



Board of Directors Meeting
Wednesday, October 23, 2024, 5:30 pm
Virtual via GoToMeeting
AGENDA

	Action Needed	Attachment
Roll Call		
CALL TO ORDER		
APPROVAL OF SEPTEMBER MINUTES	✓	✓
<u>President and CEO Report</u>		
Strategic Planning Retreat		
11/27/24 and Annual Meeting In Person		
Board Meetings		✓
Joint Commission		
Homeless Shelter Provider Forums		
Access to Healthcare Services		
New Board Members		
<u>PROGRAM / QI COMMITTEE</u>		
Franklin Co. Board of Commissioners Health Equity Proposal (with Finance)	✓	✓
Carrollton Site HRSA Change in Scope	✓	✓
Hours of Operation by Site	✓	✓
Policy Chart	✓	✓
Ryan White Part B Noncompetitive Renewal (with Finance)	✓	✓
SFY 2024 QI Annual Report	✓	✓
Emergency Management, EOC Plan and Goals	✓	✓
HRSA New Access Point Updates		✓
<u>FINANCE</u>		
Financials	✓	✓
Procurement Summary Heat Pump	✓	✓
Franklin Co. Board of Commissioners Health Equity Proposal (with Program)	✓	✓
Ryan White Part B Noncompetitive Renewal (with Program)	✓	✓
<u>HUMAN RESOURCES COMMITTEE</u>		
Re- Privileging	✓	
Kate Carpenter-Therapist		
Sandra Stephenson-Director of Special Programs		
Alexander Perlic-Pharmacist		
<u>GOOD THINGS</u>		
Josh Gass was awarded the PLA WB George Memorial Award at the ADAMH annual meeting on 10/16/2024.		

Adjournment

* denotes emailed later



**Board of Directors
Meeting Minutes
September 25, 2024, 11:00 AM
Virtual GoToMeeting**

Members Present:

Rev. Tony Burns, Chairperson
Angela Fry, VP
Steve Sielschott, Secretary
Tom Shanahan
Dave Lane, Immediate Past
Chair
Eileen Goodman
Dianne Fidelibus
Pat Halaiko
Art DeLeon
Kori Manus, Treasurer

Members Excused:

Absent:

Sarah Lenkay
Kate Hamilton

SE Staff:

Bill Lee, President and CEO
Rebecca Carr, CFO
Loraine Maguire, VP of Healthcare
Melissa Miller, Director of Human Resources
Sandy Stephenson, Project Director of
CMHC
Dr. Hasan, Chief Medical Officer
April Welch, Executive Assistant

Call to Order: Tony Burns called the meeting to order at 11:00am and a quorum was confirmed.

Approval of Board Minutes – Dave Lane moved to approve the August board minutes, and Dianne Fidelibus seconded. Motion approved.

Board Chair's Report-

Ratification of Executive Committee Minutes

Southeast currently has 3 separate tax entities; Southeast Healthcare Inc, Friends of the Homeless and Alternative Lifestyles. There is a separate audit yearly for the ALS due to the separate Tax ID numbers. Under the ALS tax ID number we track two different locations/cost centers. Historically, Southeast Healthcare has covered some expenses for ALS, which have been recorded as in-kind expenses on ALS's financial statements and listed as a "due to affiliates" liability on the balance sheet. This amount as of June 30, 2024, totals \$817,247.05, and ALS does not have the funds to repay Southeast Healthcare. Southeast Healthcare proposes to forgive the amount owed by ALS as of June 30, 2024. This forgiveness will reduce ALS's liabilities and increase their net assets, as it will eliminate a debt. Since ALS's activities are included in Southeast Healthcare's main audit, the net impact on Southeast Healthcare's financial statements will be zero.

Motion

Tom Shanahan moved the Southeast Board of Directors to approve the Executive Minutes for 9/13/2024 as well as approves the forgiveness of the "due to affiliates" amount from ALS to Southeast Healthcare.

President and CEO Report -

Strategic Plan Retreat

Phil Cass will be conducting Southeast's strategic plan retreat on 11/11 and 11/12. On 11/11

a dinner will be held from 5:30pm to 8:30pm and 11/12 will be an all day conference. The retreat will be held at the Quest Conference Center.

Board Meeting Survey

The results of the board meeting indicated that most people are available at 5:30pm on Wednesday's. Art DeLeon stated that he has missed board meetings due to being promoted and having overlapping meetings. Art did state that he was available on Wednesday evenings. Angela Fry, Steve Sielschott, Pat Halaiko and Eileen Goodman expressed that Wednesday evenings work well. The next Board meeting will be held on 10/23 at 5:30pm.

Shelter Sustainability

Bill Lee presented the Pathway to Frontline; Shelter Sustainability. The Shelter Providers Network is calling for secure, sustainable, predictable and equitable funding through new and existing revenue sources to stabilize emergency shelter. With the escalating challenge of homelessness in our community, the Shelter Providers Network intends to engage in any necessary opportunities to advance progress on the comprehensive 2024 Homelessness Assessment Recommendations. The increase in homelessness is largely due to the underlying housing crisis. From 2022 to 2024 homelessness increased by 24%. In 2028 homelessness is predicted to grow by 86%. Currently shelters are overcrowded and unable to successfully house people and there is no federal funding. The only way to protect the diverse needs of our local governments, advance long-term economic development, and support the safety and dignity of unhoused people is to secure a funding stream for emergency shelter services outside of local general revenue funds. There will be a meeting held by the Community Shelter Board on 10/8 at 2pm for further discussion on community involvement in homeless services. April will forward the invite to the Community Summit on Homelessness.

Program Committee

Angela Fry presented the KY 2025 ADAMH ASP and the ADAMH SOS 4.0.

KY 2025 ADAMH ASP (with Finance)

Southeast will submit our contract year (KY) 2025 agency service plan (ASP) application to the Alcohol, Drug, and Mental Health Board of Franklin County by Friday, September 27th. Programs included for funding will replicate the services funded by this Board during KY 2024. The ADAMH funded services provided will remain largely the same for KY 2025 as during KY 2024. At this time ADAMH is not accepting proposals for new services that require additional funds to be allocated for KY 2025. Southeast's KY 2025 allocation from ADAMH is \$11,396,226. For KY 2025, ADAMH has increased all non-Medicaid procedure codes by 2% and all levy funded allocations have also been increased by 2% as an adjustment for inflation. For allocations which require claims to be submitted, the minimum encounter threshold will remain 90% for KY 2025. There are no significant changes planned for ADAMH value based contracting initiatives or outcomes for KY 2025.

Motion

Angela Fry moved The Southeast Healthcare Board of Directors to approve the submission of the KY 2025 ADAMH service plan application and budget to the Alcohol, Drug, and Mental Health Board of Franklin County in the amount of up to \$11,396,226 and authorizes the Southeast President & CEO to negotiate and enter into the KY 2025 contract. Steve Sielschott seconded. Motion approved.

ADAMH SOS 4.0 (with Finance)

The Ohio Department of Mental Health and Addiction Services (OHMHAS) has recently posted a funding announcement for applications through State Opioid and Stimulant Response funding (SOS 4.0). SOS focuses on building an integrated behavioral health system continuum of care for individuals with a primary diagnosis of opiate use disorder or stimulant use disorder. Southeast will request funding as part of a system-wide application for Franklin County which is being prepared and submitted to OHMHAS by the ADAMH Board. Southeast will request funding to continue our existing SOS 3.0 initiatives. Southeast previously received funding through SOS to add 11.0 FTE Peer Specialists to the Mobile Opiate Response Teams programs. The specific role of the peers is to lower the anxiety of the patient by sharing the peer's personal story of recovery. Southeast will request a continuation of SOS funding to support 2.0 FTE Case Managers added to work with the existing Southeast PATH Team to connect homeless individuals with opiate use disorder or stimulant use disorder to treatment services. No match is required for this funding opportunity. Funding will be provided by the ADAMH Board of Franklin County as an expense-based block grant.

Motion

Angela Fry moved, the Board of Directors of Southeast Healthcare to approve the submission of an application to the Franklin County ADAMH Board requesting \$930,848 in SOS 4.0 funding, to be included in a system-wide funding application for Franklin County which will be submitted to OHMHAS by ADAMH no later than 9/23/2024;

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. Steve Sielschott seconded. Motion approved.

Finance Committee

Kori Manus presented the Term Loan and yielded the floor to Rebecca Carr to present the Financials.

Financials

The July financial report includes a statement of financial position for July as well as a balance sheet, cash flow statements, and key performance indicators. Historical data charts and graphs are excluded. Southeast will continue to close out for the audit that is taking place the first of week of November. The Alternative Lifestyles audit is almost complete. Our new controller starts November 4th. The July financial statements reflect an operating income loss is \$278,822 with a \$56,645 net loss. This profit will change based on the pre audit adjustments that we will need to make to the financial statement specifically in accounts receivable. Ohio Medicaid is allowing providers to resubmit claims that date back to 2022; however, we do not at this time know the impact will have on our accounts receivable. Southeast is reconciling all the county contracts to ensure we are recognizing the correct amount for our services. These amounts are based on conservation booking of patient receivable accounts and will continue to be adjusted based on practice management reporting processes below. As discussed the goal is to have the practice management system reconcile to the financial statements. We continue to work with a practice management system consultant to ensure reports are accurate. In addition, we continue to catch up on posting of claims payments, so the practice management system is up to date with payment posting. When this is completed, the financial statements will reflect a separate line item for allowance for doubtful accounts. Currently patient service revenue and accounts receivable are reflected at net on the face of the financial statements.

Motion:

Kori Manus moved to The Southeast Board to approve the July Financials. Dave Lane seconded. Motion approved.

Term Loan

Kori Manus reviewed the Term Loan for Huntington Bank. Southeast Inc, would like to authorize a 90-day extension of the \$408,816 Term loan with Huntington National Bank for the mortgage of the 3770 N. High St. location. The loan was originally issued on 10/16/2014. Southeast has a goal to payoff the loan over the next 90 days.

Motion:

Kori Manus moved the Board of Directors to approve the authorization of the 90-day extension of \$408,816 Term Loan through Huntington National Bank and authorizes Bill Lee, President and CEO to singly authorize the extension with Huntington as the authorized signor. Dave Lane seconded. Motion approved.

Human Resources Committee

Pat Halaiko presented Privileging.

Re- Privileging

Cristal McCall – FNP

Christina Bournique – Director of Homeless Services

Peg Hittie – Team Leader

Motion:

Pat Halaiko moved to approve the re-privileging of staff. Tom Shanahan seconded. Motion approved.

Good Things

Tori Dimick received the Helping Hands award from the Delaware-Morrow Mental Health and Recovery Services Board.

Southeast has been recognized by the American Heart Association and American Medical Association as one of the “Practices recognized for demonstrating a commitment to measurement accuracy and having 70% or more of their adult patient population with high BP controlled.” This is the highest level of recognition.

Executive Session

Pat Halaiko moved to enter executive session. Tom Shanhan seconded. Motion approved.

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

The Board approved the 5% increase in salary for President and CEO Bill Lee.

Adjournment – Tony Burns moved to adjourn the meeting.

Board Minutes submitted by April Welch, executive assistant for Steve Sielschott, Secretary.

Steve Sielschott, Secretary



Board of Directors Calendar 2025

2025 dates & yearly revolving agenda items (agenda items could change)

Board Meetings are Virtual at 5:30 pm the fourth Wednesday of the month via GoToMeeting

Program Committee meets at 3:30 pm before Board Meeting, Finance meets at 12:00pm the preceding Monday.

January 22

Review and Signing of Conflict of Interest
FQHC Health Center Fee Schedules (if ready)
Patient Satisfaction Survey

February 26

DelMo Budget and contract review
Investment report
FQHC Health Center Fee Schedules (if not approved in January)

March 26

Board Program/Education Presentation
BHM Budget and contract review

April 23

Investment report
TC Budget and contract review

May 28

UDS report/UDS FQHC Data Performance review
Board Self-Assessment

June 25

Board Program/Education Presentation
Client Rights report
HRSA Patient satisfaction survey
QI Plan
Infection Control Plan
Final Board Budget and contracts (2)
Organization Budget

July 23

CEO Evaluation
Scholarship funding (HR)
Board Training Education (FQHC)

August 27

Investment report
Patient Rights Report

September 24

Board Program/Education Presentation
Affirmative Action report

October 22

ADAMH ASP Budget
QI Report Board Education
Investment report
Environment of Care and Emergency Management Plan

November 26 (day before thanksgiving)

Slate of Officers
Committee Chairs

December 17

Annual SAC submission application
Slate of Officers
Committee Chairs
2025 Board Meeting dates
Audit presented to the board

**HRSA Budget month TBD*

**Program Presentations will be quarterly*

Funding Opportunity Summary

Southeast Healthcare Board of Directors – October 2024

Franklin County Board of Commissioners – Community Partnership Health Equity Grants

Funding Source: Franklin County Board of Commissioners		
Funding Opportunity: Community Partnership Health Equity Grants		
Funding Amount: up to \$500,000		
Deadline for Proposal: 10/25/2024		
Award Start Date: 1/1/2025	Funding Period: 1/1/2025 – 12/31/2025 (1 year)	Renewal Available: No
<p><u>Program Summary</u></p> <p>The Franklin County Board of Commissioners is currently accepting applications through its Community Partnership Health Equity Grants funding opportunity. The purpose of this funding is to improve physical, mental, and behavioral health, and overall well-being through increased access to care, utilization of services, and social connectedness.</p> <p>Applicants are required to align proposals with one or more of the three following priorities:</p> <ul style="list-style-type: none"> • Improving maternal and child health among high-disparity groups struggling financially • Reducing the overall incidence and racial disparities in occurrences of preventable diseases and improving the health of those living with chronic mental, physical, and behavioral health conditions among those struggling financially <ul style="list-style-type: none"> ○ Southeast will focus on this area • Improving overall environmental conditions in neighborhoods of concentrated poverty so that they are safe, walkable, and have easy access to basic resources including access to nutritious food <p>Southeast intends to submit an application requesting funding to build on our previous efforts to address disparities in care through the Certified Community Behavioral Health Clinic (CCBHC) and other programs. County funding will allow Southeast to expand the scope of services provided by our care coordinators, which will improve health outcomes among our patients through enhanced coordination and reduce the occurrence of disparities in healthcare access and outcomes among vulnerable groups. Funding will also be used to expand community outreach efforts, targeting groups that are at risk of experiencing disparities in healthcare access. Southeast is also exploring the possibility of adding additional staff to provide assistance supporting patients to access public benefits, including SSI, Medicaid and insurance through the Health Exchange, for which they may qualify.</p> <p><u>Financial Impact on Southeast</u></p> <p>Funding will be provided as an expense-based block grant.</p> <p><u>Proposed Action</u></p> <p>RESOLVED, The Board of Directors of Southeast Healthcare hereby approves the submission of an application to the Franklin County Board of Commissioners through the Community Partnership Health Equity grant funding opportunity for up to \$500,000 by 10/25/2024;</p> <p>FURTHER RESOLVED, the Board of Directors of Southeast Healthcare hereby authorizes the President & CEO to prepare, sign, and submit all documents required for inclusion in the proposal, and to execute all subsequent agreements necessary to receive funding.</p>		

Southeast Healthcare Board of Directors October 2024
HRSA Change in Scope – Carrollton Service Site

Background:

Southeast Healthcare plans to submit a change in scope request to HRSA to relocate our Carrollton service site from 783 Jones Avenue, Carrollton, OH 44615 to 611 High St NW, Carrollton, OH 44615. The service area covered by this site will remain the same, as will the scope of services provided. We are planning to complete the relocation to the new site by the end of the month. Southeast identified a facility in the same area as our previous office (located less than one mile away) with a lower monthly rent payment.

HRSA requires a change in scope submission whenever a health center adds or relocates a service site. A health center's scope of project defines the activities supported by the Health Center Program project budget. Specifically, scope of project defines the approved service sites, services, providers, service area(s) and target population(s).

Proposed Action:

RESOLVED, the Board of Directors of Southeast Healthcare hereby approves the submission of a change in scope to HRSA to add 611 High St NW, Carrollton, OH 44615 as a federally qualified health center site.

**October 2024 Southeast Healthcare Board of Directors
Summary of Service Sites and Hours of Operation**

Background

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

Summary of Changes this Year

Two locations (Van Buren Health Clinic and Friends of the Homeless Dental Clinic) are not currently operating due to staffing limitations. Additional evening hours have been added at the St. Clairsville site, which is now open until 8pm, Monday-Friday. There are no other significant changes to hours of operation since last year.

Recommended Action

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

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 on the attached table.

Southeast Healthcare Location Information

Location	Hours	Program
		Cell color denotes FQHC Location
Downtown Columbus 16 W Long Street Columbus, OH 43215	Monday- Friday 8am-5pm	AHC -Primary Care AHC-Dental BHC- Mental Health Services, Addictions, Case Management, Assertive Community Treatment, BH Services for persons with intellectual/developmental disabilities.
Franklin Station 524-B W. Broad Street Columbus, OH 43215	Monday-Friday 8am-5pm	AHC – Primary Care, Addictions, BHC - Mental Health Services
720 E Broad 720 E. Broad Suite 101 Street Columbus, OH	Monday-Friday 8am-5pm	AHC-PC, Addictions BHC - Mental Health Services, Case Management
Merion Village 1455 S. Fourth Street Columbus, OH 43207	Monday and Tuesday 8am-6:30 Wednesday, Thursday, Friday 8am-5pm	BHC – Mental Health Services, Addictions, IOP, Case Management, Prevention
Friends of the Homeless 924 E Main St Columbus, OH, 43205	24/7 Currently Closed*	BHC-Shelter AHC- Dental
Van Buren Health Clinic 595 Van Buren Dr. Columbus, OH 43223-2230	Currently Closed *	AHC - Primary Care, Mental Health Services, Case Management
Redmond 1989 W Broad St Columbus, OH 43223	24/7	BHC - Residential, Mental Health Services, Case Management
Carpenter 1699 S High St Columbus, OH 43207	24/7	BHC - Residential, Mental Health Services, Case Management
Clintonville 3770 N. High St Columbus, OH 43214	Monday-Friday 7:30am-4:30pm	BHC- Vocational Rehabilitation
RREACT 1705 S High St Columbus, OH 43207	Monday - Friday 8am-5pm (site hours) Program Hours -Monday - Friday 8:00am- 10:30pm Saturday 9:00am – 9:30pm, Sunday 9:00am-5:30pm	BHC - Addictions
Delaware	Monday 8:00am – 5:00pm	AHC - Primary Care

824 Bowtown Rd Delaware, OH 43015	Monday, Wednesday-Friday 8am-5pm Tuesday 8am-8pm	BHC- Mental Health Services, Addictions, Case Management, Assertive Community Treatment
		BHC - Vocational Services
Morrow 651 W. Marion Rd. Suite A Mt. Gilead, OH 43338	Monday-Wednesday, Friday 8am-5pm Thursday 8am-8pm First Saturday of each month 9am-12pm (Telehealth therapy only)	BHC - Mental Health Services, Case Management BHC-Vocational Services
		BHC - Vocational Services
St Clairsville 68353 Bannock Rd St. Clairsville, OH 43950	Monday - Friday 8am-8pm	AHC - Primary Care BHC - Mental Health Services, Case Management
	Monday-Friday 7am-3:30pm	BHC - IOP
Woodsfield 37990 Airport Rd Woodsfield, OH 43793	Monday-Friday 8:30am-5pm	BHC - Mental Health Services, Case Management
Cadiz 243 S Main St Cadiz, OH 43907-1131	Monday - Thursday 8am-6pm	AHC- Primary Care
	Monday-Friday 8am-4:30pm	BHC-Mental Health Services, Case Management
Martins Ferry 302 W Walnut Martins Ferry, OH 43935	Monday - Friday 8am-8pm	BHC - Mental Health Services, Case Management
Shadyside Middle School 3795 Leona Ave. Shadyside, OH 43947	Monday-Friday 7am-3pm	BHC - Mental Health Services, Case Management
Four Oaks 46137 National Road West St. Clairsville, OH 43950	24/7	BHC - Mental Health Services, Residential
New Philadelphia 344 W. High Avenue, New Philadelphia, OH 44663	Every Other Tuesday 10:00 am-4 pm	AHC- Primary Care
	Monday-Friday 8am-4:30pm	BHC - Mental Health Services, Case Management
Carrollton 611 High St NW Carrollton, OH 44615	Monday-Friday 8am-4:30pm	BHC - Mental Health Services, Case Management
BHM Coach		AHC- Primary Care
Martins Ferry	Wednesday 9am-4:30pm	
Wheeling Healthright	Thursday 9am-4pm	BHC - Mental Health Services
PATH Coach		

Van Buren Shelter	Tuesday 9am - 1pm	BH - Mental Health Services, Case Management
Various location in Franklin County based on need	Varies, up to 5 hours per week	
<p>* Van Buren Health Clinic and FOH Dental clinic are not currently operating due to staff turnover. Southeast intends to resume the listed hours of operation for these sites as soon as positions are filled. If any changes to the listed hours of operation for these sites are necessary after new staff have been hired, Southeast will prepare a revised listing of hours of operation for board approval</p>		

Summary of Southeast Healthcare Policy Statements for Program/QI Committee Review October 2024

New policies and changes to policy statements address requirements of regulatory organizations, The Joint Commission and or HRSA standards and a reorganization of contents for increased clarity for the end user. The **Revised and new policy statements** and **Retired policies** are the action items for consideration.

	Policy for Board Review	Original SE Document Title	Southeast Doc. Number	New Policy	Policy Revision	Description/Purpose	PC, BH, or Both
1	SUPERVISION OF COMMUNITY PSYCHIATRIC SUPPORT PROGRAM SERVICES	12.01.01.00				Southeast has a more companying supervision policy sand the OhioMHAS standard has changed making this policy irrelevant. o this	BH
Retire Policy Statement							
In accordance with ODMH Rule # 5122-29-17, paragraph "L", Southeast will provide proper administration and supervision of case management staff and services to ensure the adequacy and quality of care provided to clients of Southeast. Southeast will also specify the frequency and methods of supervision of Community Psychiatric Support Program Services staff as found in the procedures below.							
Revised Policy Statement							
NA							

Suggested Motion:

Southeast Board retired the following new policy:

SUPERVISION OF COMMUNITY PSYCHIATRIC SUPPORT PROGRAM SERVICES

Funding Opportunity Summary

Southeast Healthcare Board of Directors – October 2024

Ryan White Part B: HIV Client Services Grant Summary Noncompetitive Renewal

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 \$600,000		
Deadline for Proposal: Tuesday, 11/12/2024, 4:00 PM		
Award Start Date: April 1, 2025	Funding Period: 1 year	Renewal Available: yes, for one additional year.
<p>Program Summary</p> <p>Southeast intends to submit a renewal application for the Ryan White Part B program by 11/12/2024. 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 in 2022, we are submitting an application for the third of four years of renewal funding.</p> <p>The grant funding currently supports 5 FTE: one project coordinator, three case managers (two medical case managers and one non-medical case manager) and one benefits navigator. We plan to request funding for an additional case manager and a case aide, for a total of 7 FTE.</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 November 12, 2024 to provide funding for the Ryan White Part B HIV Program, in the amount of up to \$600,000 in accordance with the application guidelines;</p> <p>FURTHER RESOLVED, the Board of Directors of Southeast Healthcare hereby authorizes the President & CEO to prepare, sign, and submit all documents required for inclusion in the proposal by November 12, 2024 and to execute all subsequent agreements necessary to receive funding.</p>		

Quality Improvement Report SFY 2024

Executive Summary

The annual QI Report is updated on the fiscal year (July 1st - June 30th), and compares the organization's performance to targets set in the annual QI Plan.

Volume Trends

Total patient volume across all services has increased 5% since last year. Since FY21, the total number of patients decreased 11%. Each board area experienced an increase in number of patients served since FY23.

The number of **patients seen by primary care increased by 4%** from FY23, but is 13% lower than FY21. The number of PC visits decreased by 6% since FY23 and experienced a 24% decrease since FY21.

The volume of **patients with a behavioral health service increased 6%** in FY24; visits increased 2%. Nearly half (48%) of behavioral health patients were seen by psychiatry, and 40% had a case management service. Therapy was the only of these major BH service lines to decrease since FY24, by 3%. Assessments increased the most, by 17%.

Patients	FY20	FY21	FY22	FY23	FY24
All Patients	15,387	16,975	14,682	14,491	15,149
Primary care	4,456	5,231	4,453	4,352	4,538
Behavioral health	14,012	15,264	13,315	13,086	13,818
Dental	542	343	446	612	339

Visits	FY20	FY21	FY22	FY23	FY24
Primary care	15,459	21,264	17,400	17,212	16,201
Behavioral health	254,476	250,606	221,113	219,346	224,420
Dental	919	546	849	1186	664

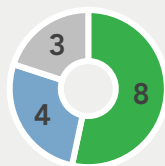
No shows

In the past two years, the no-show rate for behavioral health appointments has been lower than primary care. The highest BH no-show rates were for entry to services appointments: CTP screening, psychiatric evaluations, and intake assessments.

	FY20	FY21	FY22	FY23	FY24
Behavioral health	28%	24%	29%	25%	24%
Primary care	26%	17%	27%	28%	30%

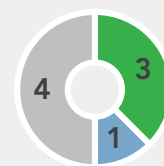
PC Performance

Out of 15 measures, 8 met the QI target, and another 4 were within 10%.



BH Performance

Out of 8 measures, 3 met the QI target, and another 1 was within 10%.



