



**North Country Health Consortium
Board of Directors Meeting
March 12, 2021, 8:30 a.m. – 10:00 a.m., Zoom
AGENDA**

8:30 Consent Agenda

1. Program Updates
2. February Meeting Minutes
3. January Financials

Please note: All items in consent agenda are to be approved with one motion. Items coming out of the consent agenda for review require separate approval.

8:40 Nominating Committee

8:45 Pecuniary Notices

*Motion to approve the North Country Health Consortium's Agreement with **Tri-County Community Action Program** for distribution of incentive payments earned under the 1115 Waiver DSRIP program by IDN Region 7. The Agreement provides for the distribution of funds in an amount of \$50,000 for the purposes of enhancing workforce development and the delivery of integrated healthcare for Fiscal Year 2021.*

*Motion to approve the North Country Health Consortium's Agreement with **Northern Human Services** for distribution of incentive payments earned under the 1115 Waiver DSRIP program by IDN Region 7. The Agreement provides for the distribution of funds in an amount of \$75,000 for the purposes of enhancing workforce development and the delivery of integrated healthcare for Fiscal Year 2021.*

*Motion to approve the North Country Health Consortium's Agreement with **Cottage Hospital/Rowe Health Center** for distribution of incentive payments earned under the 1115 Waiver DSRIP program by IDN Region 7. The Agreement provides for the distribution of funds in an amount of \$90,000 for the purposes of enhancing workforce development and the delivery of integrated healthcare for Fiscal Year 2021.*

*Motion to approve the North Country Health Consortium's Agreement with **Coos County Family Health Services** for distribution of incentive payments earned under the 1115 Waiver DSRIP program by IDN Region 7. The Agreement provides for the distribution of funds in an amount of \$75,000 for the purposes of enhancing workforce development and the delivery of integrated healthcare for Fiscal Year 2021.*

9:00 Grant Updates-Becky

- CDC Comprehensive Addiction and Recovery Act (CARA) Local Drug Crises Grants-Due 4/1 (Grant Matrix)
- HRSA Rural Communities Opioid Response Program-Psychostimulant Support (RCORP-PS)- Due 4/12(Grant Matrix)
- CDC DFC Competing Continuation-Due 4/26, not posted
- Dept. of Homeland Security Non-Profit Security Grant Program- Emergency preparedness/Physical security/Infrastructure/training-Due 5/14, evaluating
- Tillotson- Operations (submitted)
- SAMHSA- MH Training (submitted)

9:10 NCHC Organizational Updates

- Strategic Planning-Becky
- Staffing Updates and Employee Satisfaction Survey-Becky
- HR and Communications Update-Francine



Upcoming Events and Trainings: Access more information at <https://nchcnh.org/events.php>

- Trauma-informed Care series:
 - March 26: What Trauma-Informed Care Has to Offer Us in the Time of Crisis
 - May 20: Relationship-Building & Belonging: Capitalizing on the “Flock” Response
- Virtual Chronic Disease Self-Management Leader Update Training, March 26:
- Mental Health First Aid training (virtual) March 15th and March 31
- Certified Recovery Support Worker (CRSW) Virtual Training Series, Feb 22 - June 7
- Childhood Lead Poisoning in NH: What Realtors & Home Buyers Need to Know, April 14
- Backroads to Recovery, April 6th, 9-12:30
- UP Conference, Third week of May, TBD

Upcoming Meetings:

March 12th, 2021 -Strategic Planning Kick-Off Meeting- BOD Executive Committee/NCHC Management Team

April 9th- BOD Meeting

May 14th- BOD Meeting- Non-Profit Board Training 8:45-9:30 to be presented by Thomas Donovan, Esq, Assistant Director-Charitable Trusts Unit, Dept. of Attorney General



NCHCNH.org

**North Country Health Consortium Board of Directors Meeting
February 12, 2021 8:30am via Zoom
Meeting Minutes**

Board present: Mike Lee, Ken Gordon, Karen Woods, Suzanne Gaetjens-Olsen, Ed Duffy, Scott Colby, Maryanne Aldrich, Tara MacKillop, Mike Peterson,

Absent: Greg Culley, Jeanne Robillard

Staff present: Becky McEnany, Cathy Roy, April Mottram, Francine Morgan, Diana Gibbs

Notetaker: Carol Hemenway

Meeting called to order 8:30 a.m.

Consent Agenda

Motion to approve the consent Agenda was made by Tara. Seconded by Mike and carried by unanimous vote of the Board present. Financial reports are pulled from the consent agenda for review.

Finance Report:

December 2020 Financials (pulled from the Consent Agenda for review)

- Cathy reviewed the new formatting of the AccuFund financial reports.
- YTD variance in the Program 20 Workforce (IDN) will be flatlined in the next 3-5 months. Plan is to have majority of those funds gone by end of July.
- Cathy reviews the December financials with the Board present. Budget numbers have been added to their respective programs.
- Salary & fringe deficit reflects large salary/retention/PTO pay out of FH employees. Will be covered by grant.
- Mike Peterson questions the YTD variances between organization wide and Program 40-FH. Cathy explains that her formula is off for FH – total was divided by 12 and should be 3. This correction will be made and reports re-distributed to the Board.
- The deficit from FY20 of 762k will be adjusted with the audit after the PPP funds are applied.
- There will be some formatting changes to the reports after today's review by the Board.
- Audit: auditors are progressing in their process. They will be filing an extension and hope to have the work done by end of April. Friendship House closing/PPP funding is a contributor to the delay.
- COLA: Francine notes that the COLA was rolled out in Lump Sums and dispersed quarterly so wages are not compounded. This is retro to 10/1/2020 and applies to employees hired prior to 7/1/2020. The hold on COLA was due in part to the termination process at FH. 3% COLA for FY20 will be 63k and was budgeted

Dashboard review:

- Finished the month with a surplus of 34k.
- 1.97 months cash on hand
- Current ratio 1:1
- PPP funding will be 798,800.00 – will be disbursed between FY 20 & FY 21
- The reports show 2 vacant position in Dec – those have been filled (CHW & COVID Response Coordinator {temp})

Motion to approve the December 2020 Finance Reports was made by Mike Peterson. Seconded by Karen Woods and carried by unanimous vote of the Board present.



