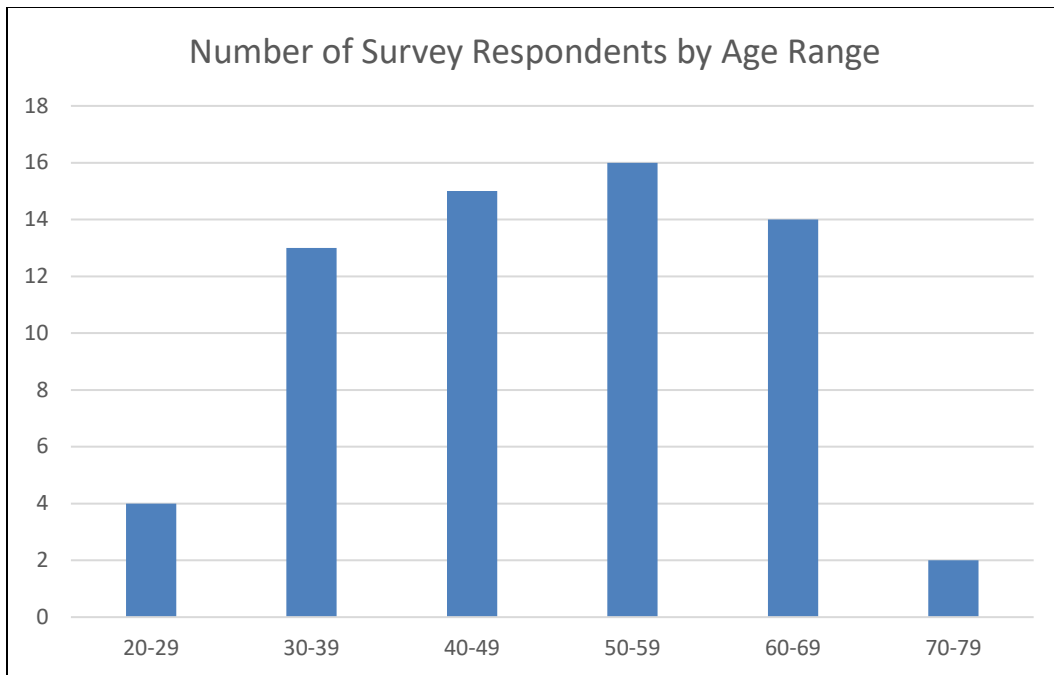
1. Introduction

Southeast collects satisfaction surveys from patients who receive services from LabCorp at our locations to measure their satisfaction with the lab services they receive. Surveys are collected annually. Patients seen during September – October 2023 were given a satisfaction survey after receiving services from the LabCorp technician. Surveys were given to the receptionist after completion. A total of 77 completed satisfaction survey forms were collected. All surveys were collected from Franklin County sites – 38 from Franklin Station, and 39 from 16 West Long Street. Surveys were not collected from Eastern Ohio this year because Southeast does not currently have a Labcorp technician on site in Belmont County.

The following tables illustrate characteristics of survey respondents by gender, race, and age:



Survey Respondents by Race			
Race	# of Surveys	% of Total Surveys	% of Total Patients Served in Franklin County SFY23
Black/African American	31	40%	48%
White/Caucasian	30	39%	38%
Hispanic/Latino	2	3%	4%
Other	2	3%	10%
Refused	12	15%	N/A



2. Satisfaction Scores

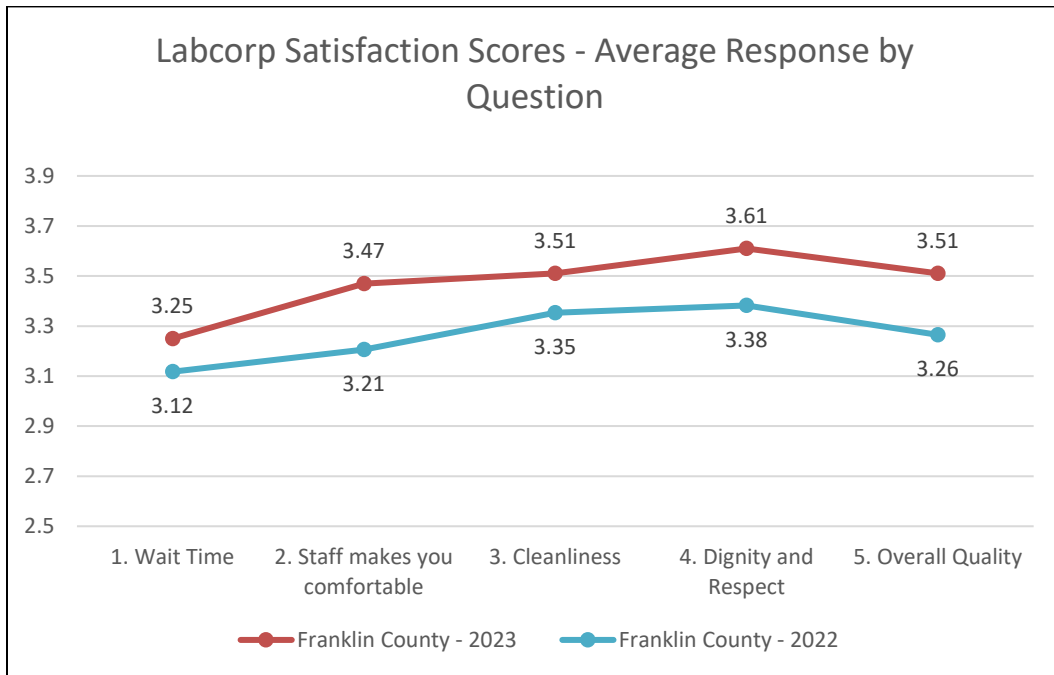
The anchored response questions on the form included:

1. How would you rate the waiting time for lab services?
2. How would you rate the LabCorp staff member’s ability to make you comfortable?
3. How would you rate the cleanliness of the lab area?¹
4. Were you treated with dignity and respect during the lab procedure?
5. How would you rate the overall quality of the lab service you received?