Employment/Vocational

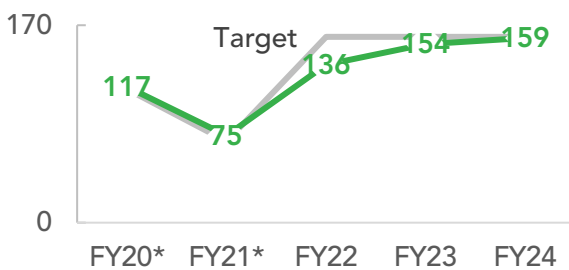
A key performance indicator across all employment and vocational services is the number of job starts. Most programs did not meet that metric, however, other targets were met.

	Job starts	90 days continuous employment	Weekly hours	Hourly rate
Franklin Career Development	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Project Work	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
REBEL IPS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
BHM Supported Employment	<input checked="" type="checkbox"/>	n/a	n/a	<input checked="" type="checkbox"/>
Delaware/Morrow Vocational	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Shelter & Transitional Housing

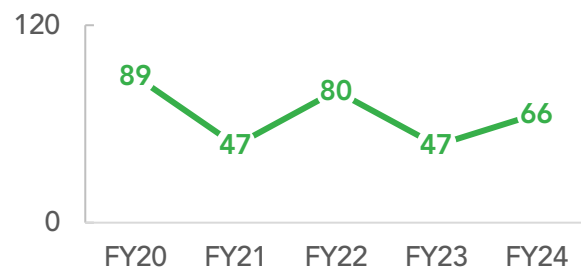
Friends of the Homeless

Nightly occupancy has increased 112% since FY21, nearly reaching the target of 160 in FY24.



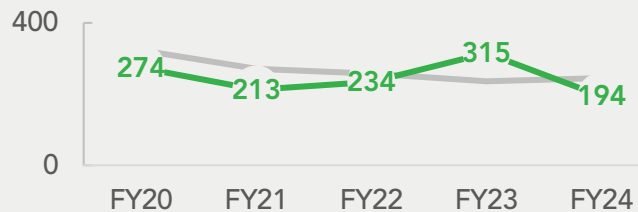
Bridge to Success

Sixty-six people were successfully housed (55% of the 130 people served total). The occupancy rate was 89%.



Homeless Outreach: PATH

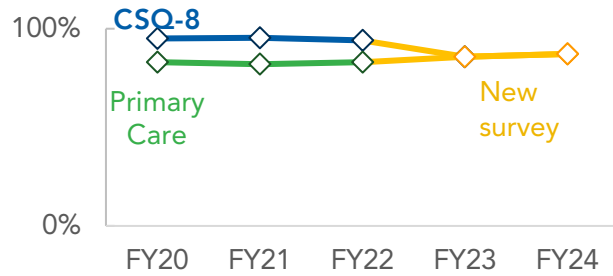
The number of individuals **connected to treatment** decreased by 38% since last year. This outcome was below the target of 245.



Patient & Community Input

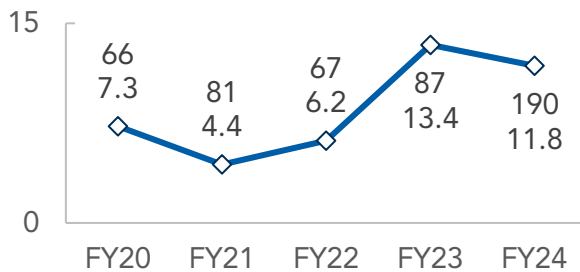
Patient Satisfaction Surveys

Southeast surveyed 10% of patients, reaching the target. The **percent of questions answered positively** remained high, above 80%, in the past five years. This year, 87% of questions were answered positively.

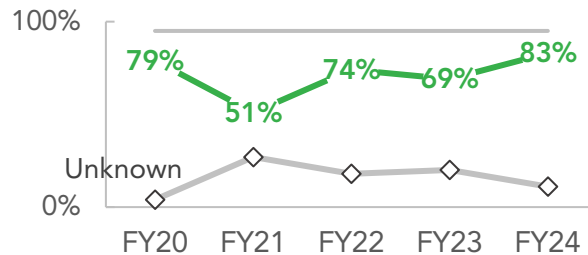


Patient Rights

Over the past five fiscal years, the **number and rate of complaints** per 1,000 patients served increased greatly. However, the rate did decrease in SFY24.



The percent of complaints **resolved to the patient's satisfaction** increased to the highest level it has been in the past five years.



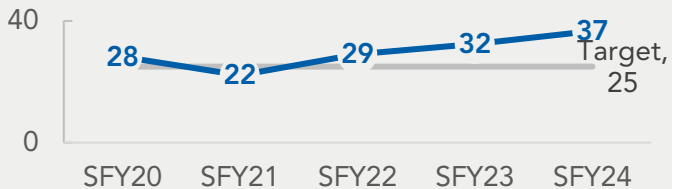
Unusual Incidents

Unusual incidents (UI's) are events that are not consistent with routine care of patients or routine operations that negatively impact persons served, staff, visitors and/or property.

Since FY20, illness or death has been the most frequently occurring incident type.

- This year, illness/medical emergency accounted for 38% of submitted UIs.
- Deaths accounted for 16% of submitted UIs, and the majority were of unknown cause.

The **rate of incidents** has increased in the past four years by 66%, well beyond the target of 25 per 1,000 served.



Financial Performance

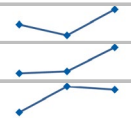
One measure of financial performance is **change in net assets**. The large increase in net assets in 2021 is a result of COVID related funding including the Paycheck Protection Program. FY24 numbers are not yet audited.

SFY19	SFY20	SFY21	SFY22	SFY23
(\$352,662)	\$1,701,743	\$10,362,497	\$1,442,473	(\$641,353)

Productivity

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


	SFY22	SFY23	SFY24
80% or above	65%	63%	69%
90% or above	51%	51%	56%
100% or above	33%	34%	34%



Staff Turnover

Southeast's goal is to have less than 25% turnover annually. There was a 9% decrease since the high of 27% in FY22.

	FY20	FY21	FY22	FY23	FY24
Turnover	20%	22%	27%	19%	18%

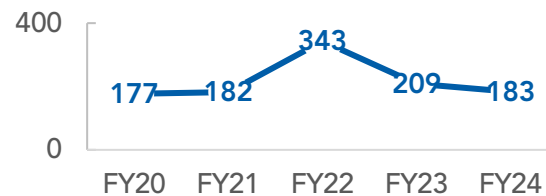


Environment of Care

Facilities	FY24	Change
Fire Drills	100%	→
Tornado Drills	95%	↓
Temperature Logs	100%	↑
Monthly Safety Checklists	100%	↑

Infection Prevention & Control

The number of infectious diseases reported decreased 12% since FY23. The spike in FY22 is due to COVID.





Quality Improvement Report

SFY 2024



southeast
healthcare



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

Table of Contents

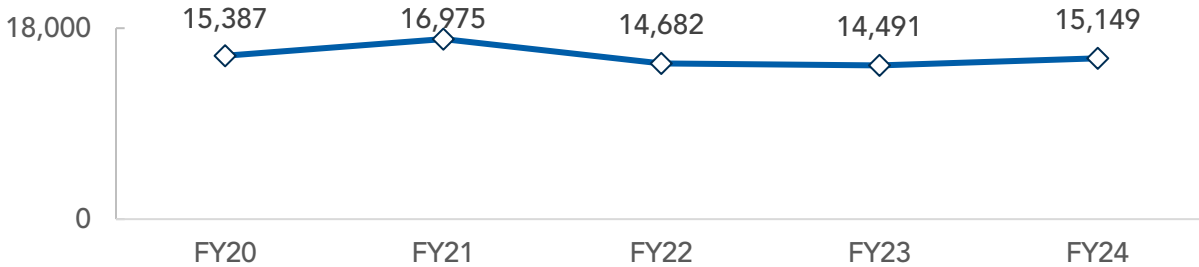
Direct Service Programs 2
Trends..... 3
Primary Care..... 5
Behavioral Health 7
Dental..... 9
Employment & Vocational 9
Shelter & Transitional Housing 11
Homeless Outreach..... 13
Transitional Youth Programs 14
Patient & Community Input 15
Patient Satisfaction Surveys..... 16
Patient Rights 17
Partner Organization Survey..... 19
Compliance & Risk Management..... 20
Unusual Incidents 21
Program audits, reviews, licensure, and accreditation 23
Fiscal Audits 23
Operations..... 24
Financial Performance 25
Productivity 26
Human Resources..... 26
Environment of Care 26
Recommendations 29
Previous recommendations 30
New recommendations 30
Appendix A-i

Direct Service Programs

Trends

Total patient volume

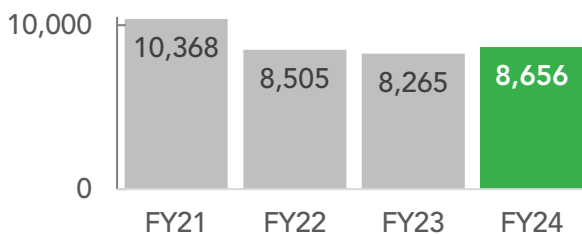
Total patient volume across all services has increased 5% since last year. Since FY21, the total number of patients decreased 11%.



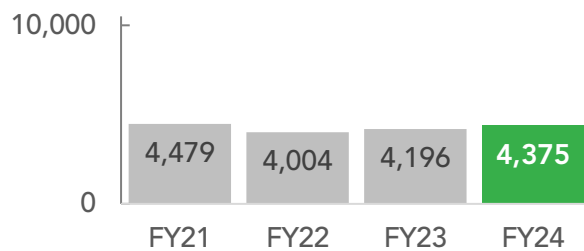
Patient volume by board area

Each board area experienced an increase in number of patients served since FY23.

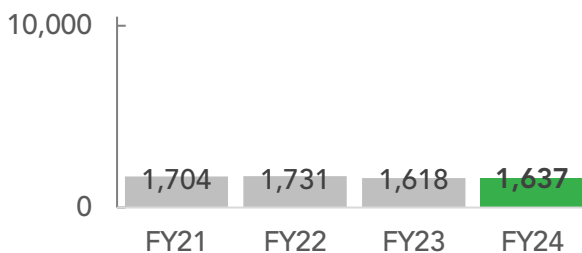
Franklin



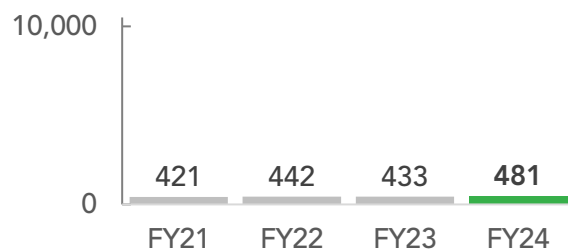
Belmont, Harrison, Monroe



Delaware, Morrow

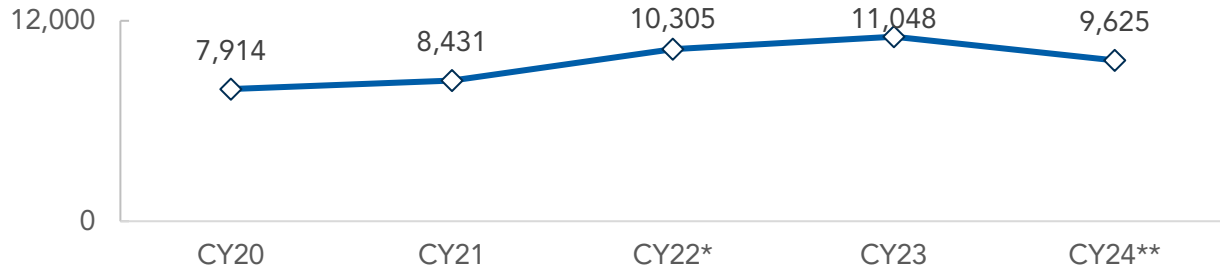


Tuscarawas, Carroll



UDS patient population

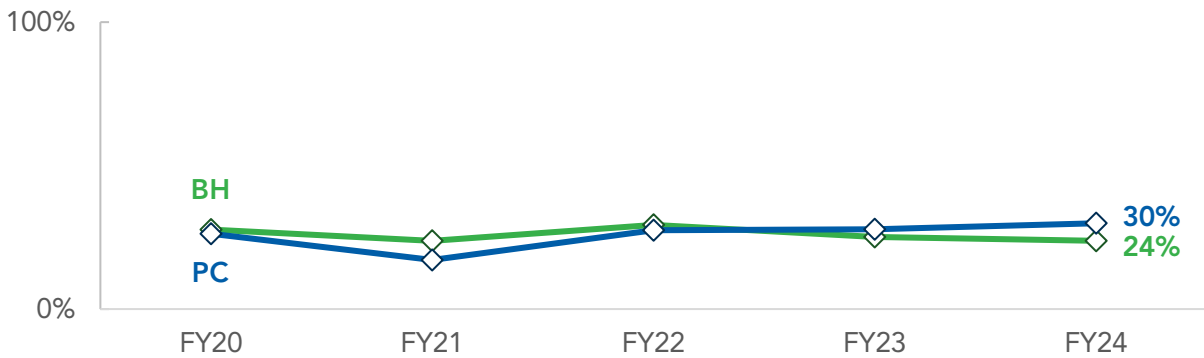
Southeast reports data to Human Resource Service Administration (HRSA) each February for the preceding calendar year. The Uniform Data Set (UDS) patient population consists of patients served by the Federally Qualified Health Center (FQHC). The UDS patient population increased greatly (by 36%) from CY 2019 to CY 2022. This is primarily due to site additions, which mostly provide only behavioral health services (Carrollton, Martins Ferry, Merion Village, New Philadelphia, Shadyside, and Woodsfield).



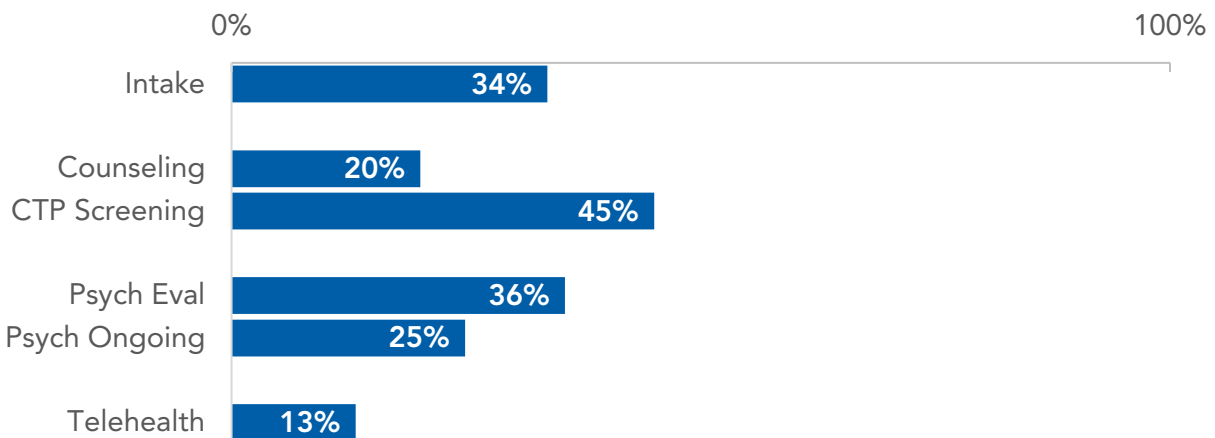
*Multiple BH locations were added to scope CY22; *CY24 data are YTD due to the time this report is generated.

Percent of appointments no showed

In the past two years, the no-show rate for behavioral health appointments has been lower than primary care. Both service lines have remained at or below a 30% no-show rate in the past five years.



The highest BH no-show rates were for entry to services appointments: CTP screening, psychiatric evaluations, and intake assessments.

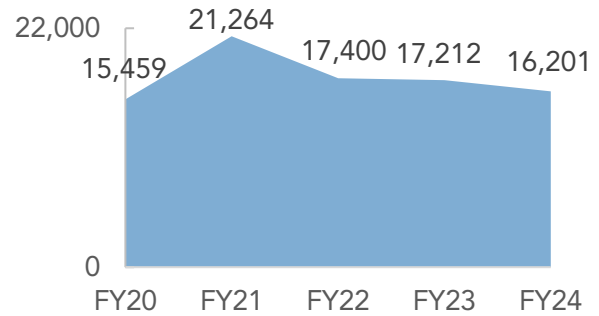
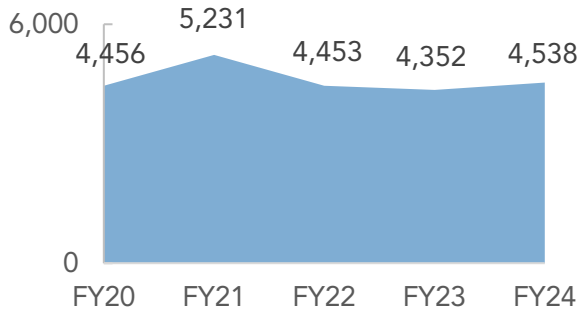


Primary Care

Volume

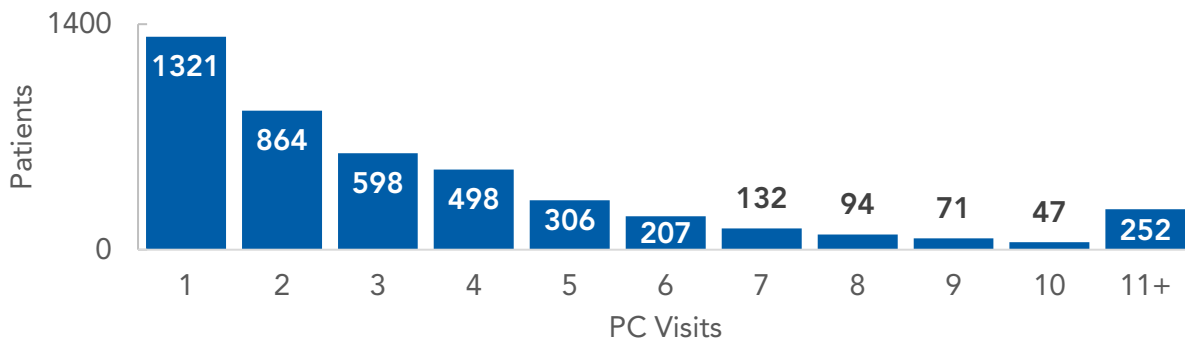
The number of **patients** seen by primary care increased by 4% from FY23 but is 13% lower than the highest volume in FY21.

There was a 6% decrease in **visits** since FY23 and a 24% decrease since FY21.



Visits distribution

About 30% of patients seen by primary care just had one visit during the fiscal year, and 20% had two visits. The average number of visits per primary care patient was 3.69.



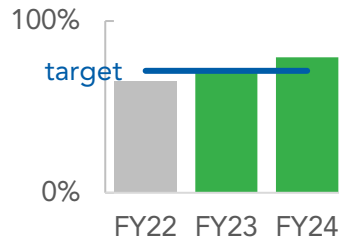
Performance

Southeast sets annual quality improvement targets for key primary care measures, identified from the HRSA UDS report, and Comprehensive Primary Care (CPC) and Ohio Association of Community Health Centers (OACHC) value-based care measures. See appendix for full listing of measures, and definitions. Overall, **8 of 15 measures met the QI target** in FY24.

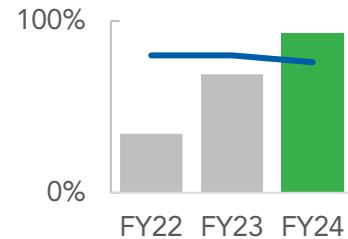
BMI measures:

Both adult BMI and Child weight assessment and counseling increased each of the past three years, exceeding the QI target in FY24 by the largest margins.

Adult

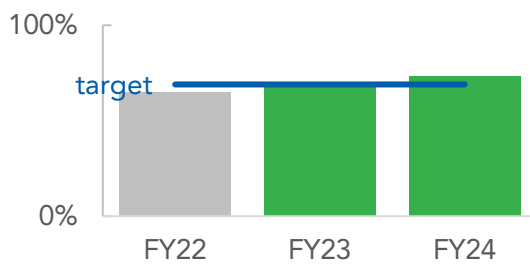


Child



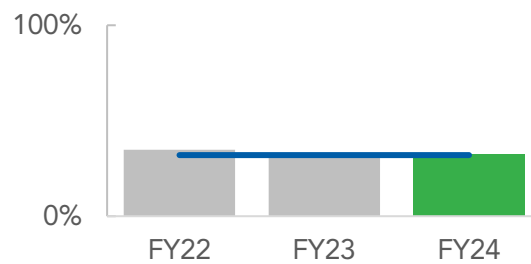
Hypertension controlling high BP:

The result improved each of the last three years, meeting and exceeding the QI target.



Diabetes A1c>9 or untested:

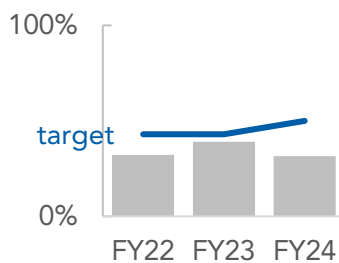
The result decreased (improved) each of the last three years, meeting the target in FY24.



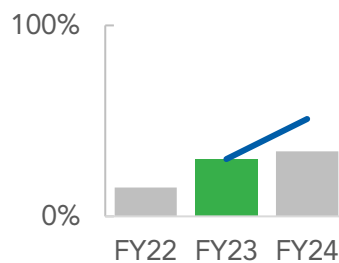
Cancer screenings:

These measures were some of the lowest below target for FY24. Breast cancer screenings have increased each of the past three years, however.

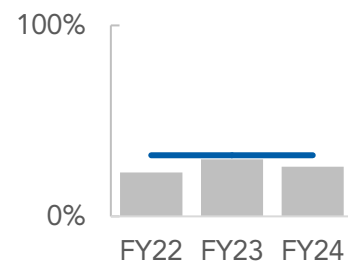
Cervical



Breast



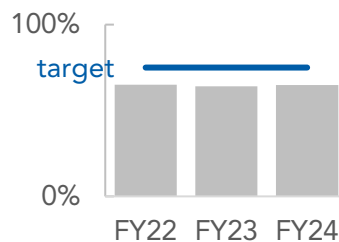
Colorectal



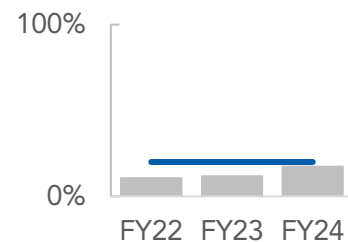
Depression measures:

Neither measure met the QI targets the past three years, however, the Depression remission result has improved each year.

Screening & follow up



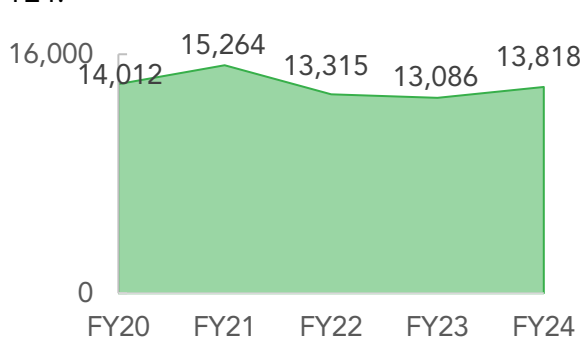
Remission



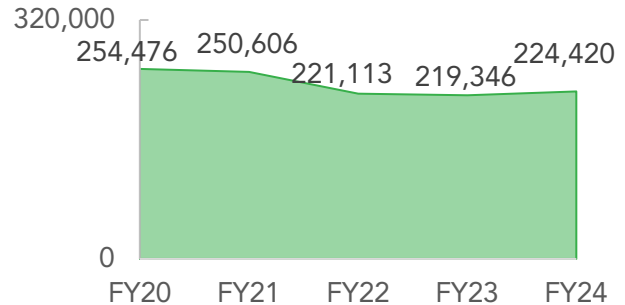
Behavioral Health

Volume

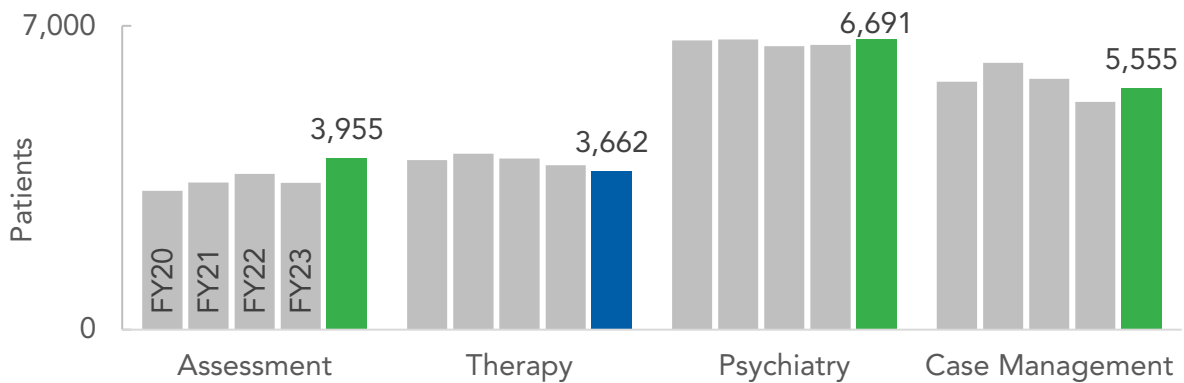
The overall volume of **patients** with a behavioral health service increased 6% in FY24.



