



North Country Health Consortium
Board of Directors meeting
April 9, 2021

AGENDA

1. Welcome and call to order
2. Approval of Consent Agenda
 - I. March 12, 2021 BOD Meeting Minutes
 - II. March 2021 Program Updates
3. Finance Committee Update - *Cathy*
 - a. Review of Financials
4. Executive Director Update - *Becky*
 - a. Strategic planning update
 - b. Grants
 - i. CDC CARA Grant – submitted 4/1/2021
 - ii. FEMA – due 4/9/2021
 - iii. HRSA Psychostimulant – due 4/12/2021
 - iv. CDC Competing continuation Grant – due 5/26/2021
 - v. SAMSHA Mental Health Training – submitted in February
 - vi. Tillotson – awarded!

5. Board Resolution(s) - *Ken*
 - a. State Contracts (this resolution will be carried over to a Certificate of Vote):

RESOLVED: Be it resolved that North Country Health Consortium enters into contracts with the State of New Hampshire, acting through its Department of Health and Human Services.

RESOLVED: Be it resolved that the Executive Director and/or Board President is hereby authorized on behalf of this corporation to enter into said contracts with the State and to execute any and all documents, agreements, and other instruments; and any amendments, revisions, or modifications thereto, as he/she may deem necessary, desirable, or appropriate. Becky McEnany is the Executive Director of the corporation.

Board vote: yes____ no____ abstain____

6. Nominating Committee update – *Karen*
7. Staff Presentation – *Kris van Bergen-Buteau - update on PHAC/Community Health Improvement Plan*
8. Other Business
9. Executive Session
10. Adjournment

Attachments:

1. 3/12/21 Board Meeting Minutes
 2. March 2021 Program updates
 3. Grant Matrix – FEMA
- View our Upcoming Events at:– <https://nchcnh.org/events.php>
 - Next Strategic planning meeting: 4/23/2021 @ 12:00pm
 - Next BOD Meeting - with special guest Tom Donovan, Director of the Attorney Generals Charitable Trust Unit on 5/14/2021



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

Board Present: Mike Lee, Ken Gordon, Suzanne Gaetjens-Olsen, Karen Woods, Tara MacKillop, Jeanne Robillard, Mike Peterson, Ed Duffy

Absent: Maryann Aldrich

Staff Present: Becky McEnany, Cathy Roy, Francine Morgan, Kris van Bergen-Buteau, Diana Gibbs

Notetaker: Carol Hemenway

Welcome and Called to order at 8:30am by Mike Lee, Board President

February Board of Directors Meeting Minutes:

Motion to approve the February 12, 2021 Board of Directors Meeting minutes was made by Karen Woods. This was seconded by Tara MacKillop and carried by unanimous vote of the Board present.

Program updates: minutes were previously electronically submitted to the Board for review. The Board has no questions regarding Program updates.

Nominating Committee Update:

There is a need for a few more Board members. Becky is requesting the Nominating Committee be reestablished for this task. The Committee needs to be comprised of 2 Board members and 2 staff members. Karen Woods will chair the Committee. Committee members will be: Board members Mike Lee and Karen Woods, and staff: Becky McEnany, and Kris van Bergen-Buteau.

CEO Update:

Grants:

Grant Matrixes were attached for review.

CDC Comprehensive Addiction & Recovery Act (CARA) grant is a grant due 4/1/21. This is a 50k per year/5-year grant. The goal is to enhance Drug Free Communities (DFC) communities' programs with a focus on the 12-18 year old population and a target of Opioid and Methamphetamine use. Due to funding limits, this grant will focus specifically on the Haverhill area, with NCHC partnering with the Haverhill Area Substance Misuse and Prevention Coalition. Met recently with Karen Woods from the Coalition to discuss, and decision was made to go forward based on data/need. Internally, we are currently writing the proposal and it will be presented at next Thursdays coalition meeting.

- HRSA Rural communities Opioid Response Program – Psychostimulant Support grant (RCORP-PS) is due 4/12/2021. This grant is for 500k over 3 years and will focus on prevention, intervention, and treatment through education for families and community providers of the at-risk population. This grant will mesh with our efforts in existing programs such as askPETRA and WARM and seeks to strengthen the North Country's regional infrastructure to specifically address psychostimulant use disorder. The NCHC team is currently working on writing this grant and will be reaching out to partners.



Tillotson –We are waiting to hear back on Concept Paper and hope to be invited for full proposal. This grant focuses on unrestricted operating funds.