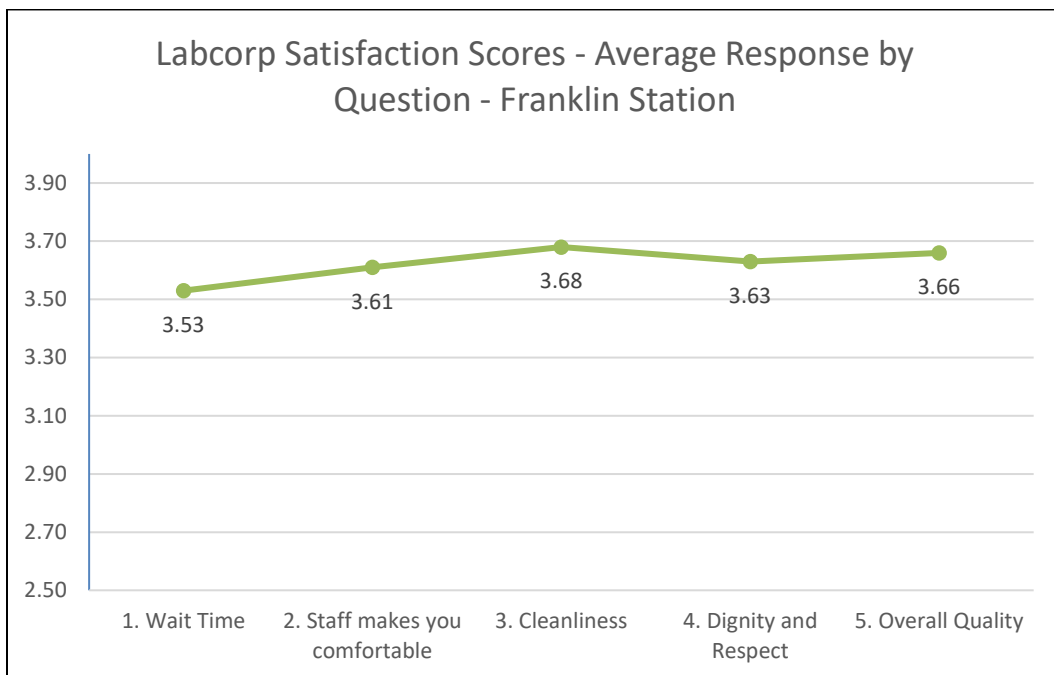
Each of the five anchored response questions can be answered with a rating of 1 to 4, with 4 being the highest level of satisfaction. Average responses to all of the anchored response questions exceeded “3 (Good),” and were slightly higher for all questions when compared to last year’s results. The lowest average score of 3.25 related to wait time. The average total survey score was 17.16 out of 20 possible points. This is a slight increase from the last time the survey was collected, when the total average was 17.08 out of 20 possible points. However, the increase in average scores is more significant if surveys collected from Eastern Ohio are excluded from last year’s average – last year the average score for surveys collected in Franklin County was 16.32.

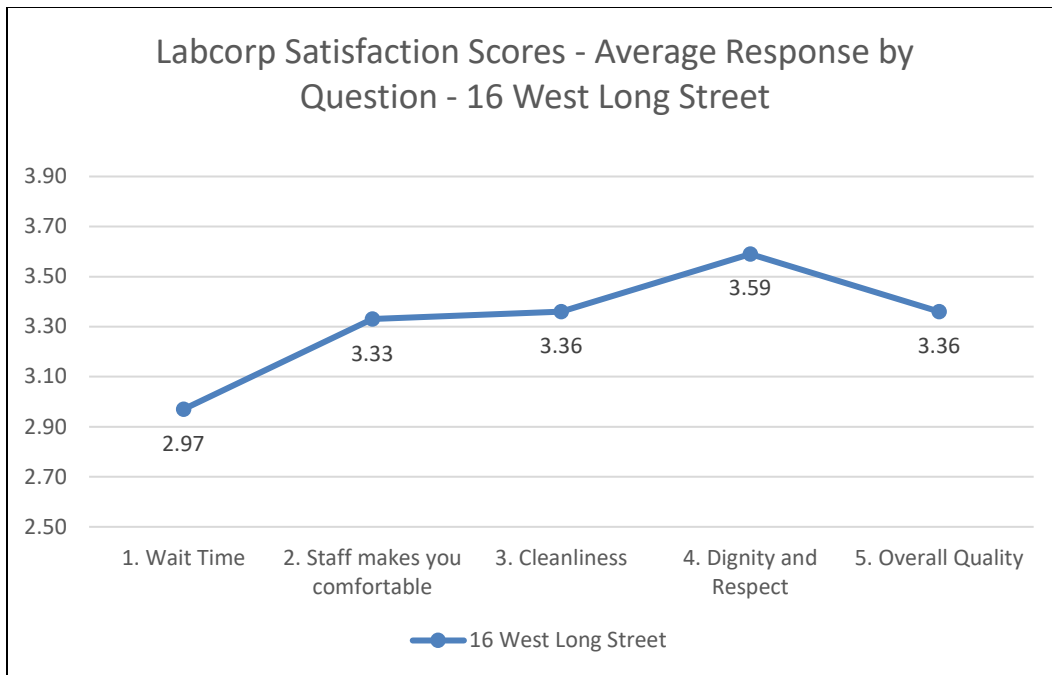
¹ Since the onset of the COVID-19 pandemic, in Franklin County the LabCorp Technician has seen patients in the patient exam room rather than the lab. Thus the responses to question 3 for surveys collected in Franklin County reflect patient satisfaction with the cleanliness of the exam room, not the lab.

The chart below shows average scores by question for surveys collected across both locations (16 West Long St. and Franklin Station) compared to last year’s average scores by question:



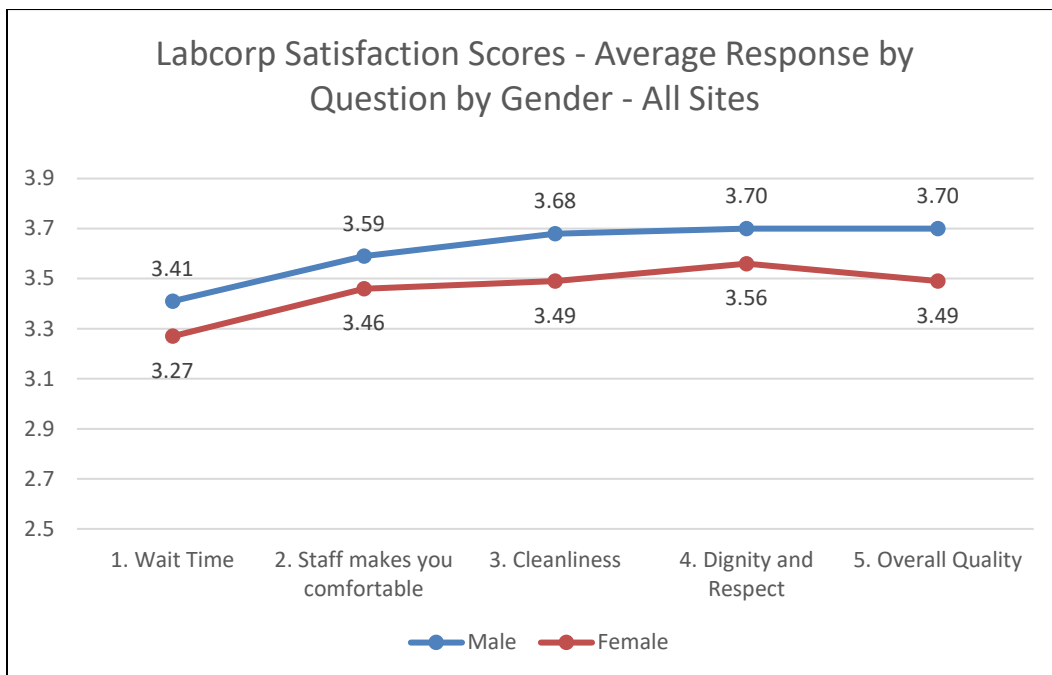
The following charts show average scores by question for Franklin Station and 16 West Long Street separately (in previous years locations within Franklin County were not separated out, so historical data for comparison is not available):