The total number of behavioral health **visits** has decreased 12% in the last five years.

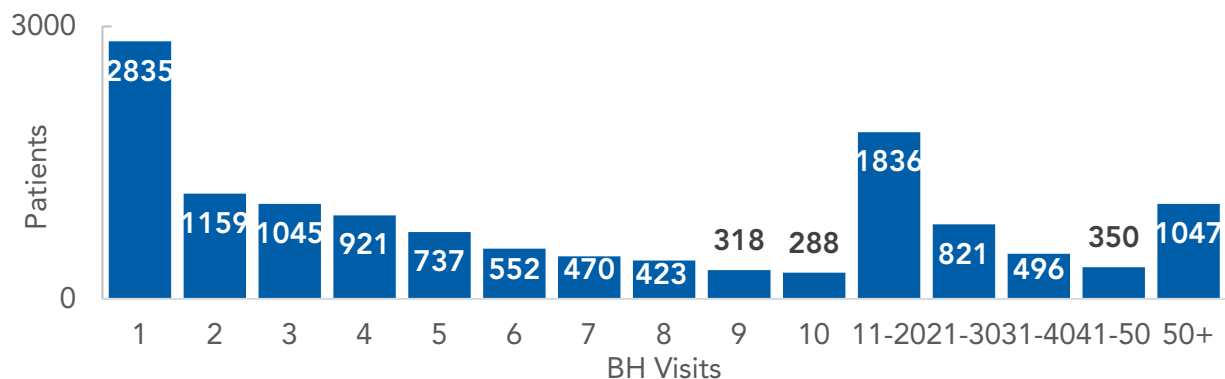


Psychiatry and case management are the largest service lines by patient volume within behavioral health. Nearly half (48%) of behavioral health patients were seen by psychiatry, and 40% had a case management service. Therapy was the only of the major BH service lines to decrease since FY24, by 3%. Assessments increased by 17% since last year.



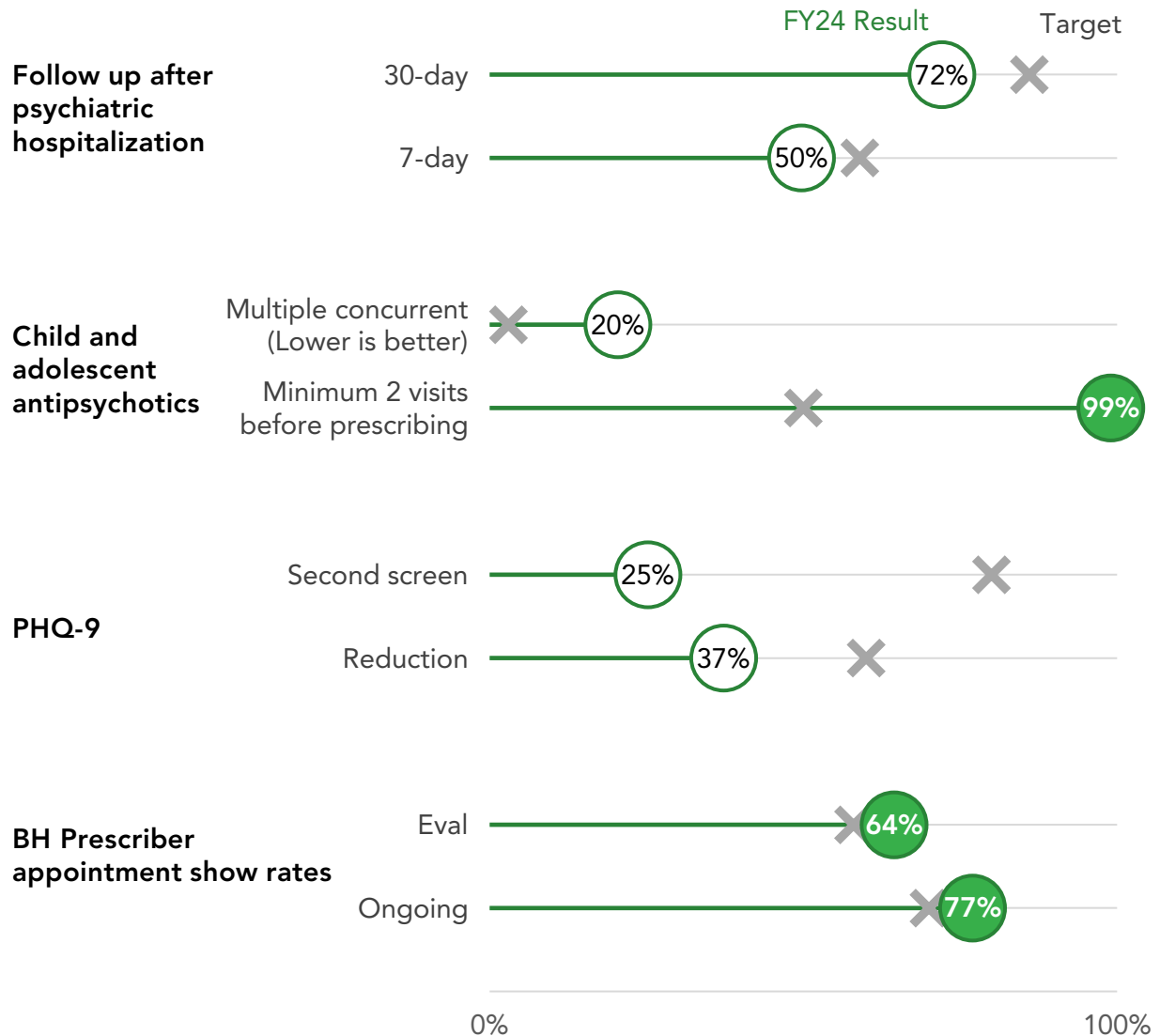
Visit distribution

About 21% of patients had just one behavioral health visit during the fiscal year, 50% had five or less, and 14% had 11-20 visits. The average number of visits was 16.2.



Performance

Southeast has set several targets for behavioral health outcomes represented in the chart below. **Three of eight measures met the QI target** in FY23: Children and adolescents have a minimum of two visits before prescribing antipsychotic medications, and Behavioral health prescriber evaluation and ongoing appointment show rates. Seven day follow up after psychiatric hospitalization was within 10% of meeting the target. See appendix for target percentages and measure definitions.



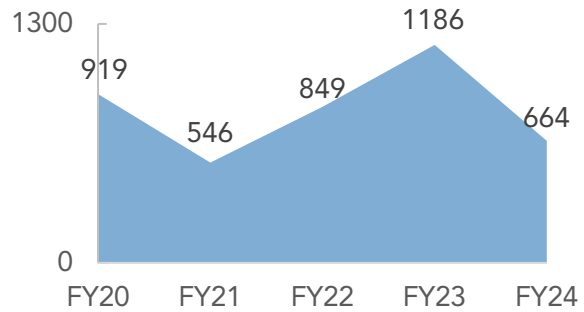
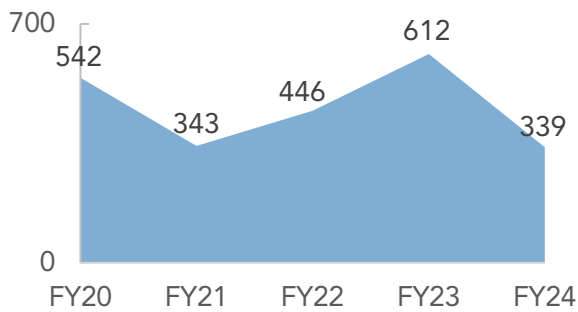
Dental

Volume

During FY24, the Dentist worked just four days per week, and there was an extended period of vacancy (starting 3/7/24) in the Dentist position, leading to a decrease in volume.

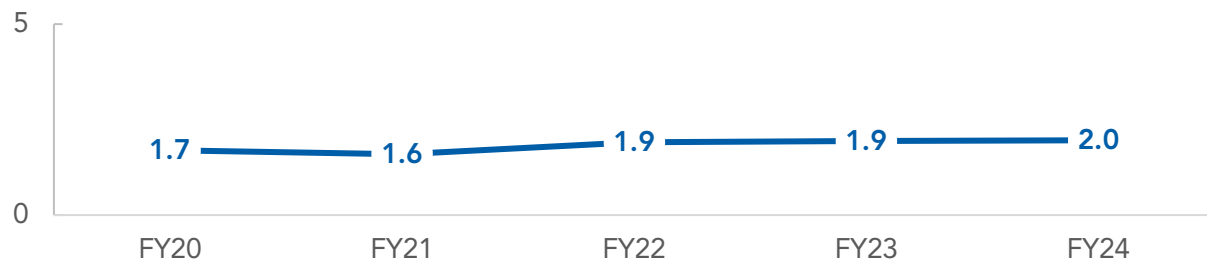
The number of dental **patients** in FY24 was 45% lower than in FY23.

Similarly, the number of **visits** decreased 44% in the dental clinic.



Average visits per patient

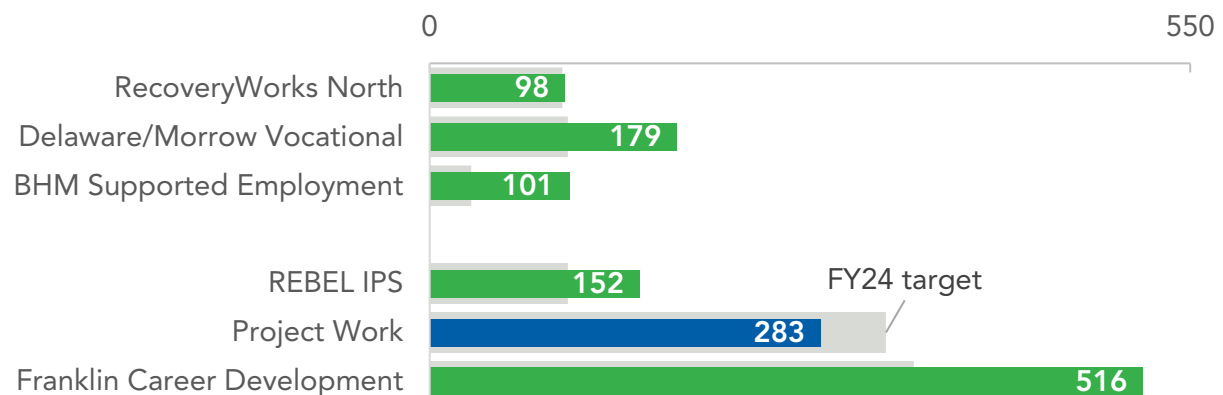
The average number of dental visits per patient remained about the same as in previous years.



Employment & Vocational

Volume

Each vocational program sets a QI target for the number of people to be served. Each program other than Project Work met their target. Project Work had a three month hold on new participants due to full job sites and delays in placements by placement staff.

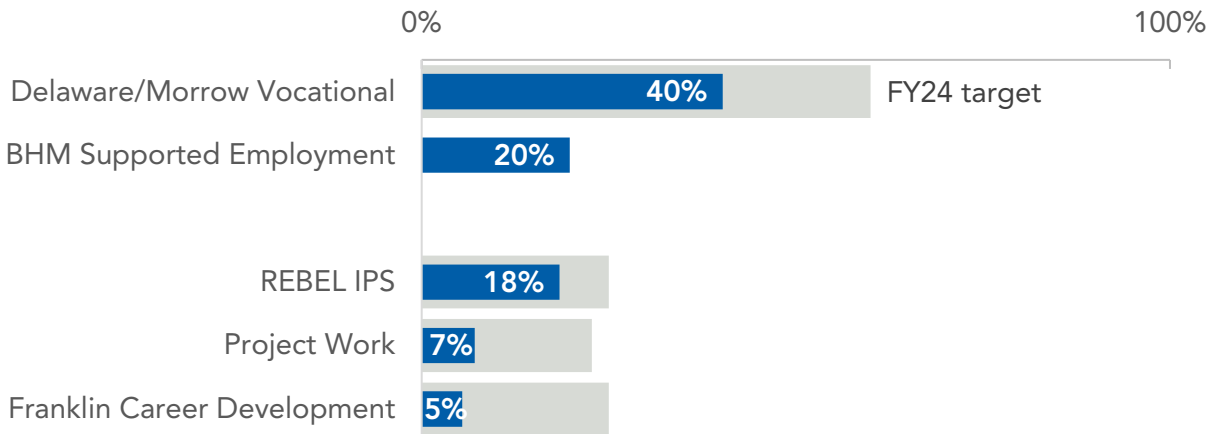


Performance

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

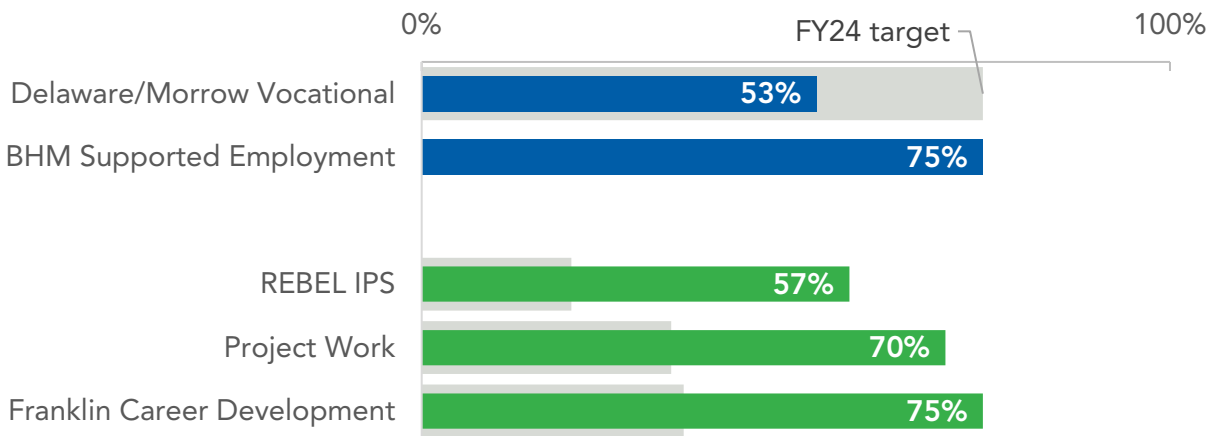
Percent of clients with a job start

No program met their target for percent of people served who had a job start in FY24. BHM's goal language included additional criteria, and therefore a target is not included in the chart below.

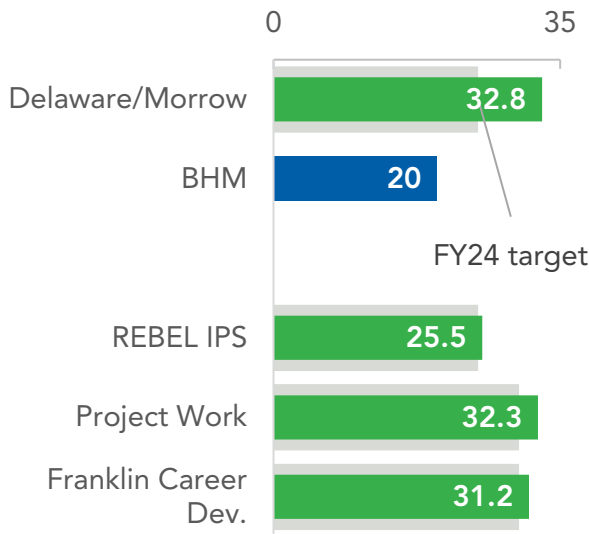


Participants exceeding 90 days of continuous employment

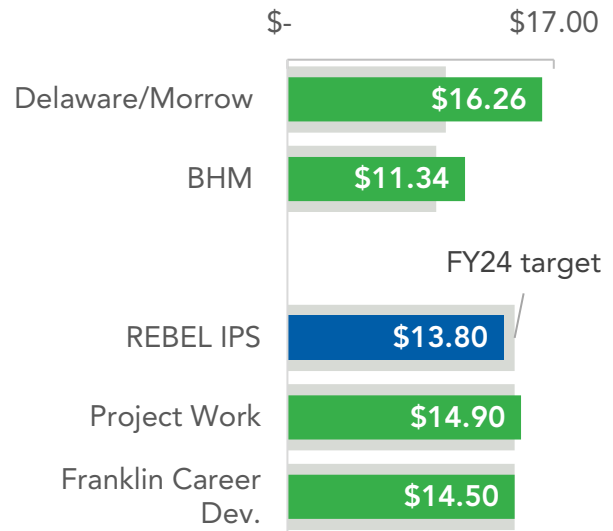
Franklin County programs exceeded their targets, while Delaware/Morrow did not. BHM Supported employment did not set a target for this measure in FY24.



Average number of hours worked per week
BHM Supported Employment did not set a goal for average number of hours worked per week, but all other programs exceeded their targets.



Average hourly income
REBEL was the only program to not meet their target for average hourly income.



Shelter & Transitional Housing

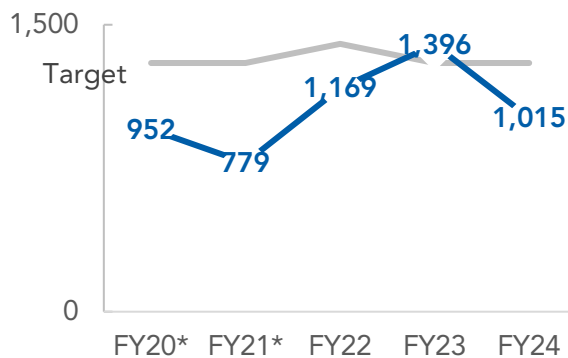
Shelter and transitional housing programs are Friends of the Homeless (FOH) Men’s Shelter and the Bridge to Success program.

Volume

Friends of the Homeless:

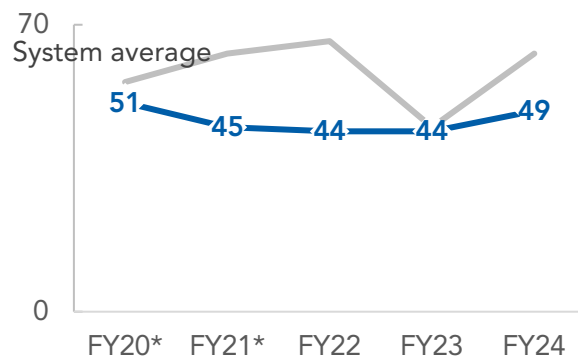
Number served

The number of people served at FOH decreased by 27% from last year, falling below the target of 1,300.



Average length of stay

FOH’s length of stay was 49 nights, lower than the Franklin County system average.



*capacity reduced due to the COVID-19 pandemic.

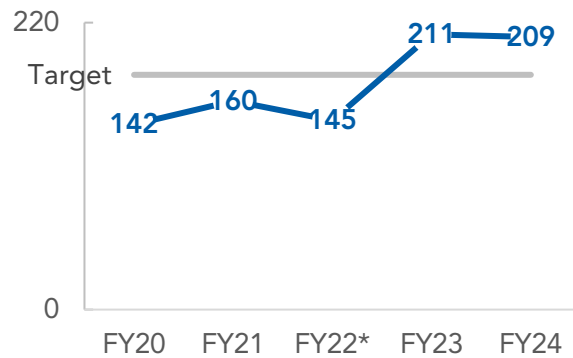
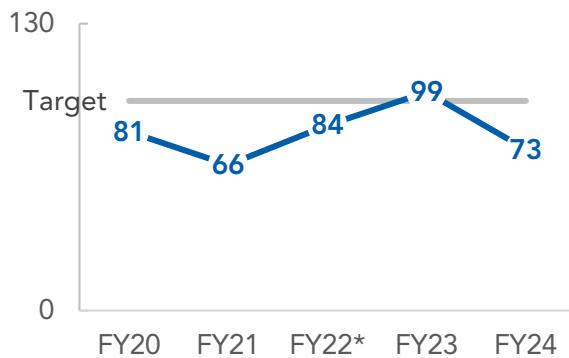
Bridge to Success:

Number of residents admitted

Bridge to Success is a transitional living environment made up of several apartments. Each apartment has multiple bedrooms, however, to maintain safe and social distancing during the pandemic, the capacity of multiple occupant units was reduced leading to a significant drop in the number admitted during SFY 2021. The number admitted was also impacted by the fact that the primary referral sources for this program are Psychiatric Inpatient Units, who also reduced census during the pandemic.

Average length of stay

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

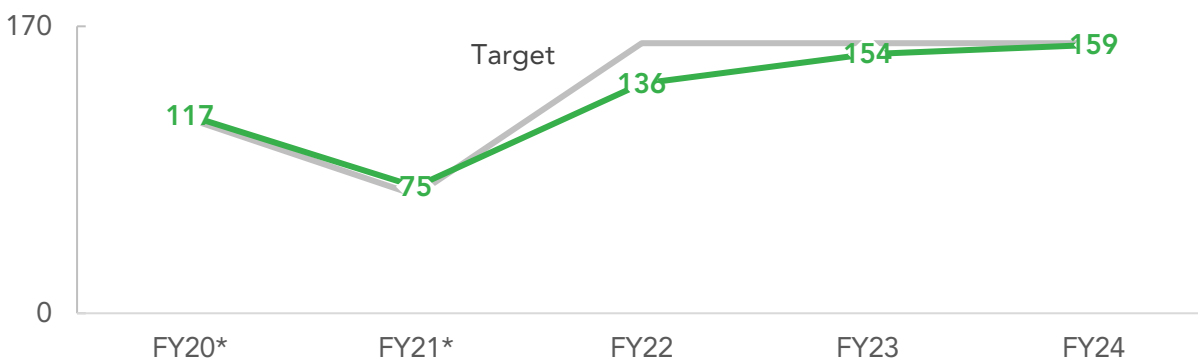


*As a result of the reduction in census for SFY 2022, in addition to several permanent supportive housing opportunities coming online in 2022, Bridges to Success was unable to reach full censuses in SFY 2022.

Performance

Friends of the Homeless: nightly occupancy average

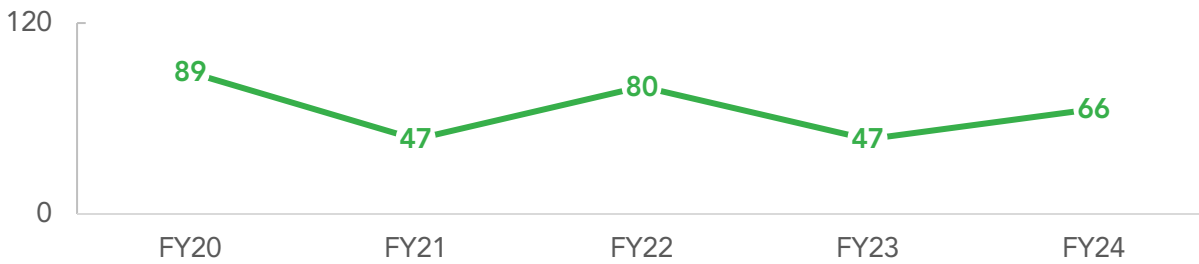
Nightly occupancy has increased 112% since the low in FY21 to nearly reach the target of 160.



*capacity reduced due to the COVID-19 pandemic.

Bridge to Success: *number of residents successfully housed*

Sixty-six people were successfully housed (55% of the 130 people served total).



Bridge to Success: *occupancy rate*

The occupancy rate in FY24 was 89%. Previous years data are not currently available.

Homeless Outreach

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

Volume

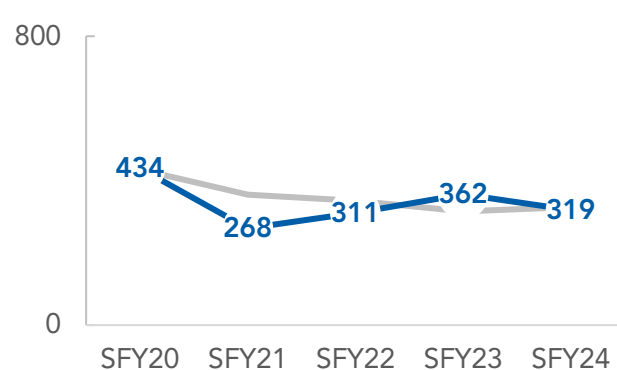
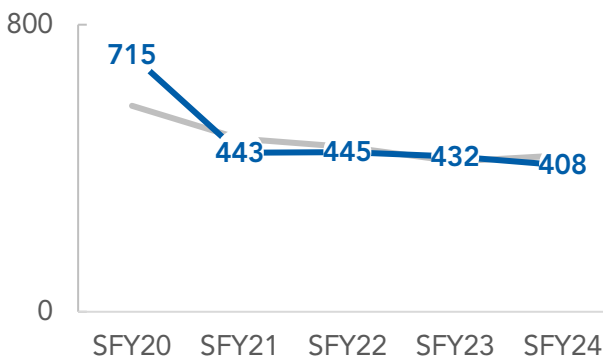
The ability to contact new individuals and enroll eligible clients was impacted by a long period of vacancy on the team, as well as a team lead.

Number served by PATH

The number of individuals contacted or served by PATH has declined since FY20 but remained steady in the past four years. However, PATH did fall below the target of 436 this year, decreasing 6% from FY23.