Program updates:

Senior Leadership introductions are made to the Board:

- April Mottram outlines the COVID response efforts-specifically the new process of administering vaccines to vulnerable population in group settings (SNF/assisted living).
- Diana Gibbs discusses the CHW/RC programs and AskPETRA, including a new neo-natal abstinence program and Narcan kit distribution efforts.
- Francine Morgan updated the Board on communication and marketing operations, including a spot on WMUR and NPR for our COVID response team. She also notes that DTC is going strong and participants will double in the next month or so to 20 clients. We are partnering with Blue Heron Neurofeedback & Counseling for LADC services. A presentation on wage banding will be reviewed next month.

Interim CEO Update:

- Citizens Health Initiative Survey – CHI is requesting help with their survey on rural addiction, they are looking to bring help to NH. The survey will be going to providers and community stakeholders to identify gaps and provide support. The survey will be distributed to Board members for them to disseminate to their respective agencies. Survey participation will offer incentives (personal or agency).
- Grant updates:
 - Concept letter went out to Tillotson for 3-year unrestricted funds grant, it was submitted in mid-January and we will know in March if the full proposal is approved.
 - SAMHSA grant proposal submitted - 125k over 4 years, if funded would start in Oct 2021. This is a grant for training workforces in recognizing mental health symptoms and connecting people in need to resources, the grant would have us partnering with Northern Human Services, Littleton Chamber of Commerce, Statewide Recovery Initiative and AHEC and will focus on current and future workforce.
 - HRSA grant opportunity coming up for psycho-stimulant education – we are in the beginning phase of review.
- Have been approached by DHHS to work on women's cardiovascular program for this summer - relates to breast and cervical program.
- UNH Cooperative Extension – we were approached about a community resilience project where we will potentially serve primarily as the conveners.
- Overall Organization update:
 - All is going well, strong staff, folks are very busy with programs, COVID-Response, and restructuring after clinical services closures. Focus has been on a review of other programs, fiscal responsibilities, revising policies and salary/organizational structure for sustainability.
 - Planning for the Strategic Planning Session.
 - Some Grants and funding streams are winding down and currently seeking for other funding sources.
 - Working on promoting a work/life balance, this tends to be a hard balance to achieve.

Executive session:

Motion to resolve into Executive Session to discuss matters of personnel was made by Suzanne Gaetjens-Olsen. This was seconded by Karen and carried by unanimous vote of the Board present. Resolved into Executive Session at 9:26am.

Motion to resolve out of Executive Session was made by Karen. This was seconded by Tara and carried by unanimous vote of the Board present. Resolved out of Executive Session at 9:37am.



Adjournment

Motion to adjourn was made by Ken Gordon. Seconded by Suzanne Gaetjens-Olsen and carried by unanimous vote of the Board present.

Meeting adjourned at 9:38am

Action Register			
Follow-up Action Needed	Due Date	Responsible Person	Completed
Revised Financials	3/12/2021	Cathy Roy	
Finance lunch & learn	1/30/2021	Cathy Roy	

Directors	Conflict Interest	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct
Scott Colby		X	X	X	X								
Ed Duffy		X	X	X	X								
Suzanne Gaetjens-Oleson		X	X	X	X								
Ken Gordon		X	X	X	X								
Mike Lee		X	X	X	X								
Tara MacKillop		X	X	X	X								
Nielson, Lars MD		AB	AB										
Jeanne Robillard		X	AB	X	AB								
Karen Woods		X	X	X	X								
Greg Culley			AB	AB	AB								
MaryAnne Aldrich			X	X	X								
Mike Peterson			AB	X	X								
Curtis Metzger		X											

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March 2021 Board Program Updates

Public Health

- The Rural Public Health Network (RPHN), through Closed Point of Distribution (CPOD) agreements with several EMS and hospital partners through the region, has continued efforts to conduct vaccine clinics for both Tier 1a (primarily 2nd doses) and 1b. To date, more than 3700 vaccines have been distributed through RPHN clinics, and this month we have been able to deploy mobile strike teams into age-restricted housing units to serve elderly North Country residents in their homes, rather than requiring them to access regional clinics. All Tier 1a clinics have been completed, and work is now underway to plan the Tier 2a clinics for school and childcare staff across the region.
- Development and deployment of the Medical Reserve Corps is going strong! The roster is now up to 85 volunteers, many of whom are trained in VAMS in order to assist partner sites as they ramp up high-throughput vaccination clinics around the region. A Standard Operating Procedure for the deployment of volunteers has been developed and is now being shared with MRC sponsors when they request volunteers in order to establish expectations and shared understanding about each deployment.
- The regional Implementation Team for the Garrett Lee Smith suicide prevention grant has established a regular meeting cadence and has been very successful in connecting regional partners to training on a variety of important topics. Most exciting is that the region has identified 4 individuals across the region who will be participating in a Suicide Prevention Trainer of Trainers program, significantly increasing the capacity of the North Country to provide this training long term.

Region 7 Integrated Delivery Network (IDN)

- Work continues on the distribution of earned incentive payments to partners as the IDN work winds down. In the coming months, attention will turn to the region's final report to DHHS – a report that is intended to capture the full five-year journey of Region 7 IDN, lessons learned and plans for sustainability.