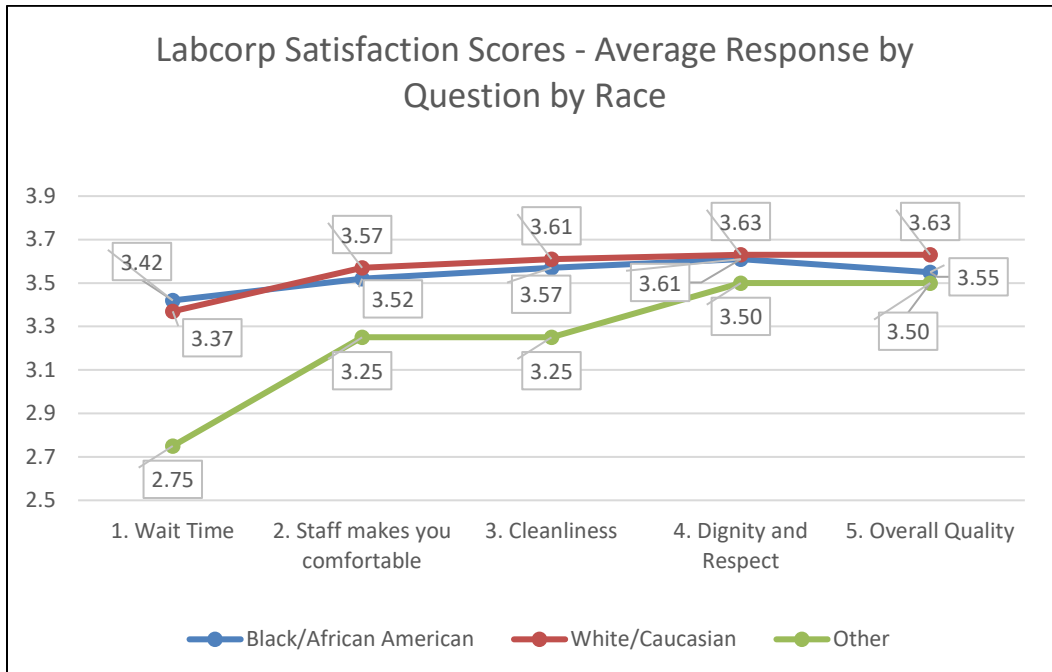
Average satisfaction scores were higher for each question at the Franklin Station site. The only item to receive an average score below 3 (Good) was question one (wait time) at the 16 West Long Street site, with an average score of 2.97. At 16 West Long Street, average scores were higher for question #4 (treated with dignity and respect).

Females surveyed reported lower average satisfaction scores than males for each question. This is a change from last year when females surveyed reported higher levels of satisfaction than males for all questions except item #2. 41 surveys were collected from females and 27 were collected from males.



*All survey respondents identified as either male or female except for one respondent who identified as transgender (overall score on this survey was 17/20). 8 respondents left this field blank.

Survey respondents who identified as Black/African American and those who identified as White/Caucasian had very similar average responses by question. Those who identified as other races had lower average scores, but this is a very small sample size as only four surveys were collected from respondents who identified as races other than Black/African American or White/Caucasian. Twelve survey respondents did not fill in the race field of the survey.



*2 survey respondents identified as Hispanic/Latino, and 2 indicated “other.” These results are combined above under “other.” 12 survey respondents left the race field blank – these results are not included in the chart above.

3. Suggestions for Improvement

The form also included one open-ended response question:

“Please comment on how we can improve our services.”

Three free response comments were received during this round of surveying:

- I absolutely love this place. I don't know what I would do without them in my life. I recommend Southeast to everyone. Re: response to question #2, she did the best she could but it still hurt!
- Nothing really. I am pretty satisfied with the services received, maybe a bigger room.
- Maybe keep sanitize wipes in restroom to wipe specimen table & pen.

4. Analysis

Patients at Southeast are generally satisfied with services from LabCorp. Average responses increased for all five scored survey questions compared to last year, with the overall average score increasing to 17.16 (out of a possible 20 points) this year compared to 17.08 last year. The increase in scores is more substantial when surveys collected from Eastern Ohio are excluded from last year’s average – the average score last year for surveys collected in Franklin County was 16.32.

For surveys collected in Franklin County this year, question 1 (wait time) received the lowest average score of 3.25/4, but this average did increase from last year when it was 3.12/4. Survey respondents cited wait time as more of a challenge at 16 West Long Street, where the average score was 2.97/4 (vs. 3.53/4 at Franklin Station). This is slightly below the target score of 3. Average responses for questions two through five all exceeded the 3.0/4 target score, which indicates general satisfaction with services received.

5. Recommendations

Previous Recommendations from Quality Council	Progress
Due to the decrease in average satisfaction scores related to wait time observed in surveys collected from Franklin County, re-evaluate our current process where the LabCorp technician sees patients in the exam room rather than the lab area. This process was adopted after the start of the COVID-19 pandemic and may not be as efficient as our previous workflow.	We looked into this but made the decision to continue using the process adopted after the onset of the pandemic. We note that wait time average scores have improved since last year.
Add a location field to survey form so that surveys can be more easily identified by site when they are returned.	Complete
Review LabCorp encounter volume to see if this factor may be impacting patient wait times for labs.	We are continuing to monitor encounter volume to see how it impacts wait times for labs.

CMS Call Service Satisfaction Survey Report – Calendar Year 2023

Satisfaction surveys were conducted by phone. This report contains data from surveys collected so far during calendar year 2023. Surveys have been collected from 14 individuals thus far during 2023. Nine of the individuals surveyed were patients of Southeast who placed a call to the answering service, and five were other providers/professionals who had called. Those surveyed were asked 5 questions to evaluate their satisfaction with the answering service and follow-up by a Southeast provider. Responses to these five questions were scored using a scale of one (1) to five (5) with one being totally unsatisfied and five being very satisfied. A sixth free response question asked, “Is there anything else you would like to tell us about your experience using our after- hours call service?” Responses to the free response question as transcribed by the caller collecting surveys are recorded below.