Number enrolled in PATH

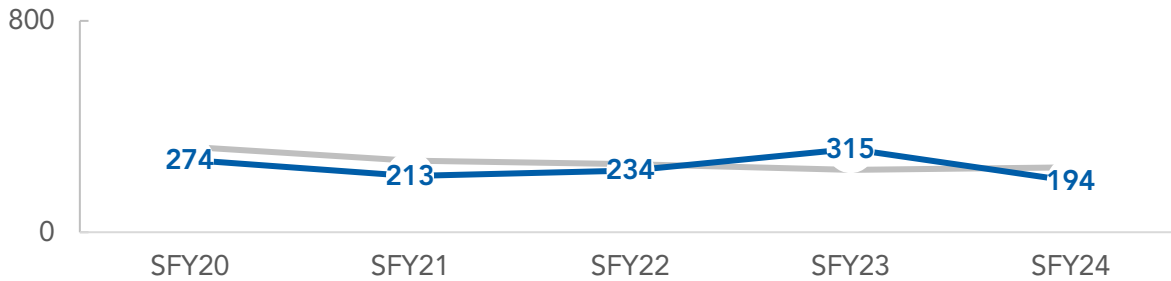
The number enrolled also fell, by 12% since last year, and was just below the target of 327.



Performance

Number connected to community mental health treatment

The number of individuals connected to treatment decreased most since last year- by 38%. This outcome also was below the target of 245. Linkage to community mental health has increased in difficulty due to long waitlists and general barriers to seeking treatment.



Transitional Youth Programs

Life and Job Skills

Life and Job Skills is a program for youth and young adults involved with Franklin County Juvenile Court. Community-based services are designed to assist participants with developing the skills needed to obtain and maintain employment as well as independent living.

- In FY24, the Life and Job Skills program changed the outcome tracked to evaluate the program, therefore there is no trend data for this goal yet.
- Previously, the program tracked and consistently achieved the goal: 65% of participants actively engaged in services will obtain employment or obtain a volunteer position or reengage in education by the completion of services.

The FY24 goal is: A minimum of one (1) identified goal on the Individual Case Plan will be achieved by the end of services for at least 85% of participants engaged in services.

Individual Case Plan goal achievement

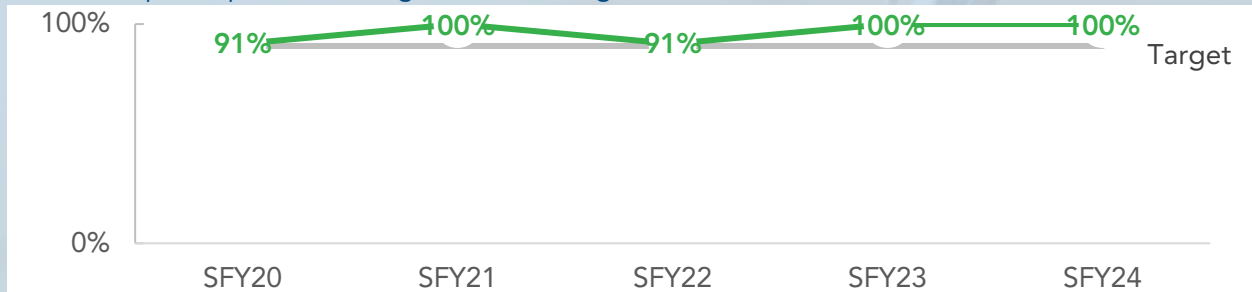
11 (85%) of 13 participants achieved at least one ICP goal, meeting the target.



Bridges

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

Percent of participants residing in stable living situations



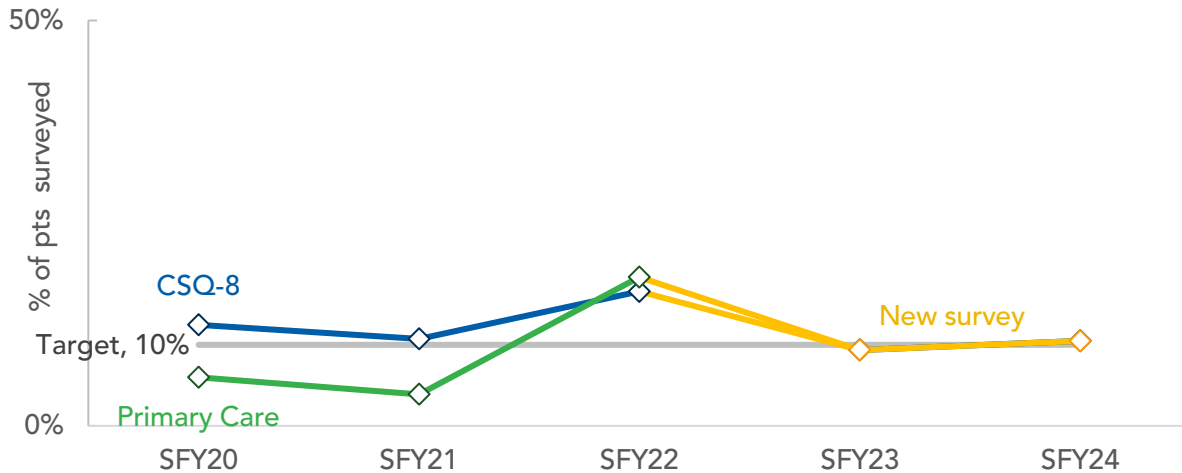
Patient & Community Input

Patient Satisfaction Surveys

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

Volume

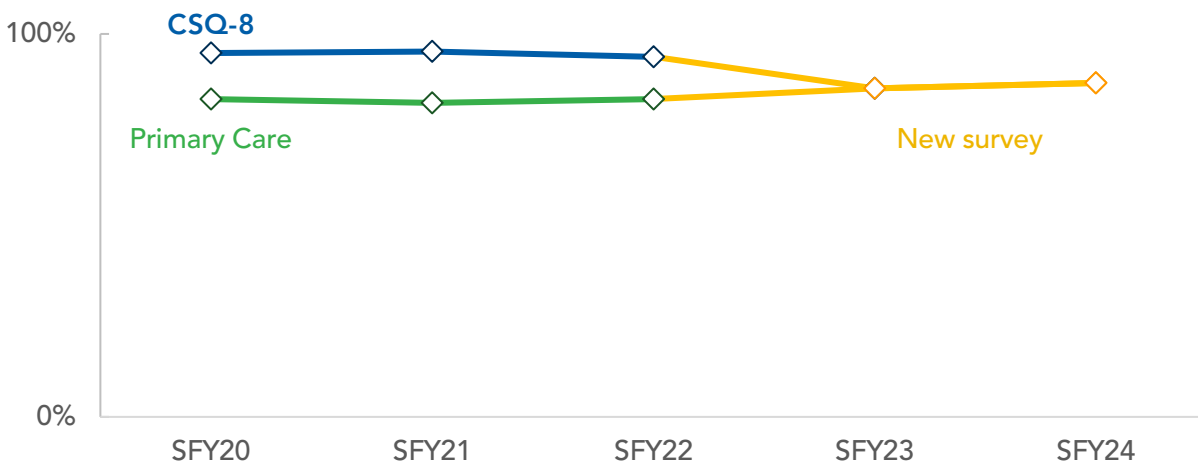
Southeast set a target of surveying 10% of people served. In SFY24, 10% of the total number of patients served during the year were surveyed.



Performance

Percent of questions answered positively

The percent of questions answered positively remained high, above 80%, in the past five years. Positive responses on the CSQ-8 survey include 3 or 4 (out of 4), and on the HRSA Primary Care and the new survey include responses of 4 or 5 (out of 5). In SFY24, 87% of questions were answered positively.



Recommendations

Based on the full FY23 Patient Satisfaction Survey Report, Quality Council and the Southeast Board of Directors made the following recommendations. SFY24 Report recommendations are below:

- Continue work to address disparities in satisfaction between groups.
- Share results widely with SE staff.

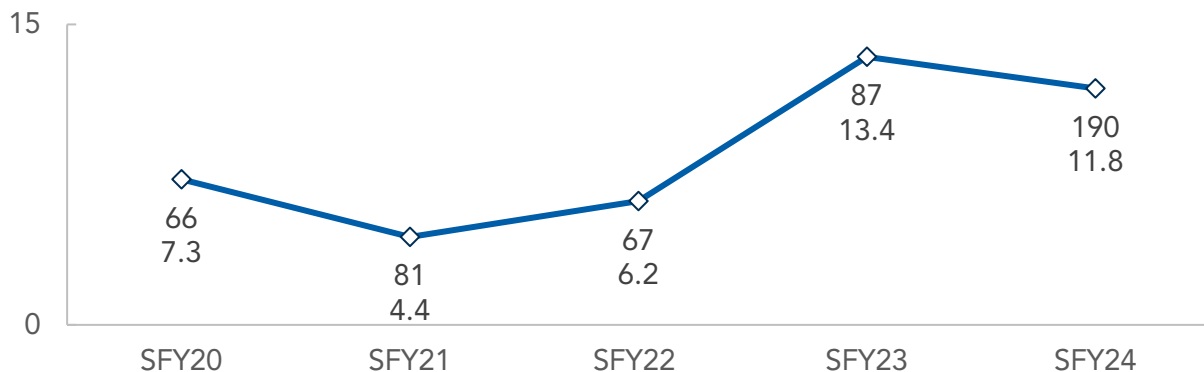
Patient Rights

Volume

Rate and number of complaints per 1,000 served

Over the past five fiscal years, the number and rate of complaints per 1,000 patients served increased greatly. However, the rate did decrease in SFY24 since last year.

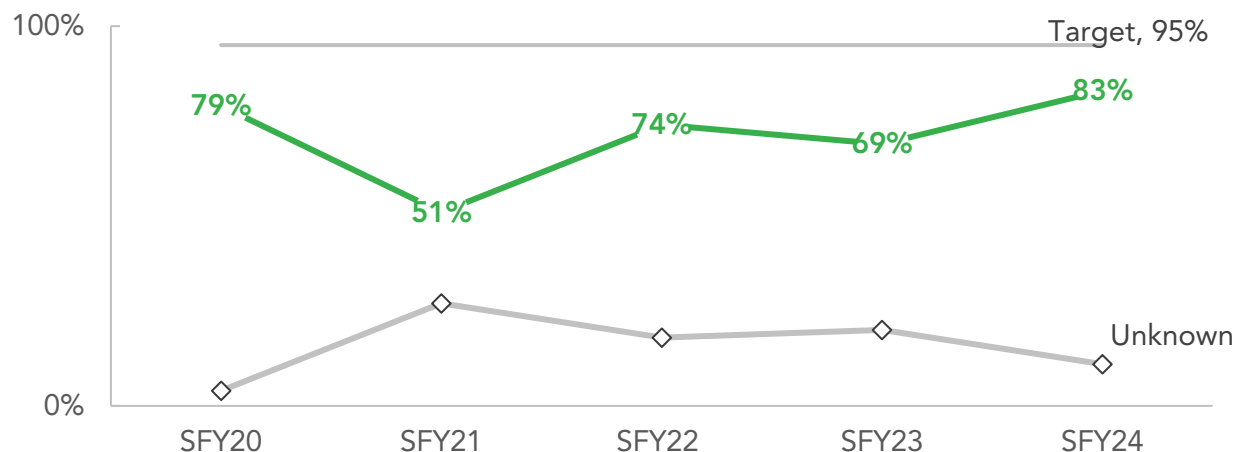
Additionally, two individuals filed three grievances during SFY24.



Performance

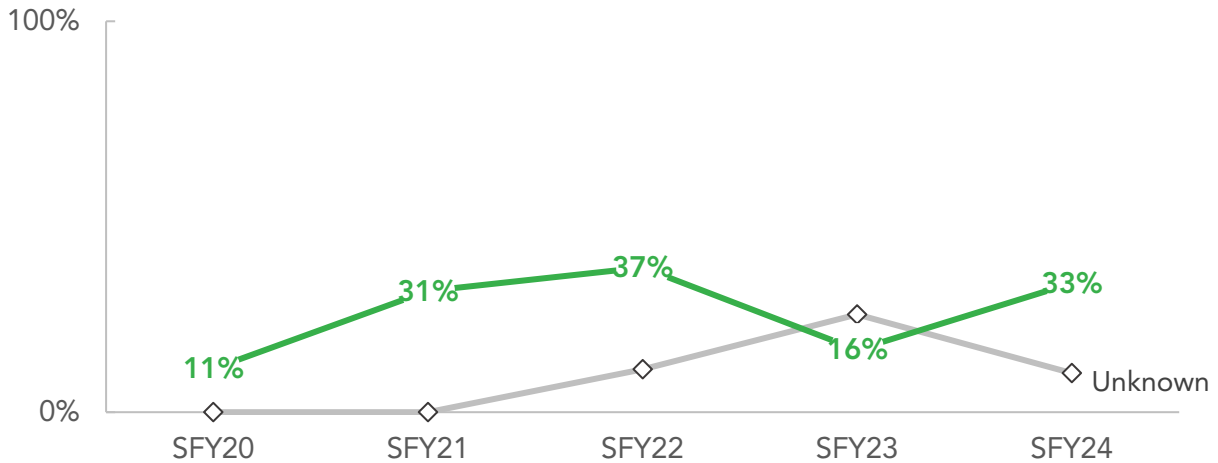
Percent resolved to the complainant's satisfaction

Southeast evaluates complaints performance based on the percent of complaints resolved to the patient's satisfaction as indicated by the Patient Rights Officer (PRO), with a goal of 95% resolved. The percent of complaints resolved to the patient's satisfaction increased to the highest level it has been in the past five years. Meanwhile, the percent unknown (mainly due to not being able to follow up) is lower than it has been in recent years.



Percent with evidence to support them

In addition to tracking the satisfaction of the patient, Southeast also tracks whether there is evidence to support the complaint. About a third of complaints had evidence to support them, and 10% were unknown due to inability to follow up.



Recommendations

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

First half SFY24 report recommendations:

- Look at details of complaints related to case management (Kim), and Friends of the Homeless (Wendy).
- Review details of complaints recorded as having evidence to support them. Wendy to address with PROs. Discuss definition: what the complainant said actually happened vs there was an valid issue.
- Include both PROs in QC when reviewing report.
- Analyze demographics of staff member who is the subject of the complaint versus the complainant. Add to tracking form, and complete analysis after full year report.

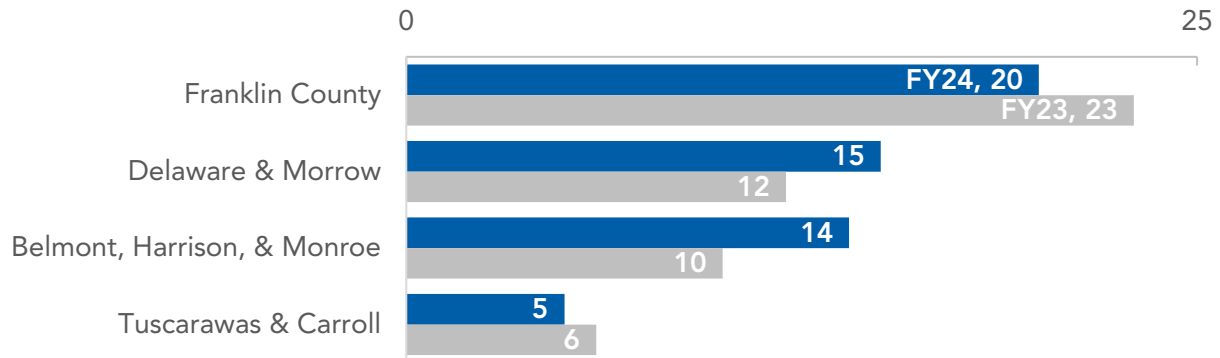
SFY24 Full year report recommendations:

- Add a tracking item to PRO form that notes problems with calling.
- Train phone staff on routing calls to the appropriate department/person for resolution before going to Patient Rights. Create decision tree/protocol.
- Identify sub-categories for customer service complaints to better track common themes within that most common category.

Partner Organization Survey

Volume

Southeast annually surveys partner organizations in the community by board area, including those who refer to Southeast for services. In SFY 2024, there were more respondents overall than in SFY 2023.



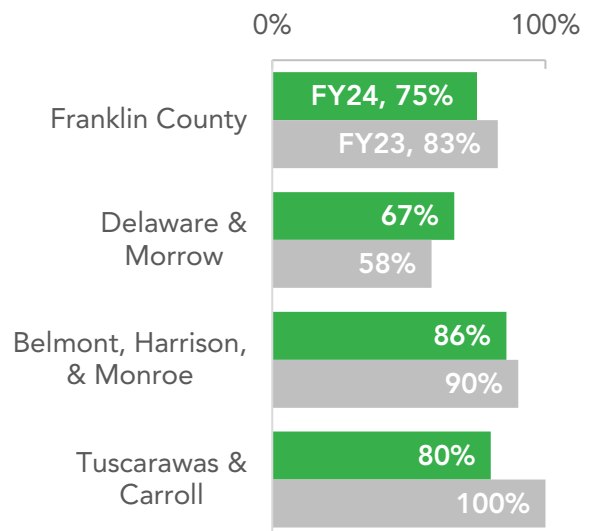
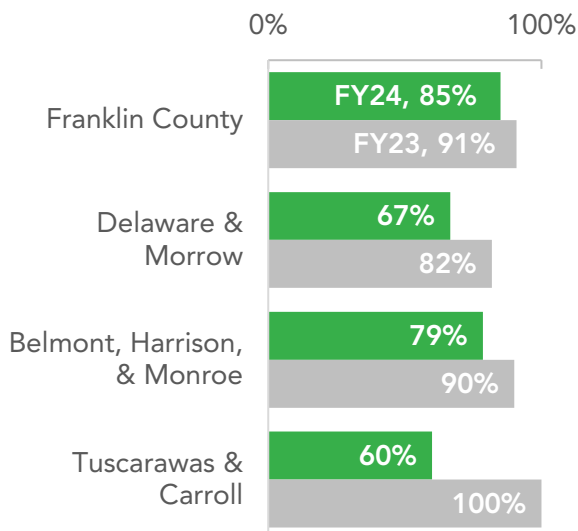
Performance

How well does Southeast fulfill our mission statement?

Responses to the question “How well does Southeast fulfill our mission statement?” were generally positive (76% overall in SFY 2024 responded “excellent” or “good”) but decreased since FY 2023.

How would you rate Southeast’s service delivery overall?

Responses to the question “How would you rate Southeast’s service delivery overall?” were also generally positive (76% overall in SFY 2024 responded “excellent” or “good”).



Compliance & Risk Management

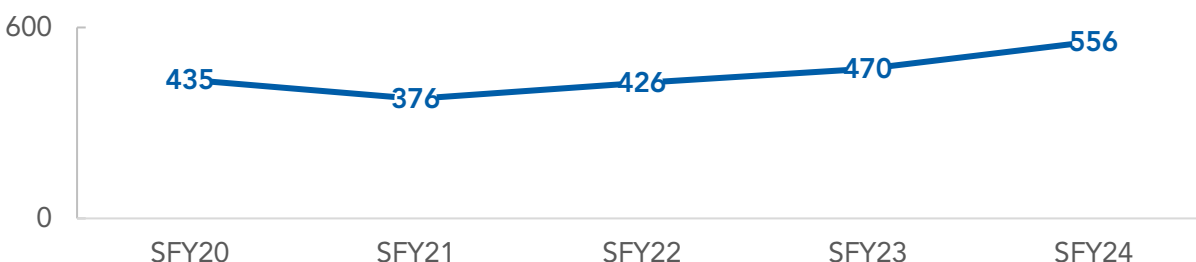
Unusual Incidents

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

Volume

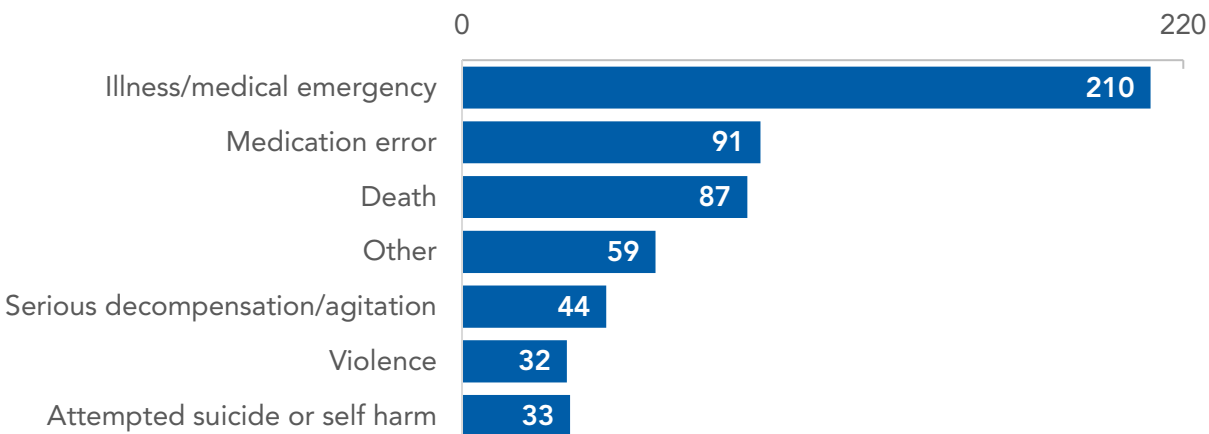
Number of total incidents

The number of total incidents was lowest in SFY 2021 and has increased 48% since then.



Number of incidents by type

Client illness or medical emergencies are the most common types of incidents, followed by death. "Other" includes incidents such as theft/loss, threats, fires, and other events not part of normal operations.

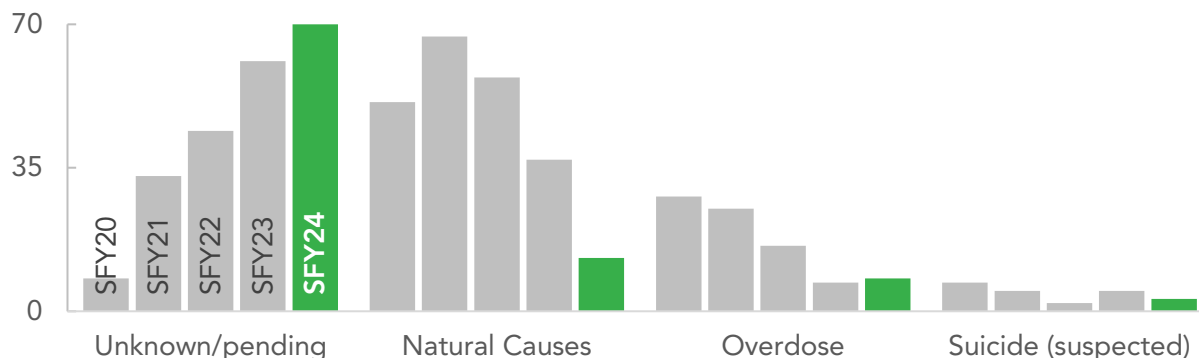


Incidents from Friends of the Homeless Men's Shelter accounted for 35% of incidents in FY24, and more than two thirds of these were related to client illness or injury. Redmond house accounted for 57% of medication errors, which is due to a staff member reporting more of these than had been in previous years.

Type	SFY20	SFY21	SFY22	SFY23	SFY24
Client illness/ medical emergency	98	61	95	116	210
Death	102	135	124	110	87
Serious decompensation/ agitation	94	58	65	78	44
Medication error	48	43	48	85	91
Other	93	79	94	81	124
Total	435	376	426	470	556

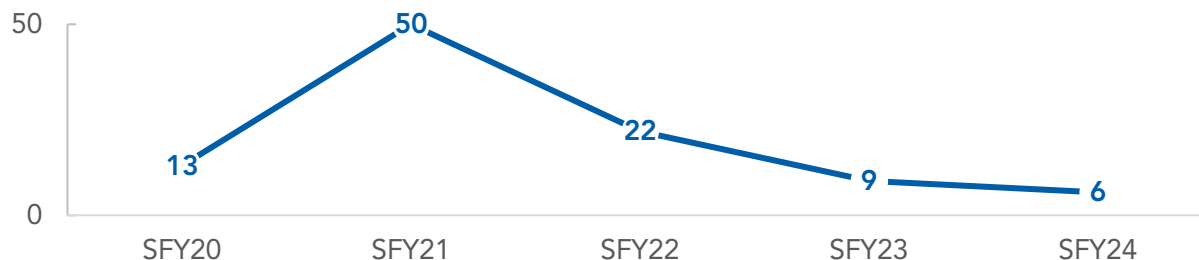
Number of deaths by cause of death

For death related incidents, Southeast tracks the causes of death based on death certificates. When there is an investigation into the cause of death, the coroner will send a preliminary death certificate that reports that the cause of death is pending. This can take a few months and is likely the cause for the high number of pending causes of death in this fiscal year. As those death certificates come with a verified cause of death, Southeast expects to see numbers in the other areas increase; this is often the case with overdoses. About 74% of deaths are currently of unknown cause in FY24.



Number of reportable incidents

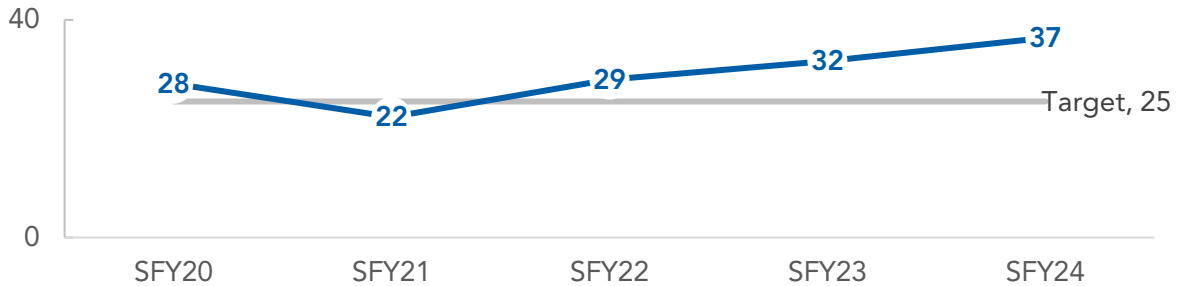
Reportable incidents are the more serious type and must be reported to the ADAMH Board and the Ohio Department of Mental Health and Addiction Services (OMHAS). This includes situations such as homicide or suicide by a client, abuse or neglect by staff, and other serious incidents.