Northern New Hampshire Area Health Education Center (NNH AHEC)

- The NNH AHEC has submitted its application to renew accreditation as a provider of Certified Nursing Education through the Northeast Multi-State Division.
- A significant amount of time has been dedicated in the last month to conducting key informant interviews as part of a state-wide research initiative aimed at assessing the Community Placement process for students entering health careers. Interviews have been held with academic institutions and placement sites to date. In the coming month, preceptors will also be interviewed, and the findings of these interviews will be coded for further analysis.
- Over the last month, the AHEC has scheduled another two-part educational series under its sub-contract with NHADACA, this time focusing on trauma informed care and providing support to clients during the pandemic.

Substance Misuse Prevention Network

- Littleton and Colebrook Coalitions met this month
- North Country Youth Advisory Council met
 - Spring UP Conference planning – virtual conference
 - Tentative date range 5-17 to 5/19
 - Keynote speaker updates and theme discussed
 - Budget confirmed
- Planning two Learning Collaboratives for North Country High School students
 - Podcast and video production themes
 - Will start end of March
 - Reaching out to school contacts for help spreading the word

Student Assistance Programs

- SAP peer supervision meeting – 1/21
 - WMRHS presentation on their SAP program
- Berlin SAP Counselor hired, all contracted NC schools now with SAPs
 - Laura Hosley, SAP Coordinator, will work extensively with new hire to train in Project Success best practices

YLTA

- New Hampshire Charitable Foundation YLTA grant
 - Final report due 2/26 submitted

DFC

- DFC year 6 competitive grant
 - Grant writing team being formed
 - NOFO posting at CDC website has been delayed, checking daily
- DFC bi-annual progress report submitted 2/12

AskPETRA Program - Prevention, Education, Treatment, Recovery, Assistance (PETRA)/Wellness And Recovery Model (WARM), W2W

- NCHC has naloxone kits and promotional materials available for the “Save One Life” campaign to increase access to these live-saving tools. If your organization would like



informative posters and materials to promote these FREE kits, and/or to request naloxone kits, please email AskPETRA@nchcnh.org or call 603-259-1729. A promotional letter and resource information is going out to local organizations to increase access and awareness of this resource.

- NCHC's AskPETRA program is working on promotion and programming for the new "WARM4Women" program that is an extension of the WARM program that aims to women of childbearing age, including expecting mothers and families, with their recovery needs in an effort to reduce Neonatal Abstinence Syndrome (NAS). WARM4Women is designing a Learning Collaborative series to engage health and human service organizations to learn about best-practices and to gain a better understanding of NAS and special care considerations.
- AskPETRA is promoting the overview/education "Meet PETRA" outreach and engagement presentation to include a virtual overview of the resources and services AskPETRA can offer, as well as an in-person presentation to be delivered once the pandemic period has ended. Open to all health and human service organizations in the region to increase awareness of the program and opportunities afforded to individuals and professionals in the region. If your organization like to "Meet AskPETRA", contact Annette Carbonneau at acarbonneau@nchcnh.org to schedule a virtual presentation for your staff to learn more about how AskPETRA can be a resource or partner to support your work and the regional population.
- W2W CONNECT CHW staff having been working with Weeks Medical Center and other partners and clients to facilitate COVID-19 vaccine access, including navigation of the NH Vaccine and CDC VAMS websites, ensuring eligible residents are supported through this process.
- W2W CONNECT continues to receive direct service referrals for clients 18 and older from Coos, Grafton, and Carroll counties to support needs around unmanaged chronic illness.

Events/Trainings:

See all flyers on NCHC's Events webpage: <https://nchcnh.org/events.php>

Upcoming:

- NCHC's Wellness And Recovery Model (WARM) Program is offering a virtual Certified Recovery Support (CRSW) training series including Recovery Coach Academy (RCA), Ethical Consideration, HIV/AIDS and Other Infectious Diseases, and Suicide Prevention. The series began on February 11 with the Recovery Coach Academy, and will continue with the series through June 11, allowing participants to take one, some, or all of the 4 trainings



being offered. See the registration link for more information: <http://bit.ly/CRSW-VirtualSeries2021>

- Mental Health First Aid (MHFA)- now being offering in a virtual format! NCHC's WARM program is hosting MHFA on two dates- March 15 (registration closed for this date) or 31 (registration closes in mid-March). Registration closes two weeks prior to the live virtual date. See the registration link for more information, including continuing education for your staff: <http://bit.ly/MHFA-March2021>

Save the Date:

- April 6: NCHC is will be hosting the 'North Country Recovers Together: Backroads to Recovery' virtual event, with gathering at 8:45am and the program from 9:00-12:30pm. The event will engage a broad cross-sector of North Country representatives to work on action planning around Substance Use Disorder (SUD) needs in the North Country. Outreach and marketing for this event will go out in early March.
- April 29- anticipated to run from 11:30am-1:00pm: NCHC's AskPETRA program is working with the NH Prescription Drug Monitoring Program (NH PDMP) to host a virtual training for all North Country healthcare partners. This training will include an overview of the system, legal considerations, data for prescribing practices as a regional aggregate, and will leave off with a technical assistance offering to providers/health systems in the region who may need additional support to maximize use of this great resource for reducing potential opioid/substance misuse. Outreach materials will be provided in early March for this training.



Finance Committee Minutes

February 11, 2021

Board present: Mike Lee, Suzanne Gaetjens-Oleson, Tara MacKillop

Staff present: Cathy Roy, Becky McEnany

Notetaker: Carol Hemenway

Called to order at 12:01pm.

Motion to approve the January 7, 2021 minutes was made by Tara. Motion was seconded by Mike and approved by unanimous consent of the Board present.