Survey script and questions:

CMS Call Service Satisfaction Survey

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

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

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

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

Responses to Questions 1 – 5:

A summary of survey responses by question is included below. Overall survey responses were similar to calendar year 2022 and indicate generally high levels of satisfaction. During calendar year 2023, 94% of survey responses (66 out of 70 total) were either a 5 or a 4, with 5 indicating “very satisfied” (97% of responses were 5 or 4 during calendar year 2022), and all of the survey responses of 3 or lower came from the same individual surveyed. Survey respondents reported higher levels of satisfaction for question #5 compared to last year.

2023 Survey Responses by Question with Comparison to 2022 Responses

	Q1		Q2		Q3		Q4		Q5	
	2023	2022	2023	2022	2023	2022	2023	2022	2023	2022
	Was your call to the after-hours service answered promptly?		Were you treated with respect?		Were you given clear information about what to expect regarding being called back?		Did the SE medical provider on call reach you within a reasonable amount of time?		How satisfied were you with the assistance you received from the Southeast Provider who called you back?	
Response = 5	12	17	14	17	13	17	13	14	13	11
Response = 4	1	1	0	0	0	1	0	2	0	3
Response = 3	1	0	0	1	0	0	1	1	0	2
Response = 2	0	0	0	0	0	0	0	0	0	1
Response = 1	0	0	0	0	1	0	0	0	1	0
Total	14	18	14	18	14	18	14	17*	14	17*

% = 5	86%	95%	100%	95%	93%	95%	93%	82%	93%	65%
% = 4	7%	5%	0%	0%	0%	5%	0%	12%	0%	18%
% = 3	7%	0%	0%	5%	0%	0%	7%	6%	0%	12%
% = 2	0%	0%	0%	0%	0%	0%	0%	0%	0%	5%
% = 1	0%	0%	0%	0%	7%	0%	0%	0%	7%	0%

*One individual surveyed responded “N/A” to questions 4 and 5 in 2022

Free responses to question 6:

“Is there anything else you would like to tell us about your experience using our after-hours call service?”

- Caller was very satisfied and highly complimentary of the assistance received with call service and Southeast Provider.
- Caller was very happy with the service she received.
- [Non-patient caller] said the [SE] provider even called them back after they had initially spoken to check on the patient.
- Caller was very satisfied with service, on call provider, as well as usual SE provider.
- Caller was not satisfied with Southeast at all. Caller rated Southeast a “0%.” Caller explained that Southeast wasn't helpful before or after her daughter's hospitalization.

Recommendations from Quality Council

Previous Recommendation	Progress
Some of the individuals who interact with CMS are not patients of Southeast, but other professionals. Split this out in future reports so that it is clear which survey calls were made to patients of Southeast.	Complete

Funding Opportunity Summary

Southeast Healthcare Board of Directors – November 2023

Ryan White Part B: HIV Client Services Grant Renewal Summary

Funding Source: Ohio Department of Health (Ryan White funds originally from HRSA)		
Funding Opportunity: Ryan White Part B HIV Client Services		
Funding Amount: up to \$350,000		
Deadline for Proposal: Monday, 12/11/2023 4:00 PM		
Award Start Date: April 1, 2024	Funding Period: 1 year	Renewal Available: yes, for two additional years.
<p>Program Summary</p> <p>Southeast intends to submit a renewal application for the Ryan White Part B program by 12/11/2023. The Ohio Department of Health’s Ryan White Part B Program funds the provision of medical and non-medical case management services to persons living with HIV or AIDS in Delaware, Fairfield, Franklin, Licking, Madison, Morrow, Pickaway, and Union counties. The majority of Southeast’s Ryan White program clients live in Franklin County and many are African immigrants. HIV case management coordinates services and helps people with HIV gain access to needed medical care, medications, and other benefits and emergency assistance. Southeast has received funding from the Ohio Department of Health and provided Ryan White HIV case management continuously since the mid-1990s. After receiving funding in a competitive application cycle last year, we are submitting an application for the second of four years of renewal funding.</p> <p>The grant funding currently supports 5 FTEs: one project coordinator, three case managers (two medical case managers and one non-medical case manager) and one benefits navigator.</p> <p>Financial Impact on Southeast:</p> <p>The Ryan White Part B program is funded by the Ohio Department of Health as an expense-based block grant. Ryan White funding is originally from HRSA and Southeast receives it as a pass-through from ODH.</p> <p>Proposed Action:</p> <p>RESOLVED, the Board of Directors of Southeast Healthcare hereby approves the submission of an application to the Ohio Department of Health by 4:00 PM on December 11, 2023 to provide funding for the Ryan White Part B HIV Program, in the amount of up to \$350,000 per year in accordance with the application guidelines;</p> <p>FURTHER RESOLVED, the Board of Directors of Southeast, Inc. hereby authorizes the President & CEO to prepare, sign, and submit all documents required for inclusion in the proposal by December 11, 2023 and to execute all subsequent agreements necessary to receive funding.</p>		

Southeast, Inc.
Line Item with Justification and Narrative
 Bridge COVID-19 Vaccination Funding for Health Centers

16- Month federal	16- Month Non Federal	Total
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EXPENSES:

EXPENSE JUSTIFICATION AND NARRATIVE: COVID Bridge funding will be used to fund a vaccination position and to purchase supplies.

Personnel: SEI anticipates use of federal funding to support expenses in this category

SALARY JUSTIFICATION AND NARRATIVE: These noted expenses are necessary to administer, education and work with community partners. Each line item includes a specified description of the noted expense.

Medical Staff	\$ 8,422	Details by Position is included in Personnel Justification Table - this staff will administer vaccines, perform support services for those administering vaccines, and provide outreach and education.	\$ 8,422	\$ -	\$ 8,422
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Fringe Benefits:

EXPENSE JUSTIFICATION AND NARRATIVE: These noted expenses are necessary to assure the provision of health care services. Each line item includes a specified description of the noted expense.

FICA: Gross Salary x 6.2%	\$ 522	Required payroll tax, based on gross salaries	\$ -	\$ 522	\$ 522
Medicare: Gross Salary x 1.45%	\$ 122	Required payroll tax, based on gross salaries	\$ -	\$ 122	\$ 122
State Unemployment Insurance (SUTA): Gross Salary x .04%	\$ 34	Required payroll benefit, based on average state rate	\$ -	\$ 34	\$ 34
Life, Dental, and Health Insurance: Gross Salary x 17.0%	\$ 1,432	Benefits offered to help attract and retain employees	\$ -	\$ 1,432	\$ 1,432
Tuition & Other non-specified benefits: Gross Salary x .5%	\$ 168	Productivity bonus, retirement, tuition costs related to certification's licensure, sign-on/retention bonuses	\$ -	\$ 168	\$ 168
Workers Compensation: Gross Salary x .40%	\$ 34	Required payroll benefit, based on mandated rate	\$ -	\$ 34	\$ 34
Subtotal Fringe Benefits:	\$ 2,311		\$ -	\$ 2,311	\$ 2,311

Total Personnel and Fringe Benefits: \$ 10,733

\$ 8,422 \$ 2,311 \$ 10,733

Supplies: SEI anticipates use of federal funding to support necessary expenses in this category

SUPPLIES JUSTIFICATION AND NARRATIVE: Supplies are defined as those items which cost less than \$5,000 per unit and have a disposable life of less than one year.