Performance

Rate of incidents per 1,000 people served

The rate of incidents has increased in the past four years by 66%, well beyond the target of 25 per 1,000 served.



Program audits, reviews, licensure, and accreditation

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

During SFY 2024, Southeast received visits from the following funding and licensure authorities:

HRSA Operational Site Visit

Comprehensive Primary Care ODM Audit

Delaware Morrow Mental Health & Recovery Services Board Program Audit

United Healthcare BH Quality Audit

Optum Audit

Community Shelter Board Program Audit

ACT Fidelity Reviews

Four Oaks OhioMHAS re-certification

Fiscal Audits

Southeast received the following fiscal audits in SFY 2024:

Annual Financial Audit – Southeast

Annual Financial Audit – Alternative Lifestyles, Inc

Annual 401k Audit

Ryan White Program Audit

Community Shelter Board (CSB) – Financial

Operations

Financial Performance

Financial performance is measured by change in net assets and the ratios reflected below. The large increase in net assets in 2021 is a result of COVID related funding including the Paycheck Protection Program.

	SFY19	SFY20	SFY21	SFY22	SFY23
Change in Net Assets	(\$352,662)	\$1,701,743	\$10,362,497	\$1,442,473	(\$641,353)

Ratios continue to increase in a favorable manner for Current Ratio, Asset to Liabilities while Debt to Equity ratio decreases in a favorable manner. Days Cash on Hand and Average Days in accounts receivable are ratios Southeast would like to increase and decrease, respectively. The figures below are based on audited final numbers, and SFY 2024 is not yet audited.

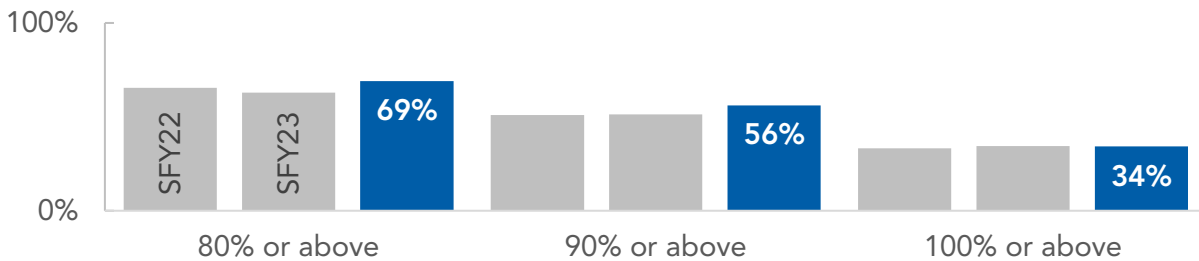
Ratio	Definition	Standard	SFY19	SFY20	SFY21	SFY22	SFY23
Current Ratio	Ability to pay current debt with current assets	2 to 4	4.26	4.4	6.13	8.96	6.04
Assets to Liabilities	Debt structure of Organization	2.0	3.42	2.34	4.61	5.79	4.21
Debt to Net Assets (Equity)	Compares borrowed capital to invested capital	0.40	0.41	0.75	0.28	0.21	0.31
Days of Cash	Number of days of cash SE has on hand	90	15.26	60.12	32.58	36.01	17.07
Average Days in Receivables	Number of days it takes to collect our receivables	n/a	61.2	87.4	104.1	103.4	90

	SFY19	SFY20	SFY21	SFY22	SFY23
Total Line of Credit Outstanding	\$800,000	\$800,000	\$800,000	\$0	\$0
Total Liabilities: Current Liabilities + Long Term Liabilities	\$8,754,477	\$9,823,423	\$9,212,839	\$7,249,565	\$9,371,062

Productivity

Behavioral health staff productivity percentages

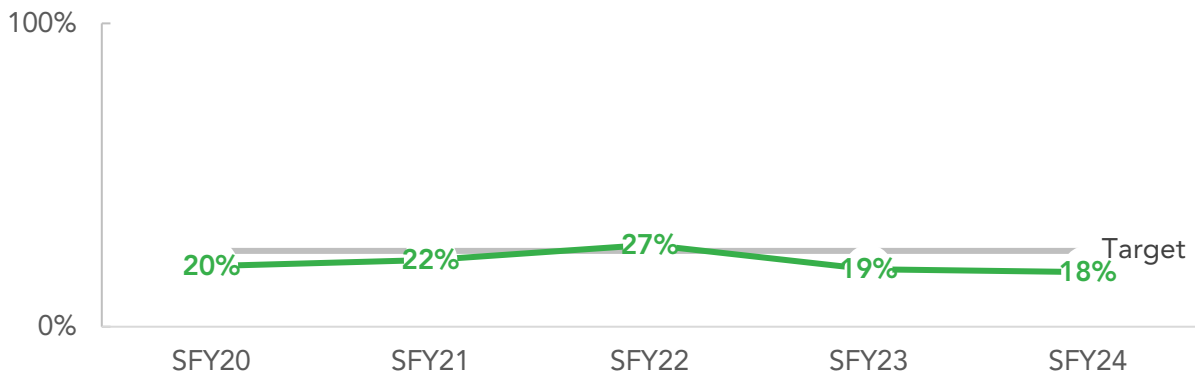
Each direct service staff member has a productivity target assigned based on their position. Productivity is based on the number of service units provided during working hours.



Human Resources

Staff turnover

Southeast measures staff turnover on an annual basis, with a goal of having less than 25% overall turnover. Southeast has experienced a 9% decrease since the high of 27% in SFY22.



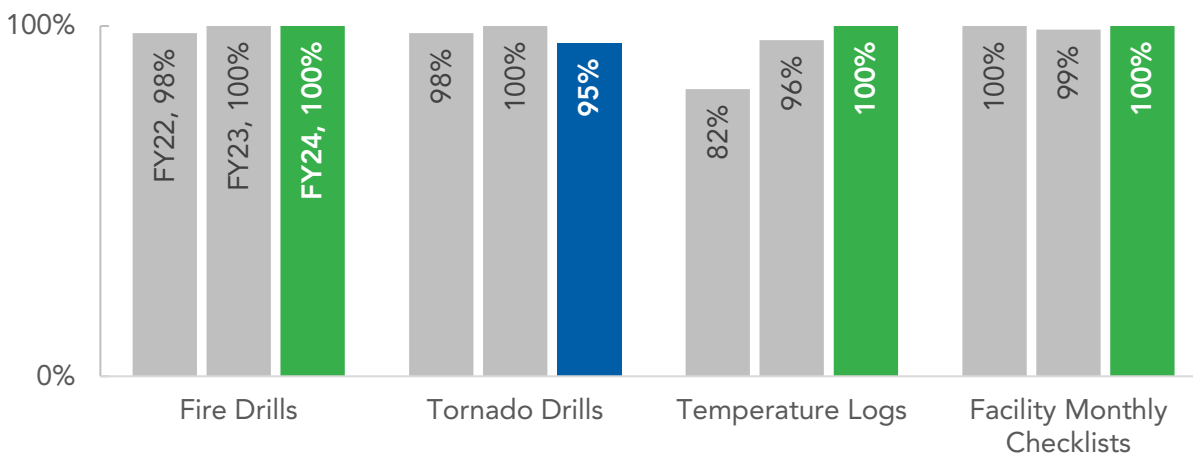
Environment of Care

Facilities & equipment

Southeast measures the safety and quality of facilities and equipment by completing fire and safety drills and facility and equipment inspections on a regular schedule. The organization currently operates across 19 facilities, and safety drills and inspections are completed at each location. Fifteen locations have refrigerators and/or freezers that require temperatures to be logged daily to ensure they remain within recommended temperature range.

Percent of drills and checklists completed

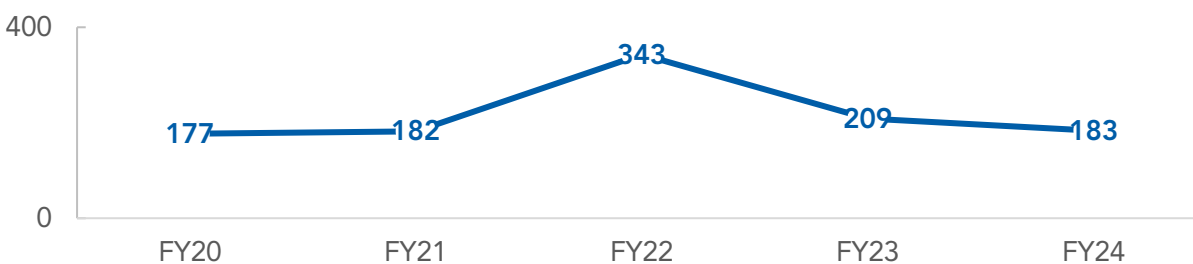
All fire drills, temperature logs, and monthly safety checklists were completed in FY24. However, tornado drills decreased to 95% completion.



Infection Prevention & Control

Total number of infectious diseases reported

The total number of infectious diseases reported decreased 12% since FY23. The spike in FY22 is due to the COVID-19 pandemic; 65% of infections reported were COVID-19.



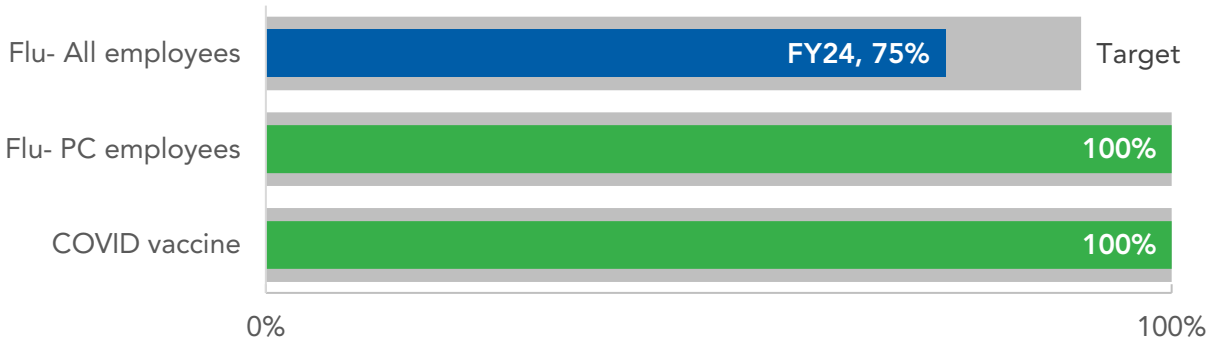
Number of infectious diseases by type

In SFY20, a community outbreak of Hepatitis A led to a spike in the number of new cases. In FY24, COVID-19 accounted for 39% of reported infectious diseases.

Reportable Infections Type	FY20	FY21	FY22	FY23	FY24
TB	0	1	0	0	1
Hepatitis A	96	0	0	0	0
Hepatitis B	22	2	0	1	3
Hepatitis C	22	11	65	66	55
HIV	2	3	6	1	2
STD	35	16	18	17	16
COVID-19	n/a	149	224	89	72
Other	1	0	30	35	34
Total	177	182	343	209	183

Employee vaccination rates

Southeast’s accreditation body, the Joint Commission, began in SFY 2020 to require a 90% staff influenza vaccination rate. Southeast did not reach this target in FY24 for all staff (75%) but did reach the target for primary care staff. Starting November 1, 2021, all new staff are required to receive a flu shot during flu season. The COVID-19 vaccination became required for all workforce members, and staff are encouraged to receive boosters as appropriate.



Recommendations

Previous recommendations

FY 2023

Recommendation	Status
Employ a strategy in Primary Care that prioritizes patient gaps.	Implemented
Conduct process improvement around PHQ-9 screenings and re-screenings.	Nearly complete

New recommendations

For BH visit distribution, exclude residential patients in next year's report.

Establish a workgroup for process improvement for 7 and 30 day follow-up after hospitalization, evaluating current report and documentation to ensure data integrity.

Southeast Board Motion
October 2024 Board Meeting
Program/QI Committee

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

Background:

The Southeast Board is required to review and approve our Environment of Care (EOC) Plan and goals.

Changes are identified using track changes.

The Environment of Care Committee and Quality Council have reviewed and approved the plan and goals.

Proposed Motion:

The Southeast Board approves the Environment of Care Plan, Summary and goals for CY 2025.

Emergency Management and Communication Plan

Background:

The Southeast Board is required to review and approve our Emergency Management (EMP) and Communication Plan.

The changes are as follows:

The Communication Plan, Attachment C, has been updated to reflect current staff positions.

Changes to the actual Emergency Management Plan (EMP) are identified via track changes.

The Quality Council has reviewed and approved the plan.

Proposed Motion:

The Southeast Board approves the Emergency Management Plan and the Communication Plan for CY 2025.



**Annual Evaluation
Environment Of Care Plan
CY 2024**

SCOPE

Southeast is moving our Carrolton office to a new location that is very close to the current location in November 2024. Fire inspection as been completed and building is being readied for occupancy.

There are no new services or programs that have introduced new hazards into the environment in the past 12 months.

Special duty police officers' presence continued at our Long Street location as a safety precaution.

OBJECTIVES

Objectives were addressed for the calendar year 2024. All Fire, tornado and facility inspections were completed. We had a slight decrease in conducting tornado drills. We have determined a need to supervisors to review evacuation protocols with their staff.

Staff safety trainings met the objective for both new staff and annual trainings. Panic systems at each location have been reviewed and tested. This will be a continued focus for the coming year.

HVAC systems are maintained within the designated time frames.

We ill be reevaluating the use of air purifiers for practicality and cost effectiveness.

Southeast continues to participate in regional coalition full scale exercises. We need to continue to focus on emergency drills other that tornado and fire drills for the coming year.

For the coming year we will be reviewing the safety protocols of each facility.

EFFECTIVENESS

ENVIRONMENT OF CARE - Facilities and Equipment

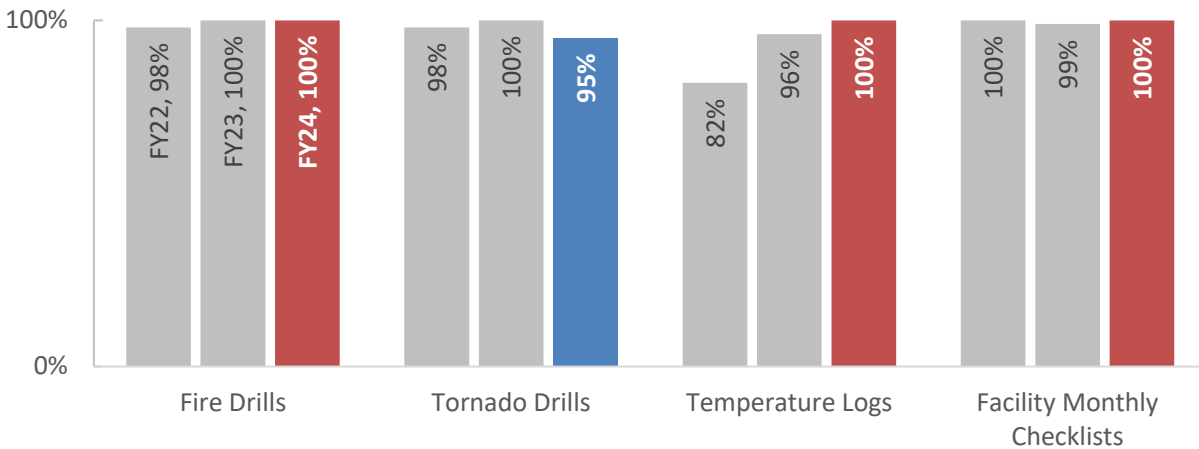
Southeast measures the safety and quality of facilities and equipment by completing fire and safety drills and facility and equipment inspections on a regular schedule. The organization currently has 20 facilities in operation, and safety drills and inspections are completed at each location. Fifteen of the 20

locations have refrigerators and/or freezers that require temperatures to be logged daily to ensure they remain within the recommended temperature range.

The completion rate for four areas of focus is shown in the chart below:

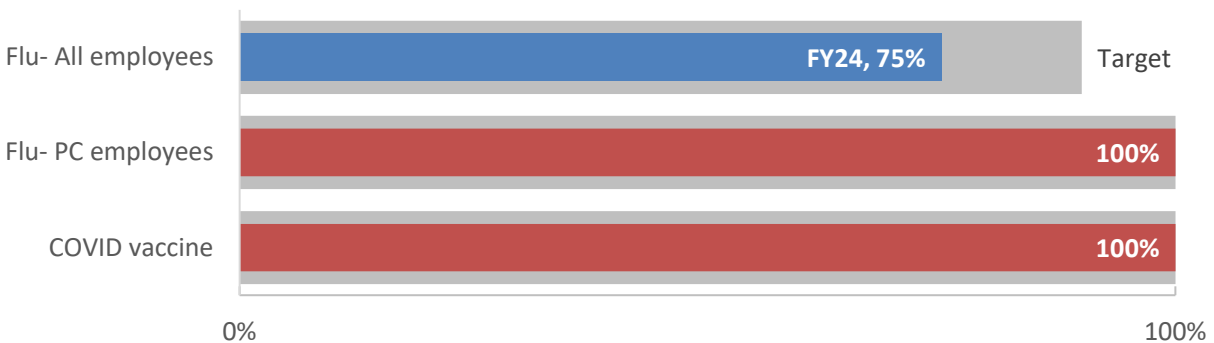
Percent of drills and checklists completed

All fire drills, temperature logs, and monthly safety checklists were completed in FY24. However, tornado drills decreased to 95% completion.



Employee vaccination rates

Southeast’s current target for staff influenza vaccination rate is 90%. Southeast did not reach this target in FY24 for all staff (75%) but did reach the target for primary care staff. Starting November 1, 2021, all new staff are required to receive a flu shot during flu season. The COVID-19 vaccination became required for all workforce members, and staff are encouraged to receive boosters as appropriate.



Outcomes are reported for each year in September, with data from September through August.

Goal	Objective (Measurable when possible)	Strategies	Evaluation Mechanism(s)
Safety & Security Management			
1. Ensure employees are prepared in the case of a safety emergency (i.e., fire, tornado), and can assist patients.	95% of staff complete annual safety trainings within 30 days of assignment date. Actual- 95%	Train staff, including information about the safety codes.	<ul style="list-style-type: none"> HR to provide report documenting education compliance NetSmart (training platform) test scores
	95% of staff complete safety trainings within 30 days of employment during new employee orientation. Actual 97%		
Fire & Life Safety			
2. 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).	Document the panic system at each location and how it works. Completed	Review with staff on a quarterly basis how to use the phone panic system.	<ul style="list-style-type: none"> Quarterly report at EOC Meetings of percentage of staff who remember how to use the phone panic system. Managers to report at Program Managers meeting regarding training of new hires. This information will be shared on a quarterly basis at EOC Committee.
	100% of staff are instructed on how to use the phone panic system. Not tracked		
	100% of staff complete spill kit training during new staff orientation. Actual 97%	Training for new staff.	
Utility Management			
3. Maintain HVAC systems.	100% of inspections (PMs) due within the designated timeframe will be completed each quarter. Actual 100%	Quarterly monitoring (semi-annually where appropriate).	<ul style="list-style-type: none"> Report of percent of inspections due that were completed to EOC Committee
	100% of air purifier filter cleanings (per manufacturer's specifications) scheduled within the designated timeframe will be completed (participating facilities). Not Tracked	Monthly monitoring.	

The Emergency Management Plan is closely related to the Environment of Care, and the goals are included below as well.

Emergency Preparedness Management Plan			
4. Tests of the Mass Notification System are effective in reaching staff.	At least 90% of staff are reached through the mass notification system when tested twice annually (at a minimum). Actual 96%	Test the effectiveness of the mass notification system by sending test texts.	Test reports pulled by Operations about the number of staff reached through text, reported out to Quality Council annually.
5. Emergency Drills (not fire or tornado) are completed at each location.	X emergency drills are conducted at each location each year. Not completed at all locations	Conduct drills in accordance with emergency plan based on type of drill.	After-action reports for actual emergencies. Implementation of after-action recommendations.
	Two emergency drills are conducted at each residential location each year. Not completed in time frame		

2025 Environment of Care Goals

Area	Goal	Objective	Strategies	Evaluation Mechanisms
Safety and Security	1 Ensure employees are prepared in the case of a safety emergency (i.e., fire, tornado), and can assist patients.	95% of staff complete annual safety trainings within 30 days of assignment date.	Staff training in safety and infection prevention	Reported completion rate
		95% of staff complete safety trainings within 30 days of employment during new employee orientation.	Staff training in safety and infection prevention	Reported completion rate
	2 Evaluate safety protocols at each location	Document results and identify actions steps	Use checklist to evaluate each location. Review UI data to inform recommendations	Completed evaluations and updated protocols
Fire and Like Safety	3 Ensure staff understand the phone panic and page system as it relates to their work location (s).	100% of staff are instructed on how to use the phone panic system.	Supervisors review with staff on a quarterly basis how to use the phone panic system.	Quarterly report at EOC documenting training at each location. Meetings of percentage of staff who remember how to use the phone panic system.
	4 Test panic system at each location.	each location tests system monthly and reports any concerns	Training for new staff.	Results reviewed quarterly at EOC

Area	Goal	Objective	Strategies	Evaluation Mechanisms
Utility Management	5 Maintain HVAC systems.	100% of inspections (PMs) due within the designated timeframe will be completed each quarter.	Quarterly monitoring (semi-annually where appropriate).	Report to EOC Committee
		100% of air purifier filter cleanings (per manufacturer's specifications) scheduled within the designated timeframe will be completed (participating facilities).	Monthly monitoring.	Report to EOC Committee
Emergency Preparedness Management Plan	6 Tests of the Mass Notification System are effective in reaching staff.	At least 90% of staff are reached through the mass notification system when tested twice annually	Test the effectiveness of the mass notification system by sending test texts.	Test reports pulled by Operations about the number of staff reached through text, reported out to Quality Council annually.
	7 Emergency Drills (not fire or tornado) are completed at each location.	CMS qualifying emergency drills are conducted at each FQHC location each year. Two emergency drills are conducted at each residential location each year.	Conduct drills in accordance with emergency plan based on type of drill.	After-action reports for actual emergencies. Implementation of after-action recommendations.



ENVIRONMENT OF CARE PLAN
202545

Contents

I.	Introduction	3
II.	Roles and Responsibilities	3
	A. Administration of EOC Management Functions	3
	B. Safety Officer	4
	C. Radiation Safety Officer (RSO)	4
	D. Environment of Care/Infection Control Committee (EOC/IC)	4
	E. Infection Prevention Control Officer (IPCO)	4
	F. Grounds and Equipment	4
III.	Employee and Client Safety	6
	A. Smoke-free environment	6
IV.	Security	6
V.	Hazardous Materials and Waste	6
VI.	Fire and Life Safety Policy	6
VII.	Equipment	7
VIII.	Utility Management	7
IX.	Risk Assessment	8
X.	Policy Development and Periodic Review	8
XI.	Reporting	8
XII.	Incident Reporting and Investigation	9
	A. Property Damage and Security	9
	B. Work-Related Injuries and Illnesses (WRIs)	9
	C. Client and Visitor Injuries	9
	D. Fire-Safety Management Problems, Deficiencies, and Failures	10
	E. General	10
XIII.	Staff Training	10
XIV.	Certifications, Accreditations, and Competencies	10
XV.	Planning Objectives	10
XVI.	Plan Evaluation	10
	Appendix: Environment of Care Goals	12

I. Introduction

The Environment of Care (EOC) Plan defines the mechanisms for interaction and oversight for the six primary functions involved with managing the environment of care. These functions include safety, security, hazardous materials and wastes, fire and life safety, equipment, and utilities management (ACH EC.01.01.01 Ep. 4-9). Closely related functions with places that may overlap in scope include Emergency Management and Infection Prevention and Control. The overall objective of this plan is to define methods and processes for the identification and management of the inherent safety risks associated with Southeast healthcare’s business operations. The EOC Plan applies to Southeast Healthcare offices, residential locations, and Friends of the Homeless (FOH) facilities. This plan promotes a safe, functional and supportive environment with buildings, equipment, and staff, patients or visitors in scope.

II. Roles and Responsibilities

A. Administration of EOC Management Functions

Each of the listed function leaders has the primary responsibility for the design, implementation, and monitoring of the management plan for their function, within the Safety Policies and Procedures of the organization. The collective goal of these management strategies is to provide a safe, functional, supportive, and effective environment for staff members, patients, and visitors to the organization. The Safety Officer (Operations Manager) and the SE Environment of Care Committee provide oversight for the development, implementation, and monitoring of these activities.