Finance report notes:

- YTD surplus of 34k
- MTD surplus of 14k
- 1.97 months cash on hand
- Current Ratio 1:1

Report Discussion:

- YTD variance in the Program 20 Workforce (IDN) will be flatlined in the next 3-5 months. Plan is to have majority of those funds gone by end of July.
- The CHW 2 year grant will be prepaid, and all programs continue to hold their own.
- Program 40 – these figures have been broken into two sections, Substance Misuse Program and Friendship House.
- We heard back from DHHS - 111k remaining in grant funds can be used going back to March 2020 to absorb some losses that were not covered by PPP funds. There should not be any issues with spending that money on related expenses and that money will be used to cover FYE 20 expenses.
- Cathy notes that all invoicing to funders is occurring in a timely manner.

Other business:

- We have filed for audit extension (this was an expected occurrence).
- NCH has 3 Certificates of Deposit at Passumpsic that have matured. Total value is \$127k. There is discussion about consolidating those and moving them into a CD or MMA at Mascoma Bank. Cathy will investigate interest rates and update the committee at the next meeting.
- Cathy notes that we will spend down the remaining CARES funding money – which is in a separate operating account. We could possibly use this account once it is depleted of CARES funds to put the CD funds from Passumpsic. Mike suggests asking Chad Stearns at the bank for recommendations.



- Employee COLA – Mike asks how that went. The staff announcement went out last week to all current employees. Becky discussed the Banding project and explained that because some employees are at the top of their band/pay range, the COLA will be distributed quarterly in lump sums, so it doesn't compound their wages. This process will be reviewed next year. Mike notes that some employees who are at the top of their band have most likely been with NCHC for many years and that is a good reflection on the employee culture here at NCHC. Becky notes that we are looking into how to incentivize employees in a sustainable manner.

Adjourned at 12:23pm

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Months To Date	NCHC FINANCIAL SUMMARY THROUGH JANUARY 31, 2021																				
FY2021 Annual	NCHC ORGANIZATION-WIDE						Program 20 Workforce						Program 30 Dental								
	Month Ending 1/31/2021	Monthly Budget	YTD through 1/31/2021	YTD Budget	Var. YTD	FY21 Budget	Month Ending 1/31/2021	Monthly Budget	YTD through 1/31/2021	YTD Budget	Var. YTD	FY21 Budget	Ending 1/31/2021	Monthly Budget	YTD through 1/31/2021	YTD Budget	Var. YTD				
Revenue	7,419,559	252,897	618,297	1,832,008	2,473,186	(641,179)	3,652,775	64,838	304,398	361,726	1,217,592	(855,866)	23,716	1,499	1,976	7,966	7,905	61			
Expenses																					
Salary & Fringe	3,251,530	185,803	270,961	1,246,392	1,083,843	(162,548)	533,180	35,054	44,432	143,680	177,727	34,047	16,280	1,225	1,357	4,671	5,427	756			
Other Expenses	4,146,486	95,808	345,541	577,833	1,382,162	804,329	3,013,529	23,347	251,127	173,825	1,004,510	830,684	5,517	159	460	2,818	1,839	(979)			
Indirect Expenses		0	0	0	0	0	106,069	13,277	8,839	34,472	35,356	884	1,818	471	152	1,172	606	(566)			
Total Expenses	7,398,017	281,612	616,501	1,824,225	2,466,006	641,781	3,652,778	71,677	304,398	351,978	1,217,593	865,615	23,615	1,856	1,968	8,661	7,872	(789)			
Surplus (Deficit)	21,543	(28,715)	1,795	7,783	7,181	602	(3)	(6,839)	(0)	9,748	(1)	9,749	101	(357)	8	(695)	34	(728)			
pro-rated budget numbers nchc/fh	revenue	salary	other																		
December Highlights		2,208,666	862,312	1,349,590			Additional Admin Allocation						Additional Admin Allocation								
		793,562	664,595	97,717			IDN MOU spend flat-lined in budget - payouts start in March														
		3,002,228	1,526,907	1,447,307																	
	Program 40 Substance Misuse Program						Program 50 Public Health						001 Administration						002 PPP Loan		
	FY21 Budget	Month Ending 1/31/2021	Monthly Budget	YTD through 1/31/2021	YTD Budget	Var. YTD	FY21 Budget	Month Ending 1/31/2021	Monthly Budget	YTD through 1/31/2021	YTD Budget	Var. YTD	FY21 Budget	Month Ending 1/31/2021	Monthly Budget	YTD through 1/31/2021	YTD Budget	Var. YTD	MTD	YTD	
Revenue	2,105,748	143,536	175,479	592,936	701,916	(108,980)	549,529	32,559	45,794	120,537	183,176	(62,639)	294,229	10,328	24,519	39,518	98,076	(58,559)	0	0	
Expenses																					
Salary & Fringe	1,213,575	91,941	101,131	334,744	404,525	69,781	297,419	16,263	24,785	62,953	99,140	36,187	526,483	39,607	43,874	106,595	175,494	68,899	0	0	
Other Expenses	622,397	40,164	51,866	191,214	207,466	16,252	181,761	16,035	15,147	43,677	60,587	16,910	252,466	7,100	21,039	27,592	84,155	56,563	0	10,839	
Indirect Expenses	262,775	32,549	21,898	81,968	87,592	5,624	70,136	6,375	5,845	15,506	23,379	7,873	(498,951)	(46,170)	(41,579)	(131,221)	(166,317)	(35,096)	0	0	
Total Expenses	2,098,748	164,654	174,896	607,926	699,583	91,656	549,316	38,673	45,776	122,136	183,105	60,969	279,998	537	23,333	2,966	93,333	90,366	0	10,839	
Surplus (Deficit)	7,000	(21,118)	583	(14,990)	2,333	(17,323)	213	(6,114)	18	(1,599)	71	(1,669)	14,231	9,791	1,186	36,552	4,744	31,808	0	(10,839)	
December Highlights		2 funds (201 & 202) payroll accrual posted in jan/revenue has been recognized in December - \$5k.						1 fund (120 Goferr PHN) additional January expenses - not invoiced for will ask funder to submit ammended invoice. Addtl admin alloc						Will review Admin allocation after IDN re-allocation of reduced FTE							
		Additional Admin Allocation																			
	Program 40 SMP-Friendship House																				
	FY21 Budget	Month Ending 1/31/2021	Monthly Budget	YTD through 1/31/2021	YTD Budget	Var. YTD															
Revenue	793,562	136	264,521	709,324	793,562	(84,238)															
Expenses																					
Salary & Fringe	664,595	1,712	221,532	593,749	664,595	70,846															
Other Expenses	97,717	133	32,572	50,715	97,717	47,002															
Indirect Expenses	31,250	0	10,417	66,465	31,250	(35,215)															
Total Expenses	793,563	1,845	264,521	710,929	793,563	82,633															
Surplus (Deficit)	(0)	(1,709)	(0)	(1,605)	(0)	(1,605)															
	FH - T. Florentine expense posted in January \$1.8k - will see if DHHS will allow invoicing on subsequent invoice																				
	Forecasted \$309.5k FH revenue from Ins/BDAS - Actual oct-dec \$233.6k																				