CDC DFC Competing Continuation: 6-year grant is due 4/26/2021. This grant opportunity will build off our current CFC work. It has not been posted yet and it is expected that due date will be adjusted to have 60 days to write once posted.

Dept of Homeland Security Non-profit Security Grant/FEMA – Emergency Preparedness grant. These grant monies would cover the expense of physical security, training, and infrastructure. We are currently evaluating this grant, and there is a 5/14/2021 due date.

SAMHSA Mental Health Training Grant – submitted- Final grant determination not expected until late summer.

NCHC Organizational updates:

April Mottram left NCHC on 3/5/2021 after many years of service. Kris van Bergen-Buteau has assumed that position and the Board welcomes Kris as the Director of Programs. Kris’s Sr. Program Manager position will not be filled as IDN is winding down-there will be a transition period over next few months with Becky assuming some of April’s previous role until IDN work is minimal.

Employee satisfaction survey update:

October 2020 results are reviewed with the Board. There was an overall improvement in 60% of the domains; no change in 30% of the domains; and a decrease in 10% - which was in “security” (please note: this issue has been resolved). There were significant improvements from the last survey in satisfaction with working conditions. Overall, employees are happy with their supervisors. 91% of respondents felt they were paid fairly.

A goal that Leadership will work towards is allowing for specific professional development. There was a strong opinion on implementing a merit raise system with 86% surveyed saying they felt that system would benefit staff. Overall benefits and salary were rated as “fair” – because of health insurance, but very few specifics were given. Insurance options are being reviewed to determine what changes might be possible, and we will redo survey in a few months.

Strategic Planning Session update:

There have been a few iterations of the proposed process. Initially, plan was to do over two meetings. After discussion with facilitator, Mary Lou Krambeer, recommendation is to have a 5-month process with agile strategic planning meetings. Primary work will be completed by staff with guidance from Executive Committee and period and final review by full board. Look at priorities of staff, partners and regional needs. Review programs, data, anticipated funding now and going forward. Emerging area trends to be reviewed. The final plan will be a working tool for the next 2 years and would allow for fluidity with financial and social influences and be a guide to see where and how we move forward. This process offers us a chance to think deeply about our role in the community. The goal is to develop a viable and workable plan. The facilitator, Mary Lou Krambeer, is very familiar with NCHC and has relevant experience. Board supported moving forward with this plan as presented.



HR/Comm Director Update:

NCHC has been looking at revising several policies and the Employee Handbook. These changes align with the revised organizational size.

There is a continued focus on communication and transparency. Francine notes that we inform staff weekly with updates on all company matters from grants to educational opportunities. NCHC has extended the FFCRA policy – these funds are reimbursed dollar for dollar with tax credits.

Policy changes include: added a ceiling to PTO, and added closed office days.

The PTO Rollover policy changed to incorporate a cap, this reduces company liability.

Closed office days – this will enforce the idea that everyone is expected to be off and not focusing on work related tasks and promotes work/life balance. Closed office days will equalize the reduction in PTO.

Wage banding – deep dive assessed the marketplace. Communicated to staff along the way.

Plan to review this data every 2 years. Used NH Center for Non-Profit data, ONA, and The Bureau for Labor Statistics. No pay was cut, and we clearly communicated to top of band folks what their future looks like relating to salary. Top of band folks was part of the reason for the qtrly COLA payments. Didn't add to base salary. Mike L notes that the percentage of other benefits is meaningful.

Shoutout to Francine for all her hard work over the past year for wearing so many hats in all of her varied roles!

Pecuniary notices:

Due to the overlap with Board organizations and potential conflicts of interest, we need to follow the Pecuniary Benefit Transaction (PBT) guidelines. Pecuniary Notices were sent to the 6 non-interested Board members yesterday. The vote received unanimous approval via an electronic vote and read as follows:

*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 for the purposes of enhancing workforce development and the delivery of integrated healthcare according to a distribution plan approved by the Region 7 IDN members that results in an initial payment of \$75,000 and a residual as yet unknown payment that together are greater than the Pecuniary Benefit Transaction threshold of \$5,000 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 for the purposes of enhancing workforce development and the delivery of integrated healthcare according to a distribution plan approved by the Region 7 IDN members that results in an initial payment of \$90,000 and a residual as yet unknown payment that together are greater than the Pecuniary Benefit Transaction threshold of \$5,000 for Fiscal Year 2021.*

*Motion to approve the North Country Health Consortium's Agreement with **Indian Stream 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 for the purposes of enhancing workforce development and the delivery of integrated healthcare according to a distribution plan approved by the Region 7 IDN members that results in an initial payment of \$75,000 and a residual as yet unknown payment that together are greater than the Pecuniary Benefit Transaction threshold of \$5,000 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 for the purposes of enhancing workforce development and the delivery of integrated healthcare according to a distribution plan approved by the Region 7 IDN members that results in an initial payment of \$75,000 and a residual as yet unknown payment that together are greater than the Pecuniary Benefit Transaction threshold of \$5,000 for Fiscal Year 2021.