The Environment of Care functions are administered by the following units and individuals:

Function	Responsible unit/individual
Safety Management	Safety Officer Eastern Ohio Safety Officer Radiation Safety Officer
Security	Security Staff Special Duty Officers Operations/Facilities Manager
Hazardous Materials and Waste	Infection Prevention Control Officer
Fire and Life Safety	Assistant Assistant Operations Manager Facilities Manager Program Managers/Site Directors Eastern Ohio Safety Officer
Equipment	FQHC Practice Manager Assistant Operations Manager Facilities Manager Eastern Ohio Safety Officer
Utilities Management	Property Management Companies Assistant Operations Manager Facilities Manager Program Managers/Site Directors

Additional operating units supporting the management of the Environment of Care, with additional management plans, include:

Additional functions	Responsible unit/individual
Emergency Management	Emergency Response team (cross-reference: incident command tree)
Infection Control	Infection Prevention Control Officer Primary Care Medical Director Chief Medical Officer EOC/ Infection Control Committee
Performance Improvement	Quality Council Compliance/QI Director

B. Safety Officer

The Operations Manager is the designated Safety Officer, with the responsibility for coordination the ongoing efforts of safety management participants to monitor and respond to conditions in the healthcare environment. The Safety Officer also serves as the Chair of the Environment of Care Committee. Southeast also designates an Eastern Ohio Safety Officer over Belmont, Harrison, Monroe, Tuscarawas and Carroll Counties.

The Safety Officer is authorized to take appropriate action, including evacuation of facilities and terminating hazardous operations whenever conditions pose an immediate threat to life or health, or threaten damage to equipment or buildings.

C. Radiation Safety Officer (RSO)

The Dental Director is the designated Radiation Safety Office. The role of the RSO is to conduct an audit of the Radiation Safety Program, as well as check, review, and correct any noted deficiencies. The RSO conducts periodic internal inspections, including in person observations of worker actions with portable X-ray systems during transport.

D. Environment of Care/Infection Control Committee (EOC/IC)

The Environment of Care Committee is established and described in Southeast’s policy and procedure (16.02.02.00). The Committee is composed of the Operations Manager, the Infection Prevention Control Officer, the ~~Facilities Assistant Operations~~ Manager, the ~~Primary Care Practice Manager~~ FQHC, one representative from each facility, the Assistant Clinical Director responsible for residential housing, the ~~Chief Director of~~ Human Resources Officer and the Compliance/QI Director. The Committee is responsible for the direct oversight of all activities related to the management of the Environment of Care. The Committee operates as a standing committee and meets at least quarterly. ~~However, the Committee plans for eleven meetings a year, and is scheduled to meet on the third Thursday of each month, except for a combined November/December meeting~~

E. Infection Prevention Control Officer (IPCO)

The Infection Prevention Control Officer (16.07.049.00) is responsible for maintaining Southeast’s Infection Control Plan, which is reviewed annually by the EOC Committee in accordance with Southeast’s Quality Improvement Program. In addition, the IPCO is responsible for monthly infectious disease reporting to the Environment of Care Committee and quarterly reporting to Quality Council. Documentation of infectious disease reporting and follow-up is also the responsibility of the IPCO.

F. Grounds and Equipment

Monthly inspections are performed by program managers at each facility. Periodic and random inspections are conducted by the Operations Manager and/or Assistant Operations Manager or designee. Responsibility for maintenance and repairs falls on different parties based on location. When Facilities Maintenance is responsible for property maintenance, it is under the direction of the Assistant Operations Manager, and any repairs outside the Facilities Maintenance person’s abilities are outsourced to appropriate agencies.

Name	Address	Ownership	Facilities Management	Utilities Management
Downtown	16 W. Long St.	Owned	Colliers Cushman Wakefield	Speer Mechanical
Merion Village	1455 S. Fourth St.	Owned	Facilities Maintenance	NuAire Mechanical Engineering (Airecom) & Service Air Technology
Franklin Station	524-B W. Broad St.	Leased	Building Owner	Maintenance staff
Friends of the Homeless (FOH)	924 East Main St.	Owned	Facilities Maintenance	Custom Air & Service Air Technology
Bridge to Success	Various (Franklin County)	Owned	Facilities Maintenance	Service Air Technology & Custom Air
Carpenter House	1699 S. High St.	Owned	Facilities Maintenance	Custom Air NuAire Mechanical

2025 Environment of Care Plan

				Engineering (Airecom) & Service Air Technology
Redmon House	1898 W. Broad St.	Owned	Facilities Maintenance	Custom Air & Service Air Technology NuAire Mechanical Engineering (Airecom) & Service Air Technology
RREACT	1705 S. High St.	Owned	Facilities Maintenance Grounds: PW	Custom Air & Service Air Technology NuAire Mechanical Engineering (Airecom) & Service Air Technology
Clintonville	3770 N. High St.	Owned	Facilities Maintenance	Speer Mechanical & Custom Air
Reeb Avenue	280 Reeb Ave	Leased Room	Building Owner	Building Owner
Near East Side	720 E. Broad St.	Shared	PrimaryOne Health	PrimaryOne Health
Van Buren Shelter	595 Van Buren Dr.	Shared	YMCA/CSB (building owner)	Building Owner
Delaware	824 Bowtown Rd.	Leased	Building Owner	Bill Spain
Mt. Gilead	651 W. Merion Rd.	Leased	Building Owner	DMMHRSBelle Mental Health Board
St. Clairsville	68353 Bannock Rd.	Owned	Outsourced	Wheeling Heating & Cooling
Cadiz	243 S. Main St.	Leased	Building Owner	Building Owner
Martins Ferry	301 Walnut St.	Owned	Outsourced	Wheeling Heating & Cooling
Woodsfield	37990 Airport Rd.	Leased	Building Owner	Building Owner
Four Oaks	46137 National Rd. West	Owned	Outsourced	Wheeling Heating & Cooling
New Philadelphia	344 W. High Ave.	Owned	Outsourced	Dover-Philadelphia Heating & Cooling
Carrollton	783 Jones Ave.	Leased	Outsourced	Building Owner
Shadyside School District	3795 Leona Ave	Shared	School district (building owner)	Building Owner

Redmond and Carpenter House – The Joint Commission granted a waiver for Carpenter House and Redmond House in regard to life safety and means of egress in the event of a fire. In order to qualify for the waiver, Southeast agreed to the following additional activities:

- a. Increase surveillance which includes implementing fire drill critiques to evaluate response time, and
- b. Conduct one additional fire drill per quarter per shift.

III. Employee and Client Safety

Processes for reducing the risk of worker injury are addressed and defined in the Safety chapter of Southeast Healthcare’s Policies and Procedures, and the safety program is established in SE Policy 16.02.01.00. In addition, the Unusual Incident Committee and Human Resources manage specific programs for reporting, investigating, and providing appropriate follow-up of all incidents of occupational illness and personal injury.

A. Smoke-free environment

Southeast Healthcare is a Tobacco-Free workplace and currently hires only non-smokers. Smoking is prohibited within all areas of all Southeast Healthcare facilities. The only exceptions are in the residential facilities where clients are permitted to smoke in designated areas outside of the building. The organization aims both to restrict smoking and to reduce the risk to people who smoke, including possible adverse effects on care, treatment, and services. A smoke-free environment also reduces the risk of fire and exposure to passive smoking from others. All managers are

responsible for monitoring compliance within and around all Southeast buildings. Strategies to eliminate the incidence of violations are developed when opportunities are identified.

IV. Security

Southeast maintains secure facilities including proper locked and unlocked doors as detailed in SE Policy 16.05.07.00. Southeast complies with recalls or removals of medications ordered by the manufacturer, DEA and/or FDA as detailed in SE Policy 17.04.00.00. The Operations Department is notified of recalls for medical equipment and vehicles by the company the product was purchased from and then follows the instructions of the recall notice. The Operations Director, Assistant Operations manager, Eastern Ohio Operations Manager, and Primary Care Manager subscribe to notifications from the Consumer Product Safety Commission (cpsc.gov) for product recalls and safety alerts.

V. Hazardous Materials and Waste

Precautions for exposure to hazardous materials and waste including needle usage and disposal and blood and body fluid spills are detailed in Southeast's Infection Prevention and Control Plan. Outside vendors pick up and dispose of hazardous materials and waste per their protocol (SE Policy 17.03.00.00).

VI. Fire and Life Safety Policy

In order to guard against the threat of fire, Southeast Healthcare will comply with applicable rules, regulations, and standards outlined in the Life Safety Code as published by the National Fire Prevention Institute (SE Policy 16.01.02.00). All new construction and major renovations in all Southeast Healthcare facilities are constructed to meet the fire safety code and infection prevention control requirements. Fire drills are conducted regularly dependent on the type of facility as detailed in SE Policy 16.03.03.00 and 31.06.01.02. Southeast uses a code system to alert workforce members and other of urgent situations as detailed in SE Policy 16.03.02.00 Life Safety Codes.

VII. Equipment

Inspections are completed for equipment annually by vendors, and an inventory of all medical equipment is kept by Primary Care Practice Manager.

VIII. Utility Management

The following describes the implemented management processes to effectively promote a safe, controlled, and comfortable environment that ensures operational reliability of utility systems, assesses the reliability, and minimizes potential risks of utility system failures. Utilities include electrical power, natural gas, plumbing, HVAC, heating, elevators, communications, and sewer, where applicable. These functions will be carried out by cooperation between Operations, the Environment of Care (EOC) Committee, Quality Council, Administration, Medical services, and all other departments and their staff. The effectiveness of utility management is monitored on a quarterly basis by the Operations Manager and the EOC Committee.

A. Design and Installation of utility systems

When designing and installing utility systems, Southeast considers the needs of the patients in the affected areas, applicable state rules and regulations, and other applicable design guidelines. The Operations Manager or designee, in collaboration with Infection Control, department managers, administration, architects and construction personnel, makes recommendations regarding selection of appropriate systems, equipment, installation, and construction schedules.

B. Risk

The Operations department considers utility management a risk-based function. Utility systems that impact infection control, support of the environment, equipment support, and communication are evaluated at the time of purchase or installation to determine if they should be included in the plan. Risk assessments are used as a guide for classifying equipment/systems in the program and establishing maintenance and inspection intervals. These assessments are based on equipment manuals, service history, and other known risks.

C. Strategies for ensuring effective, safe, and reliable operation

The Operations department establishes a maintenance strategy for each piece of equipment when it is brought into service. The strategy is based on the type of equipment and the risk assessment. A variety of strategies are used including predictive maintenance, interval-based inspections, corrective maintenance, and metered maintenance.

D. Inspecting, testing, and maintaining appropriate utility systems equipment

Preventive maintenance protocols and intervals are based on manufacture's recommendations, risk levels, regulatory requirements, and organizational experience. Quarterly reports for all preventive maintenance and testing are compiled by Operations and reviewed by the EOC Committee.

E. Labeling of utility system controls

At each Southeast building where accessible, all shut off valves and switches throughout the building are labeled to facilitate partial or complete emergency shutdowns.

F. Emergency procedures for responding disruptions or failures

The Operations department or the appropriate Site Manager is responsible for notification of affected staff in the event of utility failures. The Operations Department facilitates the coordination of obtaining repair services for Franklin, Delaware, and Morrow Counties. The Safety Manger in Eastern Ohio locations facilitates the coordination of obtaining repair services for Belmont, Harrison, Monroe, Carroll, and Tuscarawas Counties. All departments maintain procedures that address emergency clinical interventions in the event of utility system disruptions. Utility problems and failures are reported to the Operations Department and investigated immediately. Corrective action is taken as quickly as possible. Problems and failures are reported to the EOC Committee as issues occur.

G. Heating and colling systems

Southeast has maintenance agreements for systems at properties owned by the organization (see location-specific information in H. below). HVAC systems are serviced quarterly, and air filters are replaced monthly.

H. Location-specific service responsibility information

Utilities management is listed with location information under II. Roles and Responsibilities F. Grounds and Equipment (page 4).

Redmond House maintains a natural gas generator as an emergency power system. The system provides electricity for alarm systems, exit route and sign illumination, and emergency communication systems. Testing is conducted as part of the ongoing utility preventive maintenance program. It is tested automatically each Friday at noon, and results are maintained in the safety book at Redmond. The results are documented on the monthly safety checklist for the facility and corrective action is taken when necessary. Southeast also has an agreement with Countryside Electric, Inc. for periodic maintenance of the generator.

IX. Risk Assessment

Southeast Healthcare seeks to assure appropriate controls are implemented to achieve the lowest potential for adverse impact to the safety and health of clients, staff, and other people coming into the agency's facilities.

Potential hazards related to construction, renovation or maintenance activity are assessed through the Construction Risk Assessment process that identifies potential new or altered risks related to infection control, utilities or building systems, fire safety or interim life safety, general safety issues, emergency preparedness or response, and security (16.05.10.00). In the event it is determined that construction projects could significantly affect life and/or fire safety, an interim life safety plan would be developed. The interim plan would include specific training materials and information, the implementation of expanded fire drills, daily/weekly inspections/documentation and compliance of all contractors with the interim life safety measure during the construction period.

X. Policy Development and Periodic Review

All policies related to the management of the Environment of Care are submitted to the Executive Team for review and sent to the Southeast Healthcare Board for approval prior to implementation. The current frequency for review of existing policies is at least every three years. However, amendments and/or revisions to procedures of the policy can be implemented at any time with Chief Executive Officer approval.

Organization safety policies are included in the Southeast Healthcare Policies and Procedures Manual. The manual is available on-line through the Southeast Healthcare Employee Intranet. A hard copy of the Policies and Procedures Manual is also available in the Grants Manager's office.

Residential specific fire safety policies have been developed as part of the safety audit program. These policies address fire hazards and response specific to the particular facility.

XI. Reporting

The program manager of each facility is responsible for routine reporting of safety management activities. Additionally, all staff members are responsible for reporting any unusual incidents (UIs) – situations or incidents which negatively impact staff, clients, visitors or property. Such incidents are reported on the Unusual Incident Report form as further outlined in Southeast policies and procedures listed below. UI forms must be completed during the work day on which the event occurred or was discovered (see SE Policy 03.02.00.00 for full procedure).

- 16.03.05.00 – Bomb Threats & Suspicious Packages
- 16.05.01.00 – Staff Safety Precautions
- 16.05.03.01 – Weapons Threat
- 16.05.04.00 – Employee or Client Accidents
- 16.05.09.00 – Safety Access to Locked Areas
- 16.05.10.00 – Construction
- 16.05.11.00 – Suspicious Mail That May Pose a Threat
- 16.06.02.00 – Auto Accidents

~~16.07.01.00 – Universal Precautions~~

- 16.07.04.00 – Infectious Disease Control Plan

~~16.07.04.01 – Hep B, Hep C, TB, HIV Exposure~~

- 16.01.01.00 – Physical Plant & Safety Standard of ODMH & ODADAS

The Operations Manager presents an annual report of safety management activities and progress on goals to the Southeast Healthcare Quality Council and Board of Directors. Feedback and comment are transmitted to the Environment of Care Committee by the Operations Manager.

Significant actions and activities by the Environment of Care Committee are reported to all managers/supervisors and line staff when deemed appropriate.

XII. Incident Reporting and Investigation

The responsibility for managing the reporting and investigation of incidents involving property damage or security, occupational injury, and client or visitor injury is shared as follows:

A. Property Damage and Security

Incidents of property damage or security are reported to the Program Manager of the affected facility, the Operations Manager and the Unusual Incident report process. The Program Manager and Operations Manager have the responsibility for investigation and follow-up. Others may then support the resolution of the incident, depending on the specific type of ownership of the property involved.

B. Work-Related Injuries and Illnesses (WR/Is)

All occupational injuries are to be reported to Human Resources. An Unusual Incident Report is to be filed as outlined in Southeast Healthcare Policies and Procedures (03.02.00.00). Appropriate investigation and/or follow-up are then conducted.

C. Client and Visitor Injuries

All client and visitor injuries are reported using the Unusual Incident Reporting form to the Unusual Incident Committee for investigation and follow-up. The Infection Prevention Control Officer, the Operations Manager, or Human Resources, depending on the circumstances surrounding the incident, may support the investigation of these incidents. If the client injury meets the definition of a sentinel event, as determined by the Unusual Incident Committee, a root cause analysis is performed in accordance with the Sentinel Events and Unusual Incident Reporting policy and procedure (03.02.00.00).

D. Fire-Safety Management Problems, Deficiencies, and Failures

Processes for reporting and investigating fire-safety management problems, deficiencies, and failures are described in the Safety policies and procedures. The Environment of Care Committee and Quality Council share responsibility for these processes.

E. General

Employees are encouraged to report all incidents of exposure, injury, or safety concerns using the Unusual Incident Reporting process to the Environment of Care Committee, Compliance/QI Director, and/or Program Managers at each facility for investigation and follow-up. All such requests are added to the Unusual Incident tracking system utilized by the Unusual Incident Committee for monitoring such events. In addition, client safety issues, concerns, and suggestions can be reported to the Environment of Care Committee or the Operations Manager and/or the Assistant Operations Manager. The Environment of Care committee encourages reporting of “close calls” and “near misses” to allow for correction of system errors and strengthening the systems that help prevent errors.

XIII. Staff Training

New employee training covers Environment of Care functions such as fire safety, how to use spill kits, incident reporting, and infection prevention and control (SE Policy 16.02.03.00). This orientation is augmented by work area specific training, which focuses on the work area safety policies and is provided under the direction of the immediate supervisor. All employees are also required to participate in annual training, which includes updated information on all of the functions within the Environment of Care. Additional, in-service or on-going training is provided as necessary to address new safety procedures, information, or expectations. The Human Resources Department maintains training records.

XIV. Certifications, Accreditations, and Competencies

Some participants in the management of the Environment of Care are required to possess specific certifications or accreditations and demonstrate certain competencies that are essential to the duties they perform. The operations department maintains a spreadsheet of staff with relevant certifications.

XV. Planning Objectives

The Environment of Care Committee is responsible for the development of annual EOC Goals (see Appendix). These are developed in accordance with Southeast’s mission, any applicable laws or regulations, and all relevant accreditation standards. The goals and objectives are reviewed and approved by Quality Council. The objectives are measurable outcomes and thus establish performance improvement standards. Assessment of effectiveness and performance is accomplished through evaluating the progress each function makes towards its stated objectives. The Committee chooses objectives for monitoring that are identified as being the highest priority for the organization.

XVI. Plan Evaluation

The Operations Manager, with support from the ~~Facilities Assistant Operations~~-Manager and Building Maintenance Engineer, will evaluate all parts of the EOC Plan annually for scope, objectives, performance, and effectiveness. This will include an evaluation of the degree to which the program meets current Joint Commission standards. Any changes in scope will be addressed during the 12 month update of the Plan, and any changes in the range of application will be incorporated into the updated Plan. Annual goals and objectives will be developed with the Environment of Care Committee members and quality Council as defined in XV above. These objectives will address the primary operational initiatives for maintain and enhancing the safety of the Environment of Care. A year-end summary of the effectiveness in accomplishing these objectives will also be presented to the Committee, the Quality Council, and the Board. The performance of the Plan will be assessed through progress in achieving the Planning objectives defined within the Plan. The annual evaluations, updates, and planning efforts will be presented for EOC Committee review and recommendations to revise the plan for the following year.



Emergency Management Plan (EMP)

For use by all Southeast Healthcare locations

~~Revised~~
October 2024~~November 2022~~

Table of Contents

INTRODUCTION	3
POLICY.....	3
SCOPE	3
SOUTHEAST HEALTHCARE	4
Locations and Services	4
SITUATION AND ASSUMPTIONS.....	5
Situation	5
Assumptions.....	56
Authorities	6
References.....	Error! Bookmark not defined.6
MITIGATION.....	7
Identification of Hazards and Vulnerabilities	7
Hazard and Vulnerability Mitigation	7
Insurance Coverage	8
PREPAREDNESS	8
Emergency Response Role.....	8
Plan Development and Maintenance	9
Exercise and Training – Emergency/Disaster Drills	9
Exercise and Training – Emergency/Disaster Training	10
RESPONSE.....	10
Response Priorities	10
Incident Command	10
Emergency Communication Strategies.....	11
Staff Communications (Internal and External)	1142
External Agency Communications	12
Communication with Clients and Client Family Members	12
Resources and Assets.....	12
Disaster Equipment and Supply Inventory.....	12
Facility Supply Inventory and Maintenance	12
Safety and Security	12
Staff Responsibilities	13
Utilities Management.....	13
Client Care and Support Activities	14
Business Interruption Response.....	14
Service Provision in the event of power failure, server and or hardware failure:.....	14
RECOVERY.....	15
ATTACHMENTS AND ANNEXES LISTING	18

INTRODUCTION

Southeast Healthcare is a provider of behavioral health, vocational, shelter, and primary care services to diverse populations, including those who are homeless or low-income. In addition, as a Federally Qualified Healthcare Center (FQHC), Southeast provides primary care to medically underserved populations, including homeless persons, regardless of the patient's ability to pay. As a critical part of healthcare for these populations, Southeast may provide unique access to populations who will need to be served during a public health emergency.

The purpose of the Southeast All Hazards Emergency Management Plan (EMP) is to establish a basic emergency preparedness program to provide timely, integrated, and coordinated response to the wide range of natural and man-made events that may disrupt normal operations and require a pre-planned response to internal and external disasters.

The reason for this approach is to:

- Provide maximum safety and protection from injury and illness for patients, visitors, and staff.
- Provide prompt and efficient care to all individuals requiring medical attention in an emergency.
- Provide a logical and flexible chain of command to enable maximum use of resources.
- Maintain and restore essential services as quickly as possible following an emergency incident or disaster.
- Protect clinic property, facilities, and equipment.
- Satisfy all applicable regulatory and accreditation requirements.

Intent

It is the intent for Southeast Healthcare to adequately prepare, mitigate, respond, and recover from a natural or man-made disaster or other emergency. This will be done in a manner that protects the health and safety of patients, visitors, and staff and is coordinated with the local community-wide response in the event of a large-scale disaster.

Executive management recognizes that the families of our employees are their primary concern during a disaster, and we will support employees to ensure their own families are safe. We support and encourage each employee to create a personal preparedness plan for their families. It is expected that all employees will be prepared and ready to fulfill their duties and responsibilities as part of the team to provide the best possible emergency care to patients and the community. Each supervisor will ensure that employees are aware of their responsibilities.

SCOPE

Within the context of this EMP, a disaster is any emergency event which exceeds or threatens to exceed the routine capabilities of the organization.

Southeast Healthcare's EMP is written to describe overarching disaster response and recovery strategies within the emergency management program. These strategies are intended to be concordant with other Ohio regional healthcare emergency planning and response strategies to promote consistency in disaster preparedness, response, and recovery. Disaster strategies within this plan include, but are not limited to:

- Communications
- Resources and Assets

- Safety and Security
- Staff Responsibilities
- Utilities Management
- Client Care and Support Activities

Event-specific emergency management plans will dictate more precise response procedures for the event (e.g., evacuation, tornado warning, etc.). Event-specific response plans can be found in Annex 1 – Emergency Response Plans.

Southeast Healthcare will work in close coordination with the local health department and other local emergency officials, agencies, and health care providers to ensure a coordinated community-wide response to disasters.

This plan applies to all Southeast locations and administrative areas and covers all employees, contractors, and volunteers.

Development and implementation of this plan complies with The Joint Commission Emergency Management Standards and CMS Emergency Preparedness Rule.

SOUTHEAST HEALTHCARE

Locations and Services

<u>Location (by board area, then alphabetical)</u> Program Location	Services
Main Location/Administrative Offices 16 W. Long Street Columbus, OH 43215	Behavioral Health, Case Management, Primary Care, Dental, AOD Services, Lab Services, Acupuncture, Pharmacy, Substance Use Treatment
Bridge to Success 371 Carpenter Street Columbus, OH 43205	Transitional Housing Program
Carpenter House 1699 S. High Street Columbus, OH 43207	Residential care facility for adult women
Clintonville 3770 N. High Street Columbus, OH 43214	Benefit Services, Adult Employment, Youth Services, Vocational Services
Franklin Station 524-B W. Broad Street Columbus, OH 43215	Primary Care, Behavioral Health, Substance Use Treatment
Friends of the Homeless (FOH) 924 E. Main Street Columbus, OH 43205	Men’s Shelter, Dental Clinic
Merion Village 1455 S. Fourth Street Columbus, OH 43207	Behavioral Health, AOD Services, Children’s Services
Near East Side 720 E. Broad Street, Suite 101 Columbus, OH 43215	Behavioral Health, Case Management, Primary Care
Reeb Avenue 280 Reeb Avenue, Rm. 024 Columbus, OH 43207	Behavioral Health Services

Location (by board area, then alphabetical) Program Location	Services
Redmond House 1989 W. Broad Street Columbus, OH 43223	Residential care facility for adult men
RREACT 1705 S. High Street Columbus, OH 43207	Rapid Response Emergency Addiction and Crisis Team Services
Delaware County 824 Bowtown Road Delaware, OH 43015	Behavioral Health, Case Management, Crisis Services, Primary Care, Vocational Services
Mt. Gilead 651 W. Marion Road, Suite A Mt. Gilead, OH 43338	Behavioral Health, Crisis Intervention, Case Management
Carrollton 611 High St. NW783 Jones Avenue Carrollton, OH 44615	Behavioral Health, Case Management, Payee Program, Youth Services
Four Oaks 46137 National Road St. Clairsville, OH 43950	Residential care facility for adult men & women
Harrison County 243 Front S. Main Street Cadiz, OH 43907	Behavioral Health, Case Management, Primary Care
Martins Ferry 301 Walnut Street Martins Ferry, OH 43935	Behavioral Health, Case Management, Primary Care
Monroe County 37790 Airport Road Woodsfield, OH 43793	Behavioral Health, Crisis Intervention, Case Management, Therapy Services – Monroe County Schools
New Philadelphia 344 W. High Avenue New Philadelphia, OH 44663	Behavioral Health, Case Management, Payee Program, Substance Use Treatment
St. Clairsville 68353 Bannock Road St. Clairsville, OH 43950	Behavioral Health, Crisis Intervention, Case Management, Child/Adolescent Programs, Primary Care, Pharmacy Services

SITUATION AND ASSUMPTIONS

Situation

1. The State of Ohio is vulnerable to natural and technological disasters, acts of terrorism, and other events such as fires that would require a facility to implement an emergency plan.
2. Medically underserved, indigent and/or disabled patients require special consideration in planning for disasters or emergencies and in their ensuring safety.