NCHC ORGANIZATIONAL PERFORMANCE DASHBOARD

BALANCE IN BRIEF

FINANCIAL RATIOS

1/31/2020		YTD (4-month) Actual	FY 2021 Budget	4 months = 33%	FY 2020 Budget	1/31/2020		November	December	January	3-Month Average
4	Revenue	\$1,832,008	\$7,419,559	25%	\$ 7,101,154	Current Ratio (Current Asset/Total Liabilities)		1.1	1.1	1.0	1.1
	Expense	\$1,824,225	\$7,398,017	25%	\$ 7,082,124						
	Surplus (Deficit)	\$7,783	\$21,543		\$19,030						

GRANT/CLINICAL SERVICES REVENUE

TOP 3 MAJOR EXPENSES

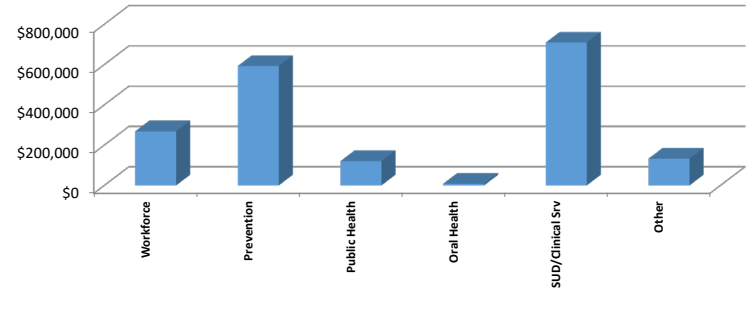
1/31/2020		YTD (4-month) Actual	Grant Amount	Grant Award Period	Year	1/31/2020		YTD (4-month) Actual	FY 2021 (12-mo) Budget	4 months = 33%
Workforce Development	AHEC - Endowment 4 Health	\$6,420	\$25,000	7/1/2020 - 6/30/2021	One Year	Personnel	\$1,246,392	\$3,251,530	38%	
	AHEC - Cares Act	\$11,620	\$45,727	5/1/2020 - 4/30/2021	One Year	MOA	\$194,083	\$3,299,104	6%	
	AHEC	\$27,486	\$111,176	9/1/2020 - 8/31/2021	Annual Review	Dues, Memberships, Subscriptions	\$87,245	\$121,973	72%	
	Integrated Delivery Network (IDN)	\$169,979	\$2,412,615	7/1/2016 - 12/31/2021	Year 6 of 6					
	IDN CHW W2W	\$52,884	\$200,000	7/1/2020 - 6/30/2021	Year 1 of 3					
						CASH POSITION				
						Monthly Average Cash Requirement	\$ 394,695			
						Available Cash	\$ 847,373	includes FH cares act funds balance of \$105k		
						Months of Cash Available for Expenses	2.15			
						Line of Credit Borrowed	\$ -			