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 for the purposes of enhancing workforce development and the delivery of integrated healthcare according to a distribution plan approved by the Region 7 IDN members that results in an initial payment of \$50,000 and a residual as yet unknown payment that together are greater than the Pecuniary Benefit Transaction threshold of \$5,000 for Fiscal Year 2021.

Motion to ratify and approve the electronic vote to approve the Pecuniary Notices as presented was made by Mike P. This was seconded by Ed and carried by a unanimous vote of the 6 non-interested Board members present.

January financials: January YTD ending balance is positive - \$7783

Admin allocation increase is not spread in current reports, (FH) will be spread out over other programs and will flatten out by March.

Programs on track for revenue

Cash on hand: 2.2 months

Top expenses: MOA's – will go up to 50% with IDN payments

Balance sheet – healthy, restricted cash will decrease after MOA (IDN) payments

All expenses related to FH are closed. Available cash includes \$111k of CARES ACT funding.

March 2020 loss was 98k and can use the grant to cover that loss. April loss not covered by PPP will use up the remainder of the funds.

Motion to approve the Finance Committee Reports as presented was made by Suzanne Gaetjens-Oleson. This was seconded by Tara MacKillop and carried by unanimous vote of the Board present.

Please plan on attending the 5/14 Board meeting where will have Tom Donovan, Esq. Asst. Dir. of the Charitable Trusts unit, Dept. of Attorney General as a guest.

Other business:

After some discussion, the Board packet is to go out to the Board no later than Wednesday morning to allow proper time for review.

Motion to adjourn was made by Karen Woods. This was seconded by Dr. Ed Duffy and carried by unanimous vote of the Board present.

Meeting adjourned at 9:43am



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

Follow-up Action Needed	Due Date	Who	Completed
Finance lunch & learn	1/30/2021	Cathy Roy	
Establish Nominating Committee kick-off meeting	3/20/2021	Carol Hemenway	3/17/2021
Set date for Strategic planning meeting no.2	3/30/2021	Carol Hemenway	3/16/2021
Pecuniary Benefit Notices - POST	4/1/2021	Carol Hemenway	

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NCHC Program Updates-April 2021

Human Resources

No positions open at this time.

- Staff Changes
 - Jim Richardson: PH Emergency Preparedness Facilitator's last day 4/9/21
 - PH Emergency Preparedness Coordinator- offer accepted- start date 4/19/21
- Health insurance options and no-cost value-added resources under review
- Created Employee Appreciation Ambassadors group and Performance Evaluation Working Group

Marketing and Communications Highlights

- 3/2/2021: NCHC on NHPR's The Exchange- topic: Vaccine Equity
- 3/4/2021: Provided North Country stories about resilience around Substance Use Disorder and community partnerships to NH Office of Rural Health and Primary Care for regional presentations (Alisa Druzba)

Substance Misuse Prevention

- Substance Misuse Prevention Network
 - North Country Youth Advisory Council set UP Conference date – May 20 (virtual/livestreamed)
 - Scheduling Jon DeLena, DEA Special Agent in Charge of New England office, to present at North Country coalition meetings in April re: Counterfeit Adderall pills containing Methamphetamine, and counterfeit Xanax containing Fentanyl being seized in NH
 - 96 more Narcan kits picked up in Concord for North Country distribution through first responders, schools, healthcare providers, those at-risk to witness or have an overdose event
 - Finalizing production of Continuum of Care video designed to raise awareness of how collaboration among substance misuse prevention, intervention, treatment, and recovery providers can benefit North Country communities.
- Student Assistance Programs-Funding reduced by \$23,000 for next year. Working with schools to determine best strategies for reductions

Drug Court

- 20 participants enrolled
- Working on system improvements for on-call schedule, off-hour client communications, and timely information access through portal for client treatment plans through Blue Heron's health record software.
- Continued ramping-up of behavioral health supports to Drug Court participants, in addition to robust SUD treatment.
- Coordinating with AHEAD workshops to provide Financial Education to all Drug Court participants in a 6-week course.
- Expanded availability of space in Plymouth in coordination with Mid-State Health Center and Plymouth Area Recovery Center. Shared space offers the expanded ability to support clients with local programs.
- Coordinating with Police Departments in Grafton County to provide doorstep curfew checks to support reduced staffing in Probation and Parole.