Vaccines	\$ 8,421	Vaccines	\$ 8,421	\$ -	\$ 8,421
Total Supplies:	\$ 8,421		\$ 8,421	\$ -	\$ 8,421
Total: Expenses	\$ 19,154		\$ 16,843	\$ 2,311	\$ 19,154

Personnel Justification Table

Name	Position Title	Base Salary	Adjusted Annual Salary	FTE	Total Federal Request
Open	RN	\$ 52,640.00	No Adjustment Needed	0.1600	\$ 8,422
Total					\$8,422

No staff member will be budgeted at more than 1 FTE across all federal awards.

Allowable Activities	Indicate "Yes" for the activities you will conduct with Bridge Funding
COVID-19 testing	
COVID-19 vaccination	X
COVID-19 therapeutics	
Enabling/patient support services (such as outreach, education, enrollment assistance, transportation, translation, and care coordination) to support COVID-19 related services	
Community COVID-19 vaccination events	
Personnel who support COVID-19-related services and care delivery, including personnel costs necessary to develop, support, or expand collaborations, including collaborations with state/jurisdiction immunization programs	
Supplies that support COVID-19-related services and care delivery	



Financial Statements

October 31, 2023



Southeast Healthcare Financial Report Narrative

- Net revenue for the month of October was \$123,271. Operating net income was \$225,624. Investment decreased in value by \$253,005.
- The cash balance decreased in October to 3.1 million.
- Audit fieldwork has been delayed with a new completion date of January 31, 2024.
- A corrected accounts receivable amount will be reflected on the June 20, 2023, financial statement and we will begin to book gross revenue minus adjustments and allowance to the financial statements after the audit is complete.

SOUTHEAST HEALTHCARE
CONSOLIDATED STATEMENT OF ACTIVITY
FOR THE PERIOD ENDED OCTOBER 31, 2023

REVENUE	FY24	***** ACTUAL *****		LAST YEAR YTD	YTD	ACT vs. BUD	% VAR OF
	BUDGET	October	YTD		BUDGET	\$ VARIANCE	BUDGET
ADAMH FUNDING							
ADAMH-FFS	\$ 7,155,738	\$ 352,330	\$ 1,904,115	\$ 2,046,446	\$ 2,385,246	(\$481,131)	(20.2%)
ADAMH - BLOCK GRANT	6,283,766	530,945	1,836,090	734,964	2,094,589	(258,499)	(12.3%)
ADAMH PHARMACY	2,000	0	0	-	667	(667)	(100.0%)
ADAMH - OTHER	-	0	0	-	-	-	
TOTAL	13,441,504	883,275	3,740,205	2,781,410	4,480,501	(740,296)	(16.5%)
FIRST & THIRD PARTY							
CLIENT FEES	94,564	17,668	40,037	33,156	31,521	8,516	27.0%
INSURANCE	1,298,968	161,717	495,177	311,353	432,989	62,188	14.4%
MEDICARE	1,134,719	125,293	377,233	298,715	378,240	(1,007)	(.3%)
MEDICAID	13,829,675	1,313,053	4,570,630	3,895,983	4,609,892	(39,262)	(.9%)
CONTRACTS	10,780,603	1,131,127	4,386,789	3,839,270	3,593,534	793,255	22.1%
PHARMACY SALES	25,034,750	2,518,064	9,454,677	8,513,619	8,344,917	1,109,760	13.3%
IN KIND REVENUE	-	0	0	-	-	0	#DIV/0!
TOTAL THIRD PARTY	52,173,279	5,266,922	19,324,543	16,892,096	17,391,093	1,933,450	11.1%
OPERATING REVENUE	\$ 65,614,783	\$ 6,150,197	\$ 23,064,748	\$ 19,673,506	\$ 21,871,594	\$1,193,154	5.5%
EXPENSES							
SALARIES	33,443,731	2,780,532	10,727,275	9,899,525	11,147,910	(420,635)	(3.8%)
EMPLOYEE BENEFITS	7,692,058	707,667	2,550,096	2,169,197	2,564,019	(13,923)	(.5%)
CONTRACT SERVICES	1,480,000	106,022	409,814	453,841	493,333	(83,519)	(16.9%)
COMPUTER EXPENSE	1,271,991	128,054	397,869	373,090	423,997	(26,128)	(6.2%)
OPERATING SUPPLIES	700,890	19,714	89,601	206,172	233,630	(144,029)	(61.6%)
OPERATING EXPENSES	3,250,000	311,931	1,248,159	1,077,707	1,083,333	164,826	15.2%
OFFICE EXPENSES	350,000	67,238	150,131	52,746	116,667	33,464	28.7%
MOBILE PHONES	350,000	25,224	112,374	114,978	116,667	(4,293)	(3.7%)
TRAVEL/TRANSPORTATION	900,000	89,909	282,211	272,443	300,000	(17,789)	(5.9%)
BUILDING & GROUNDS	2,637,325	186,112	693,043	797,296	879,108	(186,065)	(21.2%)
DEPRECIATION	795,758	46,705	186,895	195,659	265,253	(78,358)	(29.5%)
AUDIT & LEGAL FEES	250,000	33,072	70,797	61,250	83,333	(12,536)	(15.0%)
INSURANCE EXPENSE	750,000	73,563	297,403	243,014	250,000	47,403	19.0%
PHARMACY COG	12,650,000	1,322,271	5,016,504	3,794,306	4,216,667	799,837	19.0%
IN KIND EXPENSE	-	0	0	-	-	0	#DIV/0!
OTHER EXPENSES	250,000	26,559	108,694	82,466	83,333	25,361	30.4%
TOTAL EXPENSES	\$ 66,771,753	\$ 5,924,573	\$ 22,340,866	\$ 19,793,690	\$ 22,257,251	\$83,615	.4%
OPERATING NET INCOME/(LOSS)	\$ (1,156,970)	\$ 225,624	\$ 723,882	\$ (120,184)	\$ (385,657)	\$1,109,539	
MISCELLANEOUS REVENUE							
INTEREST INCOME	408	52	202	97	136	66	48.5%
INVESTMENT	885,446	(253,005)	(610,732)	(326,486)	295,149	(905,881)	(306.9%)
RENT	145,500	20,558	59,224	49,355	48,500	10,724	22.1%
GAIN/(LOSS) ON PURCHASE	-	0	0	-	-	-	
OTHER	810,000	130,042	529,492	222,841	270,000	259,492	96.1%
TOTAL MISCELLANEOUS	1,841,354	(102,353)	(21,814)	(54,193)	613,785	(635,599)	(103.6%)
SOUTHEAST NET REVENUE	\$ 684,384	\$ 123,271	\$ 702,068	(174,377)	\$228,128	\$473,940	
Margin on Operating Revenue	(1.8%)	3.7%	3.1%	(.6%)			
Margin on Total Revenue	1.0%	2.0%	3.0%	(.9%)			