Prevention Program

Community / Public Health

	Substance Misuse Program	\$19,102	\$77,776	7/1/2019 - 6/30/2021	Year 3 of 4				
	SAP -7 Schools/1 College	\$60,325	\$300,000	7/1/2020 - 6/30/2021	Year 2 of 2				
	NHCF Strategy Plan	\$30,737	\$125,000	7/1/2019 - 6/30/2020	Annual Review	CURRENT STAFF: Active 33 - Layoff 0			
	GOFERR - YLTA	\$29,983	\$30,247	10/1/2020 - 12/31/2020	One Time Funding	Positions Vacant: 2	FY20 Est. Benefit Rate: 22.5%		
	NH Empowering Youth	\$86,245	\$95,708	9/1/2020 - 12/30/2020	One Time Funding				
	Continuum of Care	\$5,645	\$80,873	7/1/2019 - 6/30/2021	Year 2 of 2				
	DFC	\$31,611	\$125,000	9/30/2019 - 9/29/2021	Year 5 of 5				
	YA Strategies	\$7,709	\$90,000	7/1/2019 - 6/30/2021	Year 4 of 4				
	Outreach - Opioid	\$47,259	\$200,000	5/1/2019 - 4/30/2021	Year 3 of 3				
	Drug Court	\$90,642	\$300,000	7/1/2020 - 6/30/2021	Annual Review				
	Opioid RH Program	\$57,934	\$450,000	9/30/2020 - 9/29/2021	Year 3 of 3				
	Drug Court - CARES Act (supplies)	\$2,326	\$27,775	9/1/2020 - 12/31/2020	One Time Funding				
	PETRA Implementation	\$80,009	\$278,445	9/1/2019 - 8/31/2022	Year 2 of 3				
	Neonatal Abstinence Syndrome	\$43,409	\$166,812	9/30/2020 - 9/29/2021	Year 1 of 3				
	NAMI	\$10,000	\$20,000	01/15/2020 - 01/14/2025	Year 1 of 5				
	Medical Reserve Corps	\$2,801	\$10,000	7/1/2019 - 6/30/2021	Year 2 of 2				
	Lead Grant	\$2,929	\$3,000	7/1/2019 - 6/30/2021	Year 2 of 2				
	Adult Immunizations	(\$13)	\$10,000	7/1/2020 - 6/30/2021	One-Time				
	School-Based Clinics	\$3,959	\$9,120	7/1/2019 - 6/30/2021	Year 4 of 4				
	Public Health Network	\$29,605	\$80,500	7/1/2019 - 6/30/2021	Year 4 of 4				
	PHEP Covid	\$18,774	\$50,000	7/1/2020 - 6/30/2021	One-Time	Workforce	\$268,390		
	Immunization Initiative Grant	\$15,078	\$25,000	12/1/2020 - 6/30/2021	One-Time	Prevention	\$592,936		
	MRC-NACCHO	\$4,912	\$7,500	3/1/2020 - 8/3/2020	Annual Review	Public Health	\$120,537		
	GOFERR - PHN Health Strategies	\$23,345	\$24,750	10/1/2020 - 12/31/2020	One Time Funding	Oral Health	\$7,966		
	PHAC	\$9,147	\$30,000	7/1/2019 - 6/30/2021	Year 4 of 4	SUD/Clinical Srv	\$709,324		
						Other	\$132,854		

FY2021 YTD Revenue through 1/31/2021



NON-GRANT REVENUE

1/31/2020		YTD (4-month) Actual	FY 2020 (12-month) Budget	Funding Period
	Oral Health			
	HNH Foundation-II	\$7,966	\$20,000	7/1/2019 - 6/30/2022
	Interest Income	\$2,227	\$5,500	10/1/2019-9/30/2020
	Member Dues	\$0	\$11,000	10/1/2019-9/30/2020
	Misc. Program Fees	\$96,590		
	NHCF-Operations Support	\$34,037	\$100,000	7/1/2020-6/30/2021 (YR 3 of 3)
SUD Clinical	SUD Clinical Services (includes Friendship House)	Funding Resources:	Medicaid and MCOs	
		\$183,000	10/1/2020 - 12/31/2020 (BDAS)	
		\$550,000	NH DHHS Cares Act FH funding 10/1-12/31/20	

North Country Health Consortium				
BALANCE SHEET				
Through January 31, 2021				
			FY 2021	FY 2020
ASSETS				
Current Assets:				
	Cash and Cash Equivalents		618,859	592,172
	Accounts Receivable		685,013	879,991
	Allowance for Doubtful Accounts		-25,000	-25,000
	Certificates of Deposit		127,499	127,357
	Prepaid Expenses		89,559	30,448
	Restricted Cash - NH DHHS Cares Act		111,772	0
	Restricted Cash - IDN		3,259,224	3,536,548
	Total Current Assets		4,866,927	5,141,516
Property and Equipment:				
	Accumulated Depreciation		-198,277	-195,673
	TOTAL ASSETS		4,875,580	5,152,773
LIABILITIES AND NET ASSETS				
Current Liabilities				
	Commercial Line of Credit		0	1,153
	Accounts Payable Accrued Expenses		161,476	374,677
	Accrued Wages and Related Liabilities		191,918	250,016
	Deferred Revenue		4,216,743	4,229,267
	Total Current Liabilities		4,570,138	4,855,113
	Total Beginning Net Assets		297,813	1,060,523
	Surplus/(Deficit)		7,783	(762,864)
	NET ASSETS		305,596	297,659
	TOTAL LIABILITIES AND NET ASSETS		4,875,733	5,152,773