Public Health

- COVID Response- PHN has continued to support regional partners as they carried out the 2nd dose clinics for tier 1b, 1st dose clinics for educators and childcare providers in tier 2a, and took vaccinations into age-restricted housing units to ensure that seniors had ready access to the COVID vaccine. Additionally, the PHN team has conducted clinics for age-restricted housing units and groups of individuals with intellectual and developmental disabilities around the region. The PHN has also dedicated effort this month to the roll out of vaccines for homebound and unsheltered individuals, working with state agencies and local contractors to identify eligible vaccine recipients and coordinate deployment of vaccine to them.
- CHIP-Work is underway to engage members of the North Country Community Health Committee to inform the content of the region's next Community Health Improvement Plan. This includes connecting through group discussion, personal interview and surveys across a member group that spans the region geographically and represents various sectors whose activities contribute to the health status of the region.
- Lead-As the final year of the PHN's work on the Lead Poisoning Prevention collaborative enters its last quarter, the PHN is hosting a series of educational opportunities for realtors, healthcare providers and contractors regarding the importance of lead testing and mitigation in protecting our region's youngest residents.

Region 7 Integrated Delivery Network (IDN)

- In the month of March, the IDN was able to successfully navigate the distribution of most partner payments, distributing approximately \$1.5 million in earned incentive payments to partners across the region. The IDN also received its last performance data report, and staff are currently creating a summary report to share with partners.

Northern New Hampshire Area Health Education Center (NNH AHEC)

- Work is underway to create a virtual health careers exploration lab for early pipeline learners in grades 6-8 this summer. This complements the virtual programs being offered by the Southern NH AHEC (focusing primarily on grades 9-10) and the Field Office (focusing primarily on grades 11-12), ensuring that there are offerings around the state for all early pipeline learners. The plan for the NNH AHEC programming is to focus on wellness activities that highlight the health professionals working within the six priority areas of the Community Health Improvement Plan through a series of online sessions.
- The NNH AHEC has also successfully scheduled three more educational offerings under the subcontract with NHADACA for local professionals working with individuals living with substance use disorder. Cassie Yackley began her two-part series on Trauma Informed Care on March 26, and the Opioid Response Network will be providing a Motivational Interviewing session in June. NNH AHEC staff have also been working with the Bureau of Drug and Alcohol Services to develop a training for IDCMP providers around the state that provides an update of administrative rules and highlights the continuum of services that impact the success of individuals enrolled in IDCMP.

Ways2Wellness CONNECT (W2W CONNECT)

- Community Health Worker (CHW) Training: W2W CONNECT just finished the Spring 2021 CHW training
- COVID Vaccine Support: W2W CONNECT CHW staff have been working with 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
- Direct Client Support: 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



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

- Naloxone access through “Save One Life” campaign:
 - Naloxone kits and promotional materials available-please email AskPETRA@nchcnh.org or call 603-259-1729.
 - A promotional letter and resource information went out to local organizations to increase access and awareness of this resource.
- WARM4Women- a program focused on reducing the impact of Neonatal Abstinence Syndrome (NAS):
 - 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).
 - 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.
- Request a “Meet AskPETRA” presentation for your organization-Requests can be sent via email AskPETRA@nchcnh.org or call 603-259-17

Upcoming Events/Trainings-

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

- Virtual Certified Recovery Support (CRSW) training series which kicked off in February 2021. Registration still open for:
 - HIV/AIDS and Other Infectious Diseases
 - Suicide Prevention.
- <http://bit.ly/CRSW-VirtualSeries2021>
- April 29- NH Prescription Drug Monitoring Program (NH PDMP)
 - 11:30am-1:00pm with continuing education available
 - This training will include an overview of:
 - The PDMP system
 - Legal considerations
 - Data for prescribing practices as a regional aggregate
 - End 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



Sharing Impact Stories:

- **Law Enforcement Impact Story:**

In March 2021, a town officer pulled over a local man and brought him in on minor charges. Later, during processing at the