Assumptions

1. Facility operators are responsible for their clients (while on site) in emergencies and evacuations, government-ordered or otherwise.
2. In the event an emergency exceeds the facility's capabilities, external services and resources may or may not be available. Therefore, the facility must plan to manage the

incident without these resources.

3. The time required to obtain a response from emergency services will increase in proportion to the severity, magnitude, and nature of the emergency.
4. Southeast Healthcare may receive requests for resources (supplies, equipment, staffing, and shelter) from other Federally Qualified Health Centers or other organizations.
5. The management and coordination of all resources, personnel, equipment, procedures and communications will take place through the Incident Command System (ICS) (See Annex 3).
6. Communications and or facility utilities may be disrupted or rendered inoperable during an emergency.
7. Facility security could become an issue during an emergency—particularly a large-scale incident.
8. Southeast Healthcare will coordinate emergency preparedness and response activities with the Emergency Management Agency for the appropriate county(ies).

Authorities

This Emergency Management Plan (EMP) is instituted under the authority of Southeast Healthcare's Administration (see Attachment A for a Table of Organization) and its Board of Directors. This plan will be reviewed every year at a minimum, and after an event when the resulting After-Action Report and Improvement Plan dictates changes.

Compliance

Southeast Healthcare is expected under Health Resources and Services Administration (HRSA) Bureau of Primary Health Care (PIN 2007-15) to:

- (1) Conduct emergency management planning – health centers should be engaged in an ongoing, continuous process to ensure that emergency management plans (EMP) are appropriate.
- (2) Create linkages and collaborations – health centers should maximize their linkages and collaborations.
- (3) Ensure communications and information sharing – health centers should have policies and procedures for communicating and sharing information with internal and external stakeholders.
- (4) Maintain financial and operational stability – health centers' business plans should address financial viability in the event of an emergency.

The Joint Commission requires that Southeast have a written Emergency Management Plan (EM.02.01.01) that addresses:

- Communications (~~EM.02.02.01~~)
- Resources and assets (~~EM.02.02.03~~)
- [Emergency Management Plan 2022](#)
- Security and safety (~~EM.02.02.05~~)
- Staff (~~EM.02.02.07~~)
- Utilities (~~EM.02.02.09~~)
- Patients (~~EM.02.02.11~~)
- Disaster volunteers (~~EM.02.02.13 and EM.02.02.15~~)

In addition, Southeast Healthcare must also show compliance with applicable Ohio Fire Code

(Administrative Code [OAC] OAC 1301: 7-7-04 Emergency Planning and Preparedness and other standards to which the organization is accountable such as:

- Delaware Morrow Mental Health and Recovery Services Board
- Franklin County ADAMH Board
- Belmont, Harrison & Monroe Mental Health & Recovery Services Board
- ADAMHS Board of Tuscarawas and Carroll Counties
- Ohio Department of Mental Health & Addiction Services
- Department of Health and Human Services (HHS) Centers for Medicare and Medicaid
- CMS Emergency Preparedness Rule
- Community Shelter Board
- The Central Ohio Trauma System (COTS) Disaster Project
- OSHA's COVID-19 Emergency Temporary Standard (ETS)

MITIGATION

Mitigation is the pre-event planning and action steps that aim to lessen the effects of potential disaster.

Southeast Healthcare regularly undertakes risk assessment and hazard mitigation activities to lessen the severity and impact of a potential emergency. Mitigation begins by identifying potential emergencies (hazards) that may affect the organization's operations or the demand for its services.

Southeast may play a variety of roles in responding to disasters, including providing emergency medical care and expanding primary care services to meet increased community needs. The organization may also be asked to distribute important public information.

Clinic roles may be constrained by limited resources, technical capability and the impact of the disaster on the clinic facility.

Mitigation activities may occur both before and following a disaster.

Identification of Hazards and Vulnerabilities

During the mitigation phase, Southeast Healthcare identifies internal and external hazards and takes steps to reduce the level of threat they pose by mitigating those hazards or reducing their potential impact on the organization. The areas of vulnerability that cannot be strengthened sufficiently are then addressed in emergency plans.

Southeast Healthcare has conducted a Hazard Vulnerability Assessment (HVA) which encompasses a variety of potential emergency incidents under four (4) main event categories—Naturally Occurring, Technological, Human Related and Hazardous Materials. Southeast considers and reviews risks, hazards and threats on an ongoing basis to determine when an assessment should occur. The HVA could also change based on regional assessments. See Attachment B for a current copy of Southeast Healthcare's HVA.

Southeast Healthcare reviews the *FQHC Regional Hazard Vulnerability Analysis (HVA) Report* which focuses on events large enough to impact two (2) or more health centers in the region. The results of this regional healthcare HVA keep Federally Qualified Health Centers aware of regional events that have the potential to impact health center operations.

Hazard and Vulnerability Mitigation

Southeast will use the HVA and quarterly Management of Environment Safety Survey Reports

to regularly take steps towards reducing the potential impact of hazards on the organization. Ongoing policy development, plan revision, repairing and retrofitting contributes to reducing the overall vulnerability of the organization to various hazards.

Insurance Coverage

The Chief Executive Officer and other executive staff of Southeast Healthcare meet yearly with insurance carriers to review all insurance policies and assess the facility's coverage for relocation to another site, loss of supplies and equipment, and structural and nonstructural damage to the facility. Copies of the Southeast Healthcare Insurance Policy are kept in the office of the Executive Assistant/Public Affairs Coordinator and in the emergency Critical Operations folder on the shared drive.

PREPAREDNESS

Preparedness activities build organizational capacity to manage the effects of emergencies should one occur. During this phase, Southeast Healthcare will develop plans and operational capabilities to improve the effectiveness of the agency's response to emergencies. Specifically, the organization will:

- Review and update the EMP and other related documents including presenting any substantial changes to the EMP that need approval to the Board of Directors.
- Review the organization's Emergency Response Role.
- Develop and update agreements with other community health care providers and with civil authorities.
- Train personnel on emergency response procedures.
- Conduct drills and exercises.

Emergency Response Role

Clinics are not equipped to respond definitively to all disasters. However, the organization may play a variety of roles in responding to a disaster including, but not limited to:

- Providing emergency medical care
- Providing temporary shelter
- Expanding primary care services to meet increased community needs created by damage to/evacuation of other health facilities
- Providing mental health services to disaster victims and serve as a conduit for information dissemination to affected communities
- Assisting with victim management by acting as a medical liaison to victim's family members
- Closing clinics in order to move staff to other organization facilities or to the local hospital

During an emergency, the Chief Executive Officer or designee will determine if Southeast facilities will:

- 1) Continue normal operation and see patients
 - a. If the Chief Executive Officer or designee approves the decision to continue to see patients, staff will then consider the need to:
 - i. Reschedule or cancel non-urgent appointments
 - ii. Schedule changes to increase available patient hours
 - iii. Increase the number of staff by using the dental staff or qualified volunteers

- 2) Provide care to only those affected by the emergency
- 3) Close

This decision will be made internally with consideration for the following:

- Orders from authorities
- Integrity of the facilities
- Ability to access facilities
- Security
- Availability of support staff
- Availability of medical staff
- Ability to provide uncompromised care
- Availability of medications/vaccines
- Adequate supplies for staff, e.g. PPE, water, food
- Availability of power and other utilities

If the emergency is community-wide, Southeast will consider becoming a triage center, family gathering area, or other solution in support of the medical community in cooperation with state and local emergency management and health authorities.

In the event staffing becomes an issue, Southeast will institute the following as appropriate:

- Deliver services via telemedicine
- Reschedule non-urgent patients
- Consolidate service delivery locations
- Contact a temporary agency to fill vacancies
- Bring staff from other departments/locations to fill in at the affected site
- Personal leave may be cancelled and or denied to maintain staffing levels
- Contact the Central Ohio Trauma System (COTS) for assistance with staffing (or the appropriate agencies in other counties where Southeast has a presence)

Southeast will notify the appropriate agencies in the counties Southeast serves if we are no longer able to provide services. See Appendix C – Emergency Contacts.

Plan Development and Maintenance

Southeast Healthcare reviews this plan, its attachments and annexes annually. The plan will also be reviewed following its activation in response to any emergency, following exercises and other tests, as new threats arise, or as changes in clinic and government policies and procedures require.

Exercise and Training – Emergency/Disaster Drills

Southeast Healthcare performs at least 4 fire exit drills every year at each site to familiarize facility staff with signals and emergency actions required under varied conditions. Residential facilities and shelters conduct fire drills at least quarterly on each shift.

Additionally, at least 2 disaster preparedness drills are conducted each year at each site. Drill scenarios are realistic and related to priority emergencies identified on the facility's Hazard Vulnerability Assessment. In the event of an actual disaster, that will take the place of conducting a drill. Response to the disaster will be defined as described below.

Drills will be evaluated by personnel dedicated to monitor performance in achievement of goals and expectations set for the event. A written record of the evaluation is completed and includes the date, time, staff attendance, and effectiveness of the emergency plan tested. Drill evaluations will be shared with Southeast Healthcare Administration, Environment of Care

Committee, and Quality Council. Revisions will be made as required to this EMP and processes and procedures as a result of this critique and these improvements will be tested in a future drill to assure effectiveness.

Exercise and Training – Emergency/Disaster Training

Staff receive safety training as part of new employee orientation training and on an annual basis, which discusses emergency codes (emergency management plans) and required actions during emergencies including, but not limited to:

- Severe weather - tornado awareness and response
- Bomb threat awareness and response
- Fire awareness and response

Areas for additional training can also be identified by the organization's Training Committee, Environment of Care Committee, or Quality Council. All employees receive training and are provided updates on emergency preparedness, including elements of this plan.

RESPONSE

During this phase, Southeast Healthcare will mobilize the resources and take actions required to manage its response to disasters.

Response Priorities

Southeast Healthcare has established the following disaster response priorities:

- Life safety: Provide for the safety of patients, staff, and visitors
- Contain hazards to facilitate the protection of life
- Provide care for injured patients, staff, and visitors
- Protect critical infrastructure, facilities, vital records, and other data
- Restore essential services/utilities
- Support the overall community response
- Provide crisis public information
- Resume the normal delivery of patient care

It is the policy of Southeast Healthcare that the following will be maintained as much as possible dependent on the nature of the emergency:

- Confidentiality of patient information
- Documentation of patient discharges

Incident Command

Southeast Healthcare uses the Healthcare Incident Command System (HICS) to manage disaster events as required. The HICS delineates a unified approach for controlling personnel, facilities, equipment, and communications. Not all events will require HICS activation.

Activation of the HICS will be determined by Southeast Healthcare's CEO or designee in charge at the time of an event. The CEO will also determine which staff member will become the Incident Commander. Additional positions will be activated as necessary to effectively manage response and recovery. Annex 2 contains HICS documentation including a flowchart depicting HICS Incident Management Team positions. Each position has a corresponding Job Action Sheet (JAS) to guide associated response activities. Annex 2 also includes JASs along with associated Incident Command System Forms.

The HICS is National Incident Management System (NIMS) compliant and is consistent in response structure with the surrounding community and regional agencies. The HICS provides structure for:

- Identifying staff and their responsibilities in responding to disasters
- Guidelines for immediate, intermediate, and extended response activities through development and maintenance of an Incident Action Plan (IAP)
- Initiating demobilization (recovery) activities

Emergency Communication Strategies

Each facility maintains a variety of emergency communication devices to provide redundancies in the event that conditions render some devices inoperable.

Mass Notification: The company mass notification system will be used to notify staff of emergencies. The system has the ability to send broadcast text messages and broadcast phone calls.

Cellular Phones/Texting: Company cell phones issued to staff will be used as available to communicate externally if internal phone systems are not operable.

Land Line Phones: Southeast uses VOIP technology in all facilities for internal and external communications.

Two-way Radios: In the event of an emergency, these radios will be distributed as required to support the Facility Command Center (FCC) for use in response activities. These radios are used for internal communications at a facility.

HAM Radios: Southeast Healthcare has access to HAM radio operators should the situation mandate that communication with another entity is imperative to successful emergency response. The Central Ohio Amateur Radio Emergency System (COARES) provides licensed operators during emergencies. To activate the HAM radio operators, contact the Central Ohio Trauma System during regular business hours and the county Emergency Management Agency (EMA) after hours.

Emergency Paging System: This internal communication method allows the facility to announce emergency codes and/or information via an internal telecom paging system.

Internet: Facilities may be able to communicate emergency information electronically to staff via this method both internally (Intranet) and externally.

Media Outlets (public radio, news): When directed these outlets will be used to broadcast general information and/or instructions to staff and resident family members regarding a particular incident (if available).

Emergency Weather Radio: Keeps facility staff aware of current conditions that may affect operations.

Runners: If typical communication systems are not available, staff or volunteers can be used to get information from one location to another (internally and externally).

Staff Communications (Internal and External)

Emergency codes that are activated will be paged overhead and/or through the phone system to alert currently working staff that a disaster has occurred and response is required. Additionally, phones, and runners if necessary, will be utilized for internal communications. Southeast may also choose to activate an alert system using media messages (local TV news, radio, and SE website) and/or broadcast text messaging.

During an event staff will be notified via:

- Mass notification system
- Calling tree lists
- Media messages (radio, local TV news, etc.)
- Staff Hotline with recorded message giving information and/or direction

External Agency Communications

External communication during emergencies will be made by the appropriate HICS position (Incident Commander, Liaison Officer or the Coordinator of Public Affairs). Outgoing and incoming messages should be documented, either on specific forms or in an easily retrievable format. Event specific emergency plans identify which external agencies are required to be notified. External agency contact numbers are available in Attachment C – Agency/Staff Emergency Contact Information.

Communication with Clients and Client Family Members

Clients at the facility during a disaster will be kept informed of events by one or more clinical providers designated at the time of the event. Clients with impending appointments will be contacted as soon as possible by a staff member, including scheduling, front desk, case management, or provider staff as appropriate, regarding the status of the organization's operations. This may be done via an individual phone call or public information system (television, radio, etc.).

Resources and Assets

Disaster Equipment and Supply Inventory

Southeast Healthcare maintains a current inventory of disaster equipment and supplies. This inventory includes amount, location, and contact information for release of each item. This inventory is located in Attachment D – Disaster Supply and Equipment Inventory.

Facility Supply Inventory and Maintenance

Procurement and maintenance of supplies for routine facility operations are the overall responsibility of facility managers. On-hand supplies may be adjusted if advance warning is given regarding shortages and/or impending disease outbreaks.

In a disaster situation, critical supplies would be assessed, monitored and if necessary, conserved to prolong viability throughout the event. Procurement of additional critical supplies will be attempted, if necessary, using typical vendors or available community emergency resources such as the local Emergency Management Agency or Red Cross Chapter.

Safety and Security

The purpose of security will be to ensure unimpeded patient care, staff safety, and continued operations. The Incident Commander may appoint a Security staff person who will be responsible for ensuring the following security measures are implemented:

- Checkpoints at building entrances will be established as needed to control traffic flow

- Supervisors will ensure that all personnel always wear their ID badges. Security will issue temporary badges if needed
- Security staff may use yellow tape to assist in crowd control, if needed
- The Security staff will ensure that the clinic site is, and remains, secured following an evacuation

In some instances, Southeast Healthcare relies on local law enforcement departments to provide security in an emergency. The facility can limit access or go into lockdown mode if required to control access to the facility.

Staff Responsibilities

Responsibilities for emergency preparedness and response are recognized by everyone within the organization. Education and training regarding these responsibilities are tailored to disciplines (providers, maintenance, administration, etc.) across the organization.

Emergency Preparedness Coordinator: This person participates in committees that coordinate and provide consistency across the community and region in disaster planning and response, education, federal disaster spending and new initiatives. This position also represents the facility at regional preparedness meetings, and coordinates emergency management activities at the facility.

Facilities Maintenance: Maintains utilities during emergencies.

Workforce: Responsible for the safety of clients during a disaster. Staff follow event-specific disaster procedures to ensure safety and continued care.

Site Directors: Respond to emergencies using department and/or facility specific emergency plans.

Environment of Care Committee/Quality Council: Cross functional committee that coordinates overall facility emergency preparedness including but not limited to fire/evacuation drill evaluation and development and review of emergency plans including this EMP.

Medical Director: Provides consultation to emergency management initiatives or actual events.

Infection Prevention Control Officer: Communicates with various public health departments for public health threats and guidance. This position also determines the disaster response clinical staffing needs in cooperation with the Medical Director.

Facility Leadership: Provides organizational leadership utilizing the Incident Command System during an emergency and promotes facility emergency preparedness initiatives at the department level.

Staff responsibilities may change depending on the scope of the event and the hour at which it occurs. Staff will be deployed to ensure that essential functions are maintained. The facility uses the HICS which delineates a variety of positions that may be required for the response. Each position is concisely explained in an accompanying Job Action Sheet (JAS) which allows staff to perform roles they may not necessarily be accustomed to performing.

Staff not designated as an emergency decision maker will continue their normal job duties unless otherwise directed by their supervisor.

Utilities Management

The entities responsible for management of utilities during normal operations as well as in

emergencies is listed within Southeast's Environment of Care Plan (Annex 8). Local emergency resources such as the Emergency Management Agency may be contacted for assistance as needed. See Attachment C - Agency/Staff Emergency Contacts.

Client Care and Support Activities

In a short-duration, low impact disaster, client care can be managed using current processes. If an event is anticipated to be high-impact and long duration (e.g., a pandemic), alternatives to care provided within the facility will be considered. Southeast Healthcare has Memorandums of Understanding in place for emergency support. A listing of these memorandums can be found in Annex 4.

The confidentiality of patient information remains important during emergency conditions. Organization staff will take feasible and appropriate steps to ensure confidential information is protected.

Business Interruption Response

Southeast's electronic abilities are set up in a hub configuration, therefore most of the critical systems are maintained at or through the main office located at 16 W. Long Street in Columbus and the vulnerability assessment reflects this. If there is an outage of the cooling system, power failure, hardware failure or circuit outage at 16 West Long, the entire organization's electronic information system would be inoperable. A severe emergency such as a tornado, earthquake, severe snowstorm, or other natural disaster could cause one of the following: loss of cooling, loss of power, loss of WAN circuit, and hardware failure. Direct service staff activities would depend upon the nature of the external disaster. Following are the procedures that the organization will follow in responding to an interruption caused by any of these issues.

Service Provision in the event of power failure, server and/or hardware failure

Direct service staff will continue to see clients whether office based, or field based. With the disabled server capacity, the ability to immediately enter information into the electronic health record will not exist. Therefore, staff will revert to using paper forms to collect client service information and the information will need to be transferred into the electronic health record within 48 hours after it is restored. Prescribers will have access to paper prescription pads so that clients can be prescribed medications. After the emergency, all prescription pads must be returned to the designated individual; at 16 W. Long, they will be returned to the nurse in Central Pharmacy, and at all other locations they will be returned to the nurse designated for that site. If prescribers are uncertain as to what medications an individual has been prescribed in the past, the pharmacy in use by the client will be contacted for information.

If there is a hardware failure, or server/network equipment failure, the IT Director will be notified to determine the extent of the problem and to devise any solutions if possible. The CEO, CFO and COO will be notified as soon as reasonably possible of the outage. If the system is one that users access, they will be notified depending upon the application that is affected and using the resources available to them. The communication will follow the contact tree developed for communicating in an IT emergency situation.

If there is a loss of power at a remote location (a location other than 16 W. Long St.), the Clinical/Facility Director of the site or any on-site IT staff in that location should contact the Director of IT.

The senior manager for the site, in conjunction with a corresponding Clinical Director and the COO, will decide how to ensure continued client care. The decision to close an office must be approved by the COO, CEO, or CFO.

If the circuit to the location goes down, the Clinical Director of the site, any on-site IT staff in that location or another senior manager of that location should contact the Director of IT by cell phone. The Director will open a ticket with the company providing the circuits if there is no IT staff at that location and the vendor providing the circuit is not aware of the outage.

More detailed information can be found in the IT Business Interruption Plan. (**Note:** The IT Business Interruption Plan is a separate document.)

RECOVERY

Actions to assess, manage and coordinate the recovery may take place concurrently with response activities and are directed at restoring essential services and resuming normal operations.

Southeast Healthcare will use facility – and or event-specific recovery plans to follow the steps to resume or continue critical operational functions immediately following an emergency. It is important to assess remaining hazards, ensure staff and client safety, and protect undamaged property, equipment, and supplies.

Recovery processes may include:

- External agency inspections (ODH, Fire Marshal)
- Re-permitting for occupancy (generator, electrical, structural)
- Building repair from damage (structural, smoke, etc.)

It is also critical that the pertinent Healthcare Incident Command System positions keep detailed records of damaged-related costs using photo or video technologies to record damage.

All expenses incurred from the disaster should be documented to assist in applying for federal disaster reimbursement assistance, if available. Southeast Healthcare will file claims with its insurance companies for damage to its facilities.

The Recovery Checklist in Attachment E contains a variety of details that should be considered in both the emergency response [planning] and recovery phases so that the facility can resume or continue operations as efficiently as possible. Depending on the emergency's impact on the organization, this phase may require a large amount of resources and time to complete.

This phase includes activities to assess, manage, and coordinate the recovery from an event as the situation returns to normal. These activities include:

- Deactivation of emergency response: Southeast's CEO or designee will call for deactivation of the emergency when the organization can return to normal or near normal services, procedures, and staffing.
- After Action Report: Post-event assessment of the emergency response will be conducted to determine the need for improvements.
- Establishment of an employee support system: Human resources will coordinate referrals to employee assistance programs as needed.

REVISION LOG

Southeast Healthcare planning and preparedness considerations are continually reviewed and updated as the need arises. Changes must be approved by Southeast Healthcare's Administration and Board of Directors and documented below.