	Months To Date	NCHC FINANCIAL SUMMARY THROUGH JANUARY 31, 2021																								
	FY2021 Annual	NCHC ORGANIZATION-WIDE					Program 20 Workforce						Program 30 Dental													
		Month Ending 1/31/2021	Monthly Budget	YTD through 1/31/2021	YTD Budget	Var. YTD	FY21 Budget	Month Ending 1/31/2021	Monthly Budget	YTD through 1/31/2021	YTD Budget	Var. YTD	FY21 Budget	Ending 1/31/2021	Monthly Budget	YTD through 1/31/2021	YTD Budget	Var. YTD								
Revenue	7,419,559	252,897	618,297	1,832,008	2,473,186	(641,179)	3,652,775	64,838	304,398	361,726	1,217,592	(855,866)	23,716	1,499	1,976	7,966	7,905	61								
Expenses																										
Salary & Fringe	3,251,530	185,803	270,961	1,246,392	1,083,843	(162,548)	533,180	35,054	44,432	143,680	177,727	34,047	16,280	1,225	1,357	4,671	5,427	756								
Other Expenses	4,146,486	95,808	345,541	577,833	1,382,162	804,329	3,013,529	23,347	251,127	173,825	1,004,510	830,684	5,517	159	460	2,818	1,839	(979)								
Indirect Expenses		0	0	0	0	0	106,069	13,822	8,839	36,169	35,356	(813)	1,818	471	152	1,172	606	(566)								
Total Expenses	7,398,017	281,612	616,501	1,824,225	2,466,006	641,781	3,652,778	72,223	304,398	353,675	1,217,593	863,918	23,615	1,856	1,968	8,661	7,872	(789)								
Surplus (Deficit)	21,543	(28,715)	1,795	7,783	7,181	602	(3)	(7,384)	(0)	8,052	(1)	8,053	101	(357)	8	(695)	34	(728)								
pro-rated budget numbers nchc/fh		revenue	salary	other																						
December Highlights		2,208,666	862,312	1,349,590			Additional Admin Allocation						Additional Admin Allocation													
		793,562	664,595	97,717			IDN MOU spend flat-lined in budget - payouts start in March																			
		3,002,228	1,526,907	1,447,307																						
		Program 40 Substance Misuse Program					Program 50 Public Health						001 Administration						002 PPP Loan							
		FY21 Budget	Month Ending 1/31/2021	Monthly Budget	YTD through 1/31/2021	YTD Budget	Var. YTD	FY21 Budget	Month Ending 1/31/2021	Monthly Budget	YTD through 1/31/2021	YTD Budget	Var. YTD	FY21 Budget	Month Ending 1/31/2021	Monthly Budget	YTD through 1/31/2021	YTD Budget	Var. YTD	MTD	YTD					
Revenue		2,105,748	143,536	175,479	592,936	701,916	(108,980)	549,529	32,559	45,794	120,537	183,176	(62,639)	294,229	10,328	24,519	39,518	98,076	(58,559)	0	0					
Expenses																										
Salary & Fringe		1,213,575	91,941	101,131	334,744	404,525	69,781	297,419	16,263	24,785	62,953	99,140	36,187	526,483	39,607	43,874	106,595	175,494	68,899	0	0					
Other Expenses		622,397	40,164	51,866	191,214	207,466	16,252	181,761	16,035	15,147	43,677	60,587	16,910	252,466	7,100	21,039	27,592	84,155	56,563	0	10,839					
Indirect Expenses		262,775	32,953	21,898	83,915	87,592	3,676	70,136	6,446	5,845	15,880	23,379	7,499	(498,951)	(46,170)	(41,579)	(131,221)	(166,317)	(35,096)	0	0					
Total Expenses		2,098,748	165,058	174,896	609,874	699,583	89,709	549,316	38,744	45,776	122,509	183,105	60,596	279,998	537	23,333	2,966	93,333	90,366	0	10,839					
Surplus (Deficit)		7,000	(21,522)	583	(16,938)	2,333	(19,271)	213	(6,184)	18	(1,972)	71	(2,043)	14,231	9,791	1,186	36,552	4,744	31,808	0	(10,839)					
December Highlights		2 funds (201 & 202) payroll accrual posted in jan/revenue has been recognized in December - \$5k.					1 fund (120 Goferr PHN) additional January expenses - not invoiced for will ask funder to submit ammended invoice. Add'l admin alloc						Will review Admin allocation after IDN re-allocation of reduced FTE													
		Additional Admin Allocation																								
		Program 40 SMP-Friendship House																								
		FY21 Budget	Month Ending 1/31/2021	Monthly Budget	YTD through 1/31/2021	YTD Budget	Var. YTD																			
Revenue		793,562	136	264,521	709,324	793,562	(84,238)																			
Expenses																										
Salary & Fringe		664,595	1,712	221,532	593,749	664,595	70,846																			
Other Expenses		97,717	133	32,572	50,715	97,717	47,002																			
Indirect Expenses		31,250	0	10,417	66,465	31,250	(35,215)																			
Total Expenses		793,563	1,845	264,521	710,929	793,563	82,633																			
Surplus (Deficit)		(0)	(1,709)	(0)	(1,605)	(0)	(1,605)																			
		FH - T. Florentine expense posted in January \$1.8k - will see if DHHS will allow invoicing on subsequent invoice																								
		Forecasted \$309.5k FH revenue from Ins/BDAS - Actual oct-dec \$233.6k																								

NEW FUNDING OPPORTUNITY SYNOPSIS

Title: HRSA, Rural Communities Opioid Response Program-Psychostimulant Support

- Grant:** Rural Communities Opioid Response Program-Psychostimulant Support (RCORP-PS)
3-year project period- 9/1/2021-8/31/2024
- Due Date:** April 12, 2021
- Purpose:** The Rural Communities Opioid Response Program (RCORP) is a multi-year initiative by the Health Resources and Services Administration (HRSA) aimed at reducing the morbidity and mortality of substance use disorder (SUD), including opioid use disorder (OUD), in high risk rural communities. The RCORP-PS opportunity will advance RCORP's overall goal by strengthening and expanding prevention, treatment, and recovery services for rural individuals who misuse psychostimulants to enhance their ability to access treatment and move towards recovery. This funding opportunity defines psychostimulants to include methamphetamine and other illegal drugs, such as cocaine and ecstasy, as well as prescription stimulants for conditions such as attention deficit hyperactivity disorder (ADHD) or depression.
- Funding Request:** \$500,000 over the three-year project period
(up to 15 anticipated awards)
- Eligibility:** All domestic public and private entities, nonprofit and for-profit, which includes, but is not limited to, domestic faith-based and community-based organizations, tribes, and tribal organizations.