SOUTHEAST HEALTHCARE
CONSOLIDATED STATEMENT OF FINANCIAL POSITION
FOR THE PERIOD ENDED OCTOBER 31, 2023

ASSETS		
<i>CASH:</i>		
CASH IN BANK - UNRESTRICTED	\$ 3,105,083	
SCHOLARSHIP ACCOUNT		
BUILDING MANAGEMENT	-	
PETTY CASH	<u>3,430</u>	3,108,513
<i>INVESTMENTS:</i>		
SHORT TERM INVESTMENTS	3,527,239	
AMERICAN FUNDS	9,285,603	
RESTRICTED INVESTMENTS	<u>288,988</u>	13,101,830
<i>ACCOUNTS RECEIVABLE:</i>		
Claims Based Receivables		
Total Claims Based Receivables	15,985,350	
Other Receivables		
OTHER GRANTS & CONTRACTS	1,711,778	
APOTHECARE	2,475,406	
MISCELLANEOUS	-	20,172,534
Total Other Receivables	<u>4,187,184</u>	
APOTHECARE INVENTORY	1,387,245	
PREPAIDS	1,602,290	
EMPLOYEE LOAN/EPP	15,483	
OTHER	9,087	3,014,105
TOTAL CURRENT ASSETS		<u>39,396,982</u>
<i>OTHER CURRENT ASSETS:</i>		
VEHICLES	579,879	
BUILDING, LAND & IMPROVEMENTS	12,874,498	
FURNITURE & EQUIPMENT	3,775,529	
TENANT IMPROVEMENT	174,753	
subtotal	<u>17,404,659</u>	
LESS accumulated depreciation	<u>(11,699,143)</u>	
NET FIXED ASSETS		<u>5,705,516</u>
<i>FIXED ASSETS:</i>		
TOTAL ASSETS		<u>\$ 45,102,500</u>

LIABILITIES & NET ASSETS		
<i>LIABILITIES:</i>		
ACCOUNTS PAYABLE	\$ 758,999	
ACCRUED EXPENSES	-	
PROPERTY TAX PAYABLE	42,376	
TENANT DEPOSIT	6,857	<u>808,232</u>
<i>ACCRUED WAGES & FRINGE BENEFITS:</i>		
ACCRUED VACATION	1,643,292	
ACCRUED PAYROLL	3,156,155	
ACCRUED RETIREMENT	-	
ACCRUED OTHER	385,216	<u>5,184,663</u>
TOTAL CURRENT LIABILITIES		5,992,895
<i>DEFERRED REVENUE</i>		734,528
<i>LONG TERM DEBT</i>		2,452,940
<i>ADVANCES FROM THE STATE</i>		488,532
<i>CAPITALIZED LEASE AGREEMENT</i>		<u>244,458</u>
TOTAL LIABILITIES		9,913,353
<i>NET ASSETS:</i>		
UNRESTRICTED	33,038,886	
DESIGNATED	1,822,161	
RESTRICTED	39,112	
SCHOLARSHIP	288,988	
TOTAL NET ASSETS		<u>35,189,147</u>
TOTAL LIABILITIES & NET ASSETS		<u>\$ 45,102,500</u>

SOUTHEAST HEALTHCARE
RATIO ANALYSIS
FOR THE PERIOD ENDED OCTOBER 31, 2023

Year to date performance

Current Ratio	(CURRENT ASSETS/CURRENT LIABILITIES)	6.6	Ability to pay current debt with current assets; 2 to 4 is standard.
Revenue over Expense Margin	(YTD REVENUE/YTD EXPENSES)	1.041	Indicates revenues (net income) over expenses; Over 1.03 is excellent.
Assets to Liabilities	(TOTAL ASSETS/TOTAL LIABILITIES)	4.55	Indicates debt structure of Organization; 2.0 is standard.
Debt to Net Assets (Equity)	(TOTAL LIABILITIES/NET ASSETS)	.28	Compares borrowed capital to invested capital; .40 is standard.
Days of Cash	CASH & ST INVESTMENTS/AVE. DAY'S EXPENSES	36.1	Indicates number of days of cash SE has on hand. 90 days is good
Average Days in Receivables	(REVENUE/365)AR/Revenue per day)	89.21	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)	13.01%	7% - 9.99%	10% - 10.99%	3
Debt to Equity Ratio (Total Liabilities/Net Assets)	0.282	.40 - .49	.50 - 1.19	5
Revenue to Expenses (Total Revenue / Total Expense)	1.03	1.03 - 1.0599	1 - 1.0299	5
Current Ratio (Current Assets/Current Liabilities)	9.51	1.80 - 2.39	1.4 - 1.79	5
Cash to Avg. Mo. Expense (Days) (Cash + ST Invest/Total Expenses)	36.1	80 - 89.99	50 - 79.99	3
Fund Balance Reserve (Net Assets / Ave. Monthly expenses- including CGS)	7.65	6 - 6.99	4 - 5.99	5
% of Revenue from ADAMH (ADAMH Revenue/Total Revenue)	14.6%	< 55.0%	70% - 55%	5
				4.4