Section Revised	Revision Date	Revision Detail	Performed by
Attachment C	3/2013	Updated Internal Agency/Staff Emergency Contact List	J. Dyer
Attachment A	3/2013	Updated Organizational Flowchart	K. McCormish
Annex 3	3/2013	Job Position Assignments – partial update	J. Dyer
Hazard Vulnerability Analysis	4/2013	Added Analysis for Faith Mission	J. Dyer
Attachment C	9/2013	Updated Internal Agency/Staff Emergency Contact List	J. Dyer
Section 7	9/2013	Added Section 7.8 – Business Interruption Response	P. Davis J. Devney J. Dyer
Hazard Vulnerability Analysis	8/2014	Added Analysis for COVA	D. Kuhn
Hazard Vulnerability Analysis	9/2014	Removed Analysis for Faith Mission	J. Dyer
Attachment A	10/2014	Updated Organizational Flowchart	K. McCormish
Shared Drive	10/2014	Emergency List on Shared Drive Updated	M. Miller
Hazard Vulnerability Analysis	1/2015	Added Analysis for Franklin Station	J. Dyer
Attachment A	9/11/15	Updated Organizational Flow Chart	K. McCormish
Section 4	11/2015	Updated Section 4.2 – References	J. Dyer
Section 7	11/2015	Updated Section 7.8 – Loss of Cooling response	P. Davis J. Dyer
Hazard Vulnerability Analysis	11/2015	Reviewed and updated Analysis for all locations	J. Dyer
Hazard Vulnerability Analysis	10/2016	Reviewed and updated Analysis for all locations	J. Dyer
Annex 1	02/2017	Emergency Call Tree	K. McCormish
Attachment A	06/2017	Table of Organization	N. Wickramanayake
Attachment C	10/2017	Updated Internal Agency/Staff Emergency Contact List	J. Dyer

Section Revised	Revision Date	Revision Detail	Performed by
Hazard Vulnerability Analysis	10/2017	Reviewed and updated Analysis for all locations	J. Dyer
Attachment F	11/2017	Emergency Notification Tree	N. Wickramanayake
Attachment A	04/2018	Table of Organization	N. Wickramanayake
Hazard Vulnerability Analysis	09/2018	Added the Hazard Vulnerability Analysis for Reeb Center	J. Dyer
Attachment F	10/2018	Emergency Notification Tree	N. Wickramanayake
Attachment C	10/2018	Updated Internal Agency/Staff Emergency Contact List	J. Dyer
Attachment A	01/2019	Table of Organization	N. Wickramanayake
Attachment C	01/2019	Updated Internal Agency/Staff Emergency Contact List	J. Dyer
Annex 3	01/2019	Job Position Assignments Update	J. Dyer
Hazard Vulnerability Analysis	01/2019	Reviewed and updated Analysis for Franklin County locations	J. Dyer
Annex 1	4/2019	Added Shelter in Place Plan	J. Dyer
Attachment A	10/2019	Table of Organization	J. Fraioli
Attachment C	10/2019	Updated Internal Agency/Staff Emergency Contact List	J. Dyer
Locations & Services	10/2019	Updated Locations and Services Listing	J. Dyer
Locations & Services	10/2020	Updated Locations and Services Listing	J. Dyer
Hazard Vulnerability Analysis	10/2020	Reviewed and updated Analysis for Franklin County locations	J. Dyer
Attachment C	10/2020	Updated Internal Agency/Staff Emergency Contact List	J. Dyer
Attachment C	12/2020	Updated Internal Agency/Staff Emergency Contact List	J. Dyer
Annex 3	01/2021	Job Position Assignments Update	W. Williams
Locations & Services	10/2021	Updated Locations and Services Listing	J. Dyer
References	12/2021	Added ADAMHS Board of Tuscarawas and Carroll Counties to the References section of the EMP	J. Dyer
Attachment C	12/2021	Updated Internal Agency/Staff Emergency Contact List	J. Dyer
Annex 7	12/2021	Added OSHA COVID-19 Healthcare Plan	J. Dyer

ATTACHMENTS AND ANNEXES LISTING

Attachment A: Organizational Flowchart
Attachment B: Hazard Vulnerability Assessment
Attachment C: Agency/Staff Emergency Contact Information
Attachment D: Disaster Supply and Equipment Inventory
Attachment E: Recovery Checklist
Attachment F: Emergency Notification Trees

Annex 1: Emergency Response Plans
16.03.02.00 Life Safety Codes
16.03.01.00 Emergency Plan: Fire, Tornado, Bomb Threat
16.05.02.00 Violent or Potentially Violent Clients
16.04.02.00 Emergency Closing of Organization or Site
16.05.03.01 Weapons Threat
Shelter in Place Plan
Community Emergency Linkage/County Disaster Plan

Annex 2: Communications Plan
Annex 3: Incident Command System Documentation
Incident Management Team Flowchart
Job Action Sheets
Forms and Directory

~~[Annex 4: Listing of Memorandums of Understanding](#)~~

Annex 5: Infection and Control Plan
Annex 6: IT Business Interruption Assessment and Plan
~~[Annex 7: OSHA COVID-19 Healthcare Plan](#)~~
Annex 8: Environment of Care Plan

SOUTHEAST HEALTHCARE

Emergency Operations Plan

ATTACHMENT C – AGENCY/STAFF EMERGENCY CONTACT LIST

External Agencies

AGENCY	CONTACT	PHONE	EMAIL	COMMENTS
Central Ohio Trauma System (COTS)				
COTS for Belmont-Monroe Counties	Kelsey Blackburn	614-255-4405	kblackburn@cotshealth.org	
COTS for Franklin Couty	Jodi Keller	614-255-4407	jkeller@cotshealth.org	
Emergency Management Agency				
BELMONT COUNTY	David Ivan, Director	740.695.5984 (after hours emergency 740-699-0425)	emergency.management@co.belmont.oh.us.	
CARROLL COUNTY	Tom Cottis, Director	330-627-0003	{Hoping to get call back with email address; none anywhere on internet}	
DELAWARE COUNTY	Alex McCarthy, Director	740.833.2180	alex@delcoema.org	
FRANKLIN COUNTY	Jeffrey J. Young	614.794.0213	jjyoung@franklincountyohio.gov	<i>Listen to answering machine message if calling after normal business hours.</i>

SOUTHEAST HEALTHCARE

Emergency Operations Plan

ATTACHMENT C – AGENCY/STAFF EMERGENCY CONTACT LIST

HARRISON COUNTY	Eric Wilson, Director	740.942.3922	ewilson@harrisoncountyohio.org	
MONROE COUNTY	Phillip Keevert, Director	740.472.2144	phil.keever@monroecountyohio.com	
MORROW COUNTY	Michael Nelson, Director	419.947.4041 office 419.948.9973 cell	michael.nelson@morrowcountyohio.gov	
TUSCAWARUS COUNTY	Jennifer James, Director	330.308.6670	jamesj@co.tuscarawas.oh.us	
HAM Radio Operators	COTS as listed above or local EMA			Contact COTS during normal business hours (8-5) or local EMA anytime
American Red Cross (local)				
FRANKLIN COUNTY		614.253.2740		Greater Columbus Chapter
DELAWARE COUNTY		614.253.2740		Greater Columbus Chapter
BELMONT COUNTY		304.340.3650 844.216.8286		Central Appalachia Region Ohio River Valley Wheeling Chapter
HARRISON , CARROLL, & TUSCARAWAS COUNTY		330.453.0146		Heartland, Stark and Muskingum Lakes Chapter
MORROW COUNTY		740.349.9442		East Central Ohio Chapter
Utility Companies				
FRANKLIN COUNTY		1-888-710-4237		American Electric Power
BELMONT COUNTY		1-800-282-5064		South Central Power

SOUTHEAST HEALTHCARE

Emergency Operations Plan

ATTACHMENT C – AGENCY/STAFF EMERGENCY CONTACT LIST

CARROLL COUNTY		1-888-710-4237		American Electric Power
DELAWARE COUNTY		1-888-710-4237		American Electric Power
HARRISON COUNTY		1-800-282-5064		South Central Power
MONROE COUNTY		1-800-282-5064		South Central Power
MORROW COUNTY		1-888-710-4237		American Electric Power
TUSCARAWAS COUNTY		1-888-710-4237		American Electric Power
Pharmacies/Labs				
LabCorp		614-889-1061		

SOUTHEAST HEALTHCARE

Emergency Operations Plan

ATTACHMENT C – AGENCY/STAFF EMERGENCY CONTACT LIST

AGENCY	CONTACT	PHONE	EMAIL	COMMENTS
Health Department (local)			(available email addresses added 10/24)	
BELMONT COUNTY 68501 Bannock Road St. Clairsville, OH 43950	Dr. Renato Dela Cruz, MD	740.695.1202	rcruze@belmontcountyhealth.com	
DELAWARE COUNTY 470 S. Sandusky Street Delaware, OH 43015		740.368.1700	delawarehealth@delawarehealth.org	
FRANKLIN COUNTY 280 East Broad Street Columbus, OH 43215		614.525.3160 (emergency after hours 614.525.3965)	fcph@franklincountyohio.gov	
Columbus Public Health		614-645-7417	health@columbus.gov	
HARRISON COUNTY 538 N. Main Street #G Cadiz, OH 43907		740.942.2616	healthdepartment@harrisoncountyohio.org	
MONROE COUNTY 118 Home Avenue Woodsfield, OH 43793		740.472.1677		
MORROW COUNTY 619 West Marion Street., Ste B Mount Gilead, OH 43338		419.947.1545		
TUSCARAWAS COUNTY 897 E. Iron Avenue		330.343.5555	director@tchdnow.org	

SOUTHEAST HEALTHCARE

Emergency Operations Plan

ATTACHMENT C – AGENCY/STAFF EMERGENCY CONTACT LIST

Dover, OH 44622				
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SOUTHEAST HEALTHCARE

Emergency Operations Plan

ATTACHMENT C – AGENCY/STAFF EMERGENCY CONTACT LIST

Internal

NAME	TITLE	PHONE	COMMENTS
Bill Lee	President & CEO	(614) 989-6925	
Rebecca Carr	CFO	(740) 739-0138	
Wendy Williams	COO	(614) 306-1305	
Sandy Stephenson	Special Projects Director	(614) 732-8951	
Dr. Abul Hasan	Chief Medical Officer	(614) 569-9870	
Melissa Powers	Regional Clinical Director - BHM/Tusc/Carroll	(614) 783-9534	
Amanda Virgil	Operations Manager	(614) 900-2697	
Chuck Ferguson	Security	(614) 348-4794	
Melissa Miller	Chief HR & EEO Officer	(614) 394-4174	
Kim Cooksey	Clinical Director – SPMI	(614) 732-7680	
Cindy Ison	Director of Vocational Services – Delaware/Morrow	(740) 258-2488	
Weslee Warner	Clinical Director/Site Manager – Tusc/Carroll	(330) 614-9752	
Alisha Blackwell	Carpenter House Program Manager	(614) 715-0635	
Amy Prichard	Redmond House Program Manager	(614) 809-6508	
Jeff McGlade	IT Director	(614) 584-8775	
Howie Mann	Data Network Administrator	(330) 795-6028	
Philip Richardson	IT Site Director - BHM	(614) 732-8334	
April Welch	Executive Assistant	(614) 370-6640	
Nisaa Robinson	Clinical Director – SUD Services	(614) 809-5247	
Kenyatta Brown	Director – Billing/Medical Records	(614) 867-0128	
Loraine Maguire	VP of Healthcare	(614) 890-2905	
Christina Bournique	Director – Homeless Services	(614) 809-3419	
Joan Wissinger	Director of Pharmacy	(614) 989-6897	
Ryan Turner	Four Oaks Program Manager	(740) 298-2663	
Steve Holleran	Facilities Manager	(614) 732-7681	
Dr. Steven Brezny	Primary Care Medical Director	(614) 653-2944	

SOUTHEAST HEALTHCARE

Emergency Operations Plan

ATTACHMENT C – AGENCY/STAFF EMERGENCY CONTACT LIST

Internal

NAME	TITLE	PHONE	COMMENTS
Dave Collins	Assistant Clinical Director – BH – Delaware/Morrow	(614) 984-6805	
Amy Carlisle	Assistant Clinical Director – SMPI	(614) 743-6297	
Rich Gilmore	Director of Vocational Services – Franklin County	(614) 394-4151	
Charlie Huber, NP-C, MS, RN	Assistant Medical Director – PC	(614) 638-5272	
Jacob Soppe	Pharmacy Director – St. Clairsville	(740) 993-9004	
Jacob Massie	Assistant Clinical Director	(614) 390-1481	
SuJuan Johnson	Director of Compliance/QA/QI	(614) 315-0751	
Kim Bowyer	Practice Manager – Primary Care and Dental	(614) 395-2330	
Brian Votaw	Crisis Intervention – Morrow County	(419) 469-0150	
Judith Aracich	Crisis Intervention – Belmont, Harrison, & Monroe	(740) 298-2650	
Carrie Jackson	Nurse Mgr./Infection Prevention Control Officer	(614) 732-7947	
Jenny O’Leary	Project Director - CCBHC	(614) 603-0044	
Taylor Willams	Morrow County Program Manager	(614) 774-5182	
Amos Jones	Assistant Clinical Director – SPMI	(614) 935-6290	
Tony Frengel	Assistant Clinical Director - SPMI	(614) 809-2213	
Trecia Holdren	Clinical Director – Adult and Family	(614) 715-0900	

Funding Opportunity Summary
Southeast Healthcare Board of Directors – October 2024
HRSA FY2025 New Access Points – Update and Budget Summary

Funding Source: Health Resources and Services Administration (HRSA)	
Funding Opportunity: HRSA FY2025 New Access Points, HRSA-25-085	
Funding Amount: Up to \$650,000. Approximately 77 awards anticipated.	
Deadline for Submission: 8/30/24 for grants.gov initial submission, 10/2/24 for full application	
Funding Project Period: 6/1/2025 – 5/31/2026 (1 year)	Renewal Available: Yes, HRSA anticipates that awards will be rolled into the base H80 award based on continued availability of funds and satisfactory performance.
<p><u>Background:</u> The purpose of New Access Points (NAP) funding is to support new health center service delivery sites to expand affordable, accessible, and high-quality primary health care for underserved communities and populations. Award recipients will use NAP funding to provide primary health care services at one or more new access points. Notably, NAP funding is intended to continue as ongoing annual funding of up to \$650,000 which will be rolled into our base H80 HRSA grant award after the initial one-year funding period (based on satisfactory performance and continued availability of funds). Health centers may apply for up to \$650,000 (reflecting direct and indirect costs). The application must demonstrate that the health center will provide all required health services and mental health and substance use disorder services, including primary care services available at least 40 hours per week. HRSA expects new access points to be operational within 120 days of award. Applicants must project an estimated number of patients to be served at the new site during calendar year 2026. In evaluating applications, HRSA uses the Service Area Needs Assessment Methodology (SANAM) to create an unmet need score (UNS) for each application based on the proposed service area, which is factored into the overall score of the application.</p> <p><u>Update on submitted application and budget:</u> Southeast submitted an application for NAP funding to add a service site at 3400 Franklin St, Bellaire, OH, 43906. The service area for the proposed site includes the following zip codes: 43906 (Bellaire, OH); 43912 (Bridgeport, OH); 43934 (Lansing, OH); 43909 (Blaine, OH); 26031 (Benwood, WV); and, 26040 (McMechen, WV). These areas are part of the Wheeling MSA, are contiguous to each other, but in two states separated by the Ohio River and co-joined by bridges. The entire area is within the middle of the designated Appalachian Region. Services provided will include primary care, mental health, and substance use disorder services. This application was approved by the Board of Directors at the August 2024 meeting.</p> <p>The total project budget is \$1,247,000, with \$650,000 projected in HRSA grant funding and \$597,000 in patient service revenue. Federal funds will pay for 7.59 FTEs, to include 2 Full Time LISW, 1 Physician, 2 Medical Assistant/LPN, 1 Registered Nurse, 1 Advanced Practice Nurse and .59 Biller. Patient Service Revenue will pay for 2 Registration staff, 1 IT staff, and .41 biller, fringe benefits, staff training, contractual expenses, and other expenses.</p> <p><u>Financial Impact on Southeast:</u> HRSA grant funding is expense based and can be supplemented with billings through Medicaid and private insurance. This funding will allow us to expand the FQHC footprint. It is anticipated that this funding will be rolled into Health Center Program (H80) grant awards on an ongoing basis moving forward.</p>	



Financial Statements

August 31, 2024

**Southeast Healthcare
Financial Report Narrative**

- This month's financial report includes a statement of financial position for Augustas well as a balance sheet, cash flow statements, and key performance indicators.
- The August financial statements reflect a loss of \$427,858 and a net loss from operations in the amount of \$478,622.
- We continue to work through the Medicaid issues which could impact the profit since we are booking revenue at a reduced amount since we are unsure of what will happen with Medicaid payments and the timeliness. The deadline to submit claims has been extended to December; however, we continue to have issues with claims and are manually correcting each one that errors out.
- These amounts are based on conservation booking of patient receivable accounts and will continue to be adjusted based on practice management reporting processes below.
- As we have discussed the goal is to have the practice management system reconcile to the financial statements. The practice management consultant, GBS, will be on site in November to streamline our processes and help us develop internal reporting. When this is completed, the financial statements will reflect a separate line item for allowance for doubtful accounts. Currently patient service revenue and accounts receivable are reflected at net on the face of the financial statements.
- The new controller starts November 4th. He will be able to help with month end closing so we get back on track for timely submission of financial statements to the board.

**SOUTHEAST CARE
CONSOLIDATED STATEMENT OF ACTIVITY
FOR THE PERIOD ENDED AUGUST 31, 2024**

	FY24 BUDGET	***** ACTUAL *****		YTD BUDGET	ACT vs. BUD \$ VARIANCE	% VAR OF BUDGET
		August	YTD			
REVENUE						
<i>ADAMH FUNDING</i>						
ADAMH-FFS	\$ 5,680,000	\$ 576,519	\$ 1,379,914	\$ 946,667	\$433,247	45.8%
ADAMH - BLOCK GRANT	9,700,000	632,865	1,064,096	1,616,667	(552,571)	(34.2%)
ADAMH PHARMACY	2,000	0	0	333	(333)	(100.0%)
ADAMH - OTHER	-	0	0	-	-	
TOTAL	15,382,000	1,209,384	2,444,010	2,563,667	(119,657)	(4.7%)
<i>FIRST & THIRD PARTY</i>						
CLIENT FEES	128,000	7,500	15,606	21,333	(5,727)	(26.8%)
INSURANCE	1,100,000	51,167	111,291	183,333	(72,042)	(39.3%)
MEDICARE	1,000,000	45,114	99,009	166,667	(67,658)	(40.6%)
MEDICAID	13,600,000	617,796	1,374,239	2,266,667	(892,428)	(39.4%)
CONTRACTS	12,266,000	769,895	1,608,404	2,044,333	(435,929)	(21.3%)
PHARMACY SALES	29,000,000	2,609,923	5,161,902	4,833,333	328,569	6.8%
OTHER REVENUE	1,000,000	42,999	77,154	166,667	(89,513)	(53.7%)
TOTAL THIRD PARTY	58,094,000	4,144,394	8,447,605	9,682,333	(1,234,728)	(12.8%)
OPERATING REVENUE	\$ 73,476,000	\$ 5,353,778	\$ 10,891,615	\$ 12,246,000	(\$1,354,385)	(11.1%)
EXPENSES						
SALARIES	34,500,000	2,864,315	5,565,419	5,750,000	(184,581)	(3.2%)
EMPLOYEE BENEFITS	9,200,000	643,073	1,259,114	1,533,333	(274,219)	(17.9%)
CONTRACT SERVICES	1,550,000	98,474	181,559	258,333	(76,774)	(29.7%)
COMPUTER EXPENSE	1,200,000	46,119	162,692	200,000	(37,308)	(18.7%)
OPERATING SUPPLIES	350,000	14,986	87,177	58,333	28,844	49.4%
OPERATING EXPENSES	4,000,000	397,738	790,975	666,667	124,308	18.6%
OFFICE EXPENSES	500,000	36,894	75,121	83,333	(8,212)	(9.9%)
MOBILE PHONES	350,000	2,211	34,380	58,333	(23,953)	(41.1%)
TRAVEL/TRANSPORTATION	1,200,000	65,408	107,415	200,000	(92,585)	(46.3%)
BUILDING & GROUNDS	2,300,000	200,823	440,835	383,333	57,502	15.0%
DEPRECIATION	750,000	46,705	93,410	125,000	(31,590)	(25.3%)
AUDIT & LEGAL FEES	300,000	13,286	17,703	50,000	(32,297)	(64.6%)
INSURANCE EXPENSE	900,000	73,563	147,127	150,000	(2,873)	(1.9%)
PHARMACY COG	16,500,000	1,427,643	2,747,827	2,750,000	(2,173)	(.1%)
INTEREST EXPENSE	216,252	12,979	29,289	-	29,289	#DIV/0!
OTHER EXPENSES	183,748	20,672	30,621	30,625	(4)	(.0%)
TOTAL EXPENSES	\$ 74,000,000	\$ 5,964,889	\$ 11,770,667	\$ 12,297,291	(\$526,624)	(4.3%)
OPERATING NET INCOME/(LOSS)	\$ (524,000)	\$ (611,111)	\$ (879,052)	\$ (51,291)	(\$827,761)	
<i>MISCELLANEOUS REVENUE</i>						
INTEREST INCOME	650	53	112	108	4	3.4%
INVESTMENT	1,000,000	172,106	375,582	166,667	208,915	125.3%
RENT	170,000	11,094	24,736	28,333	(3,597)	(12.7%)
GAIN/(LOSS) ON PURCHASE	-	0	0	-	-	
OTHER	-	0	0	-	0	#DIV/0!
TOTAL MISCELLANEOUS	1,170,650	183,253	400,430	195,108	205,322	105.2%
SOUTHEAST NET REVENUE	\$ 646,650	\$ (427,858)	\$ (478,622)	\$107,775	(\$586,397)	
Margin on Operating Revenue	(.7%)	(11.4%)	(8.1%)			
Margin on Total Revenue	.9%	(7.7%)	(4.2%)			

SE Southeast Healthcare
CONSOLIDATED STATEMENT OF FINANCIAL POSITION
FOR THE PERIOD ENDED AUGUST 31, 2024

ASSETS

CASH:

CASH IN BANK - UNRESTRICTED	\$	1,732,676	
SCHOLARSHIP ACCOUNT			
BUILDING MANAGEMENT		-	
PETTY CASH		3,430	1,736,106

INVESTMENTS:

SHORT TERM INVESTMENTS		4,332,445	
AMERICAN FUNDS		11,537,859	
RESTRICTED INVESTMENTS		298,644	16,168,948

ACCOUNTS RECEIVABLE:

Claims Based Receivables			
Total Claims Based Receivables		9,292,808	

Other Receivables			
OTHER GRANTS & CONTRACTS		135,161	
APOTHECARE		3,793,590	
MISCELLANEOUS		-	13,867,505
Total Other Receivables		3,928,751	

OTHER CURRENT ASSETS:

APOTHECARE INVENTORY		1,465,617	
PREPAIDS		1,770,332	
EMPLOYEE LOAN/EPP		11,694	
OTHER		9,087	3,256,730

TOTAL CURRENT ASSETS **35,029,289**

FIXED ASSETS:

VEHICLES		579,879	
BUILDING, LAND & IMPROVEMENTS		12,934,016	
FURNITURE & EQUIPMENT		3,992,557	
TENANT IMPROVEMENT		174,753	
subtotal		17,681,205	

LESS accumulated depreciation (12,166,216)

NET FIXED ASSETS **5,514,989**

TOTAL ASSETS **\$ 40,544,278**

LIABILITIES & NET ASSETS

LIABILITIES:

ACCOUNTS PAYABLE	\$	133,516	
ACCRUED EXPENSES		-	
PROPERTY TAX PAYABLE		63,204	
TENANT DEPOSIT		6,857	203,577

ACCRUED WAGES & FRINGE BENEFITS:

ACCRUED VACATION		1,758,874	
ACCRUED PAYROLL		2,849,570	
ACCRUED RETIREMENT		-	
ACCRUED OTHER		371,099	4,979,543

TOTAL CURRENT LIABILITIES **5,183,120**

LONG TERM DEBT 2,349,364

ADVANCES FROM THE STATE 442,386

CAPITALIZED LEASE AGREEMENT 165,372

TOTAL LIABILITIES **8,140,242**

NET ASSETS:

UNRESTRICTED		30,234,463	
DESIGNATED		1,831,817	
RESTRICTED		39,112	
SCHOLARSHIP		298,644	
TOTAL NET ASSETS		<u>32,404,036</u>	

TOTAL LIABILITIES & NET ASSETS **\$ 40,544,278**

Southeast Healthcare
Statement of Cash Flows
For the Period Ended August 31, 2024

	Current Period
Cash From Operations	
Change in net assets	(1,009,664)
Adjustments to reconcile change in net assets to net cash	
Depreciation	46,705
Forgiveness of advance from State of Ohio	(4,615)
Total Adjustments to reconcile change in net assets to net cash	42,091
(Increase) decrease in:	
Accounts receivable	1,787,193
Inventory	967,278
Other current assets	99,364
Total (Increase) decrease in:	2,853,835
Increase (decrease)	
Accounts payable	(1,030,202)
Accrued expenses and taxes	338,205
Total Increase (decrease)	(691,997)
Total Cash From Operations	1,194,265
Cash From Investing Activities	
Purchases of property and equipment	(31,923)
Purchase of investments	(172,106)
Total Cash From Investing Activities	(204,029)
Cash Flows From Financing Activities	
Principal payments on long-term debt	(8,303)
Principal payments on capital lease obligations	(8,453)
Total Cash Flows From Financing Activities	(16,756)
Net Increase/Decrease in Cash	973,480
Cash and Cash Equivalents, beginning of period	755,268
Cash and Cash Equivalents, end of period	1,728,748

**SOUTHEAST HEALTHCARE
RATIO ANALYSIS**

Year to date performance

Current Ratio	(CURRENT ASSETS/CURRENT LIABILITIES)	6.8	Ability to pay current debt with current assets; 2 to 4 is standard.
Revenue over Expense Margin	(YTD REVENUE/YTD EXPENSES)	.947	Indicates revenues (net income) over expenses; Over 1.03 is excellent.
Assets to Liabilities	(TOTAL ASSETS/TOTAL LIABILITIES)	4.98	Indicates debt structure of Organization; 2.0 is standard.
Debt to Net Assets (Equity)	(TOTAL LIABILITIES/NET ASSETS)	.25	Compares borrowed capital to invested capital; .40 is standard.
Days of Cash	CASH & ST INVESTMENTS/AVE. DAY'S EXPENSES	41.7	Indicates number of days of cash SE has on hand. 90 days is good
Average Days in Receivables	(REVENUE/365)AR/Revenue per day)	100.63	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)	17.32%	7% - 9.99%	10% - 10.99%	3
Debt to Equity Ratio (Total Liabilities/Net Assets)	0.251	.40 - .49	.50 - 1.19	5
Revenue to Expenses (Total Revenue / Total Expense)	0.91	1.03 - 1.0599	1 - 1.0299	5
Current Ratio (Current Assets/Current Liabilities)	6.80	1.80 - 2.39	1.4 - 1.79	5
Cash to Avg. Mo. Expense (Days) (Cash + ST Invest/Total Expenses)	41.7	80 - 89.99	50 - 79.99	3
Fund Balance Reserve (Net Assets / Ave. Monthly expenses- including CGS)	3.59	6 - 6.99	4 - 5.99	5
% of Revenue from ADAMH (ADAMH Revenue/Total Revenue)	21.8%	< 55.0%	70% - 55%	5
				4.4

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

SOUTHEAST, INC. PROCUREMENT SUMMARY
Heat Pump Replacement 3rd Floor Training Room, 16 W. Long St.

Describe Goods and Services Being Purchased:

Southeast is requesting the purchase of a 10 ton Trane horizontal water source heat pump, with a 2 stage compressor and a 9 KW electrical heat package (to warm the cold air in winter) with SCR (Silicon Controlled Rectifier) to bring 3200 CFM tempered outdoor fresh air into the 3rd floor training room.

Speer - \$86,845.00 using a 10 ton Trane Heat Pump

Farber - \$75,230.00 using a 10 ton Trane Heat Pump

Vendor Recommended: Farber

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:

The recommended vendor has the lowest quote, and a good reputation and personnel that are familiar with the 16 W. Long St. location.

Recommended Motion

The Southeast Board approves the selection of Farber for heat pump replacement for the 3rd floor training room at 16 W. Long St. not to exceed \$86,514. This includes a 15% contingency.

Approval Date: _____

Approved By: _____

Print Name

Title