North Country Health Consortium New Program Opportunity Matrix
Title: HRSA, Rural Communities Opioid Response Program-Psychostimulant Support

	Yes	No	Comments
Mission			
Does this opportunity support the NCHC Mission (NCHC leads innovative collaboration to improve the health status of the region)	X		The program purpose is to reduce morbidity and mortality related to Substance Use Disorder (SUD), and specifically Psychostimulant Use Disorder.
Key Issues: Does the initiative support any of the following key issues: (Check all that apply)			
1. Workforce education and development	X		The program strives to enhance existing capacity, systems, and other support activities.
2. Public health including emergency preparedness and wellness programming	X		Strategies to include educating at-risk individuals, professionals, and community members about Psychostimulant/SUD, best-practices for engagement in treatment and recovery, and increased understanding of the disorder.
3. Community substance abuse prevention	X		Prevention outreach and education are key activities.
4. Access to health services for underserved populations including Primary Care, Oral Health and Mental Health	X		Increased access to behavioral counseling and peer support as well as care coordination practices.
5. Advocacy for rural health issues including workforce development, funding, technology, population-based health and quality improvement	X		
Role of Consortium: Does the initiative support any of the following roles: (check all that apply)			
1. A vehicle to maximize resources, to scan for, write, receive and manage grants	X		NCHC would be the administrator for the project.
2. A platform for communication and collaboration	X		NCHC will collaborate with regional members and partners to develop and implement strategies and activities.
a. Provide a forum for member organizations to work together for regional health improvement	X		Members will be looked upon for development and implementation of this initiative.
b. Provide an opportunity for honest and open communication among members	X		
3. Support member organizations in regional problem solving and program development	X		Members would provide input and guidance to inform this initiative.
a. Facilitate services and programs to strengthen member organizations	X		The program will strengthen existing infrastructure and enhance organizational capacity regarding the intricacies of Psychostimulant Use Disorder.
b. Facilitate services and programs to improve population health status	X		The project will lead to enhanced health outcomes, including reduced morbidity and mortality related to Psychostimulant Use Disorder.
4. Provide a voice for political advocacy on behalf of the member organizations and rural health issues, a political power base, and source of governmental information		X	
a. Advocate for the health needs of the population	X		
b. Advocate for needs of the member organizations	X		
Compete			
Does this initiative directly compete with any NCHC member organizations?		X	
If so, who does it compete with?			
If so, how does it compete?			
Funding			
Does funding cover indirect/overhead costs?	X		
What program costs are covered?	X		Salary, benefits, supplies, travel, contracts, direct costs, indirect, could include contingency management incentives (with permission post-award)

NEW FUNDING OPPORTUNITY SYNOPSIS

Title: CDC Comprehensive Addiction and Recovery Act (CARA) Local Drug Crises Grant

Grant: CDC CARA CE21-2103
5-year project period- beginning 7/1/2021

Due Date: April 1, 2021

Purpose: The purpose of this program is to enhance the efforts of current or former Drug-Free Communities (DFC) recipients to prevent opioid, methamphetamine, and/or prescription drug use among youth ages 12-18 in communities throughout the United States. This program also seeks to change the culture and context regarding the acceptability of youth use and misuse of these substances.

Funding Request: \$50,000/year for a five-year project period
(up to 62 anticipated awards)

Eligibility: A 501C3 organization that on or before the date of applying for a grant under this section, receives or has received a grant under the Drugs-Free Communities (DFC) Act of 1997. An organization that has documented, using local data, rates of abuse of opioids or methamphetamines at levels that are higher than the national average over a sustained period of time. Community-based coalitions addressing local youth opioid, methamphetamine, and/or prescription drug abuse. Applicant must demonstrate the ability to comply with the CARA Program Evaluation requirements.

Title: CDC, CARA Grant Opportunity

	Yes	No	Comments
Mission			
Does this opportunity support the NCHC Mission (NCHC leads innovative collaboration to improve the health status of the region)	X		The purpose of this program is to enhance the efforts of current or former Drug-Free Communities (DFC) recipients to prevent opioid, methamphetamine, and/or prescription drug use among youth ages 12-18 in communities throughout the United States. This program also seeks to change the culture and context regarding the acceptability of youth use and misuse of these substances.
Key Issues: Does the initiative support any of the following key issues: (Check all that apply)			
1. Workforce education and development	X		The program strives to enhance existing capacity, systems, and other support activities and would build directly off the work of the HASMPC
2. Public health including emergency preparedness and wellness programming	X		
3. Community substance abuse prevention	X		Prevention outreach and education are key activities.
4. Access to health services for underserved populations including Primary Care, Oral Health and Mental Health	X		
5. Advocacy for rural health issues including workforce development, funding, technology, population-based health and quality improvement	X		
Role of Consortium: Does the initiative support any of the following roles: (check all that apply)			
1. A vehicle to maximize resources, to scan for, write, receive and manage grants	X		NCHC would be the administrator for the project.
2. A platform for communication and collaboration	X		NCHC will collaborate with Haverhill Area Substance Misuse Prevention Coalition
a. Provide a forum for member organizations to work together for regional health improvement	X		Members will be looked upon for development and implementation of this initiative.
b. Provide an opportunity for honest and open communication among members	X		
3. Support member organizations in regional problem solving and program development	X		Members would provide input and guidance to inform this initiative.
a. Facilitate services and programs to strengthen member organizations	X		The program will strengthen existing infrastructure and enhance organizational capacity regarding prevention and educations around the use of Opioid and Methamphetamine use in the 12-18 year old population.
b. Facilitate services and programs to improve population health status	X		The project will enhance prevention of Methamphetamine and Opioid use among youth in the Haverhill/Woodsville area which will in turn prevent use in the adult population.
4. Provide a voice for political advocacy on behalf of the member organizations and rural health issues, a political power base, and source of governmental information		X	
a. Advocate for the health needs of the population	X		
b. Advocate for needs of the member organizations	X		
Compete			
Does this initiative directly compete with any NCHC member organizations?		X	
If so, who does it compete with?			
If so, how does it compete?			
Funding			

Does funding cover indirect/overhead costs?	X			
What program costs are covered?	X			Personnel, supplies, services, and travel