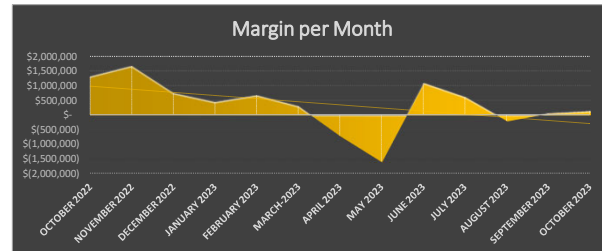
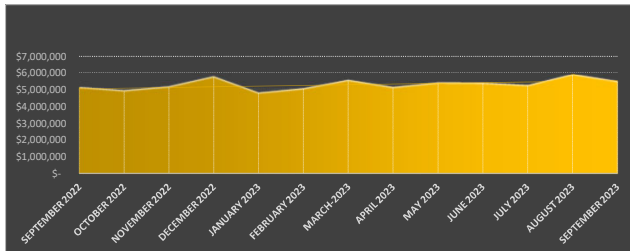
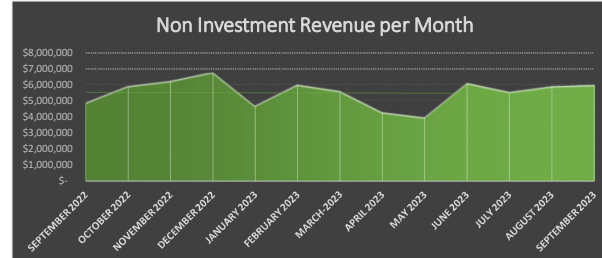
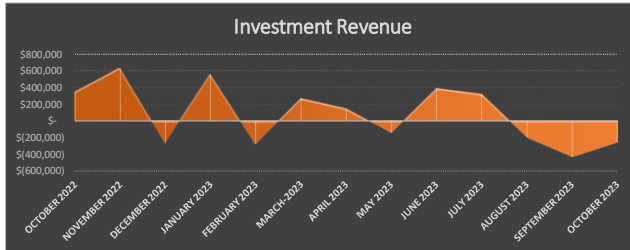
Index Coding
5 - Excellent
4 - Good
3 - Fair
2 - Poor
1 - Correction Required

Historical Ratio Dashboard
For the period ended October 31, 2023



Ratio	Formula	Description
Current Ratio	$(\text{CURRENT ASSETS} / \text{CURRENT LIABILITIES})$	Ability to pay current debt with current assets; 2 to 4 is standard.
Revenue over Expense Margin	$(\text{YTD REVENUE} / \text{YTD EXPENSES})$	Indicates revenues (net income) over expenses; Over 1.03 is excellent.
Assets to Liabilities	$(\text{TOTAL ASSETS} / \text{TOTAL LIABILITIES})$	Indicates debt structure of Organization; 2.0 is standard.
Debt to Net Assets (Equity)	$(\text{TOTAL LIABILITIES} / \text{NET ASSETS})$	Compares borrowed capital to invested capital; .40 is standard.
Days of Cash	$(\text{CASH \& ST INVESTMENTS} / \text{AVERAGE DAY'S EXPENSES})$	Indicates number of days of cash SE has on hand. 90 days is good
Average Days in Receivables	$(\text{REVENUE} / 365) \times \text{AR} / \text{Revenue per day}$	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

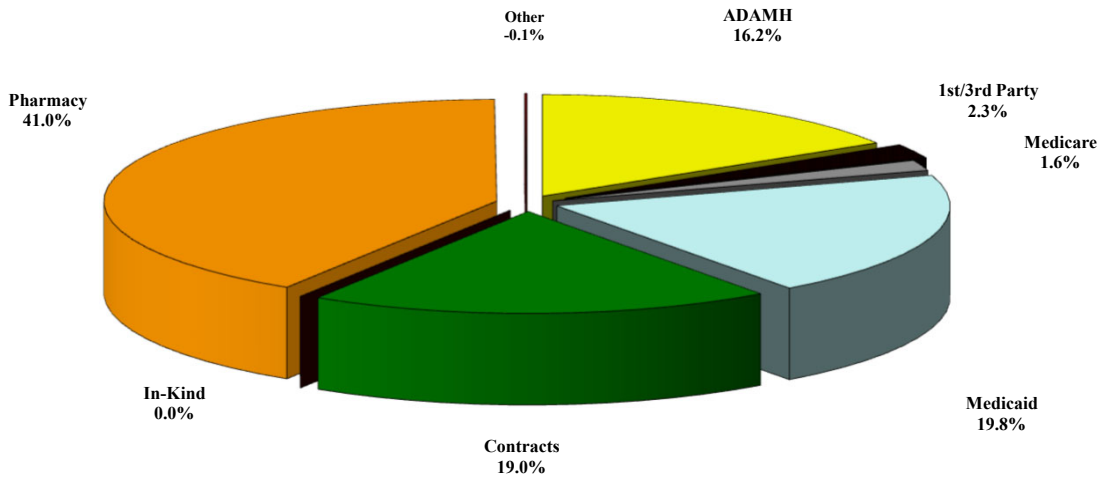
Historical Ratio Dashboard
For the period ended October 31, 2023



Southeast Healthcare Revenue & Expenses by Category

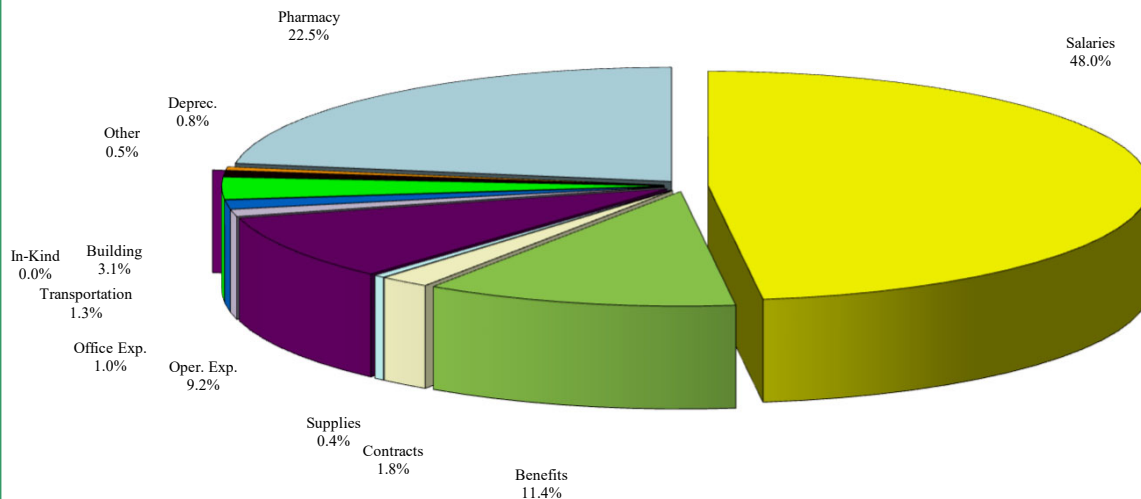
YTD FY 2024 TOTAL CONSOLIDATED REVENUE \$23,042,934

Revenue



YTD FY 2024 TOTAL CONSOLIDATED EXPENSES \$23,340,866

Expenses



SOUTHEAST, INC. PROCUREMENT SUMMARY

Friends of the Homeless Elevator

Describe Goods and Services Being Purchased:

Rehab elevator at the Men's Emergency shelter at 924 E. Main St. through the 2022-23 City of Columbus Shelter Rehabilitation RFP Grant.

Vendors (attach bids):

Midwest Elevator - \$93,069.76

Oracle Elevator – Base bid \$150,000.00

Vendor Recommended: [Midwest Elevator](#)

Reason for Selection (Check all that apply):

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

Summary of Reason for Recommendation:

[Oracle Elevator](#) quoted a new elevator much like the current one. However, most of the equipment is still in good shape, and nothing has changed as far as innovations. Instead, [Midwest elevator](#) will completely replace/refurbish the car with the idea of using steel instead of plastic. This will help to protect the parts of the elevator where there have been issues in the past, such as the cab. They will replace all wear parts and have already checked all the electrical & mechanical components.

Recommended motion:

The Southeast board approves the selection of [Midwest Elevator](#) to provide upgrade the Friend of the Homeless elevator, not to exceed \$102,377 which includes a 10% contingency.

Approval Date: _____

Approved By: _____

Print Name

Title

October 30, 2023

To: Southeast Board of Directors

From: Melissa A. Miller, Chief Human Resources Officer

Re: **AA/Hiring Report/Fiscal Year 2023**

I. Affirmative Action Statement

Southeast, Inc.'s Board of Directors is committed to and charges all Southeast employees with developing and adhering to Affirmative Action Activities that meet the following guidelines:

1. A staffing model and pattern that embraces human diversity (including diversity in race, color, religion, ethnicity, disability, national origin, sexual orientation, veteran status or veterans of the Vietnam-era, age, gender, gender identity, genetic information and HIV disease and political affiliation) as contributing to the strength of Southeast's organizational structure and treatment programs.
2. A culturally respectful environment for all persons who are involved or associated with Southeast, Inc.
3. Teams and departments that are reflective of the community in which we deliver services. Southeast's patients and staff members deserve the enrichment of cultural diversity and representation for the benefit of patients' treatment and recovery as well as staff members' professional development.

II. Affirmative Action Guidelines for Fiscal year 2023

1. As positions become available, we will seek to have diverse applicants in our applicant pool of qualified applicants for all positions. We will hire for positions based on qualifications and program and department needs.
2. Efforts will be made to attempt to hire qualified staff reflective of our patients for all departments and units.

A summary of all yearly updates will be reported on to the Board of Directors. It is expected that our staffing will reflect both Southeast patient demographics and general population demographic trends for the geographic regions we serve.

III. Summary

New Hire Total: 159

Black:	63	(40%)	Male:	49	(31%)
White:	83	(52%)	Female:	110	(69%)
Asian/Pacific Islander:	2	(1%)	40 or Older:	71	(45%)
Hispanic:	3	(2%)			
Two or more races:	8	(5%)			

Changes Total: 10

Black:	5	(50%)	Male:	1	(10%)
White:	5	(50%)	Female:	9	(90%)
Other:		(0%)	40 or Older:	5	(50%)

Promotions Total: 15

Black:	7	(47%)	Male:	8	(53%)
White:	8	(53%)	Female:	7	(47%)
Other:			40 or Older:	11	(73%)

Separations Total: 137

Black:	56	(41%)	Male:	42	(31%)
White:	71	(52%)	Female:	95	(69%)
Asian/Pacific Islander:	1	(1%)	40 or Older:	78	(57%)
Hispanic:	4	(3%)			
Two or more races:	5	(4%)			

Total Turnover Annualized: 20% (Minus) Southeast, Inc. Initiated: 18%

Previous fiscal year turnover	2022 – 27%		
	2021 – 22%		
	2020 – 24%		
	2019 – 24%		
	2018 – 24%		
	2017 – 22%		
	2016 – 22%		
	2015 – 23%		
	2014 – 29%		
	2013 – 23%		
	2012 – 22%		
	2011 – 17%		
	2010 – 22%		
	2009 – 21%		
	2008 – 19%		
	2007 – 25%		
	2006 – 25%		
	2005 – 26%		
	2004 – 28%		
	2003 – 38.1%	2002 – 36.7%	2001
	– 38.4%*	2000 - 29%*	1999 –
	32.4%	1998 – 31.6%	

* Non-Southeast initiated turnover only
Reasons for Separation:

<u>Voluntary</u>	<u>Clinical</u>	<u>Residential/FOH</u>	<u>Supt.</u>
Career Change/Advancement	16	2	6
Another position in field	17	6	7
Relocation	5	1	
Personal/Family Issues	10	4	3
Retirement	4	1	1
Return to School/School Schedule	5		1
Job Abandonment	5	3	
Dissatisfaction with Job/Supervisor	3	2	1
Other	5	2	3
<u>Involuntary</u>			
Client Abuse/Neglect/Exploitation	1		
Violation of Policy	3		
Failure to Perform Expectations of Position	2		
Other – loss of funding//site/layoff	1		

Staffed positions per this year: 547

Open positions at end of year: 42 (Includes newly funded positions)

Franklin/Delaware Counties

Total Active Staff: 450

Black: 210 (47%)	Male: 168 (37%)
White: 209 (46%)	Female: 282 (63%)
Asian/Pacific Islander: 10 (2%)	40 or Older: 303 (67%)
Hispanic: 7 (2%)	
Two or more races: 14 (3%)	

Tuscarawas/Carroll Counties

TC/SE

Staff: 11

Black: 1 (9%)	Male: 3 (27%)
White: 10 (91%)	Female: 8 (73%)
Asian/Pacific Islander: (%)	40 or Older: 10 (91%)

Belmont/Harrison/Monroe Counties

Staff: 81

Black: 2 (3%)	Male: 12 (15%)
White: 78 (96%)	Female: 69 (85%)
Asian/Pacific Islander: 1 (1%)	40 or Older: 52 (65%)

Patient Demographics

Total SE Clients FY 2023	COUNT Y								Grand Total
Race	BELM ONT	CARR OLL	DELAW ARE	FRANK LIN	HARRI SON	MONR OE	MORR OW	TUSCARA WAS	
American Indian or Alaska Native	10		5	55	3		3	4	80
Black/African American	136		65	3823	16	2	9	9	4060
Filipino			1						1
Native Hawaiian			1						1
Other Asian	7		8	81		1	2		99
Other Pacific Islander	2		3	11		1	1		18
Two or more races	36	1	20	174	6	4	6	9	256
Unreported/Unknown	69		26	469	5	1	2	4	576
White	3292	37	812	3747	309	297	537	371	9402
Grand Total	3552	38	941	8360	339	306	560	397	14493

Total SE Clients FY 2023	COUNT Y								Grand Total
Ethnicity	BELM ONT	CARRO LL	DELAW ARE	FRANK LIN	HARRIS ON	MONR OE	MORR OW	TUSCARA WAS	
Declined to specify	29		7	93	3		2		134
Hispanic or Latino	38	2	26	356	4	5	7	12	450
Not Hispanic or Latino	3441	35	891	7729	328	301	549	384	13658
Unknown	44	1	17	172	4		2	1	241
Unreported/Unknown				10					10
Grand Total	3552	38	941	8360	339	306	560	397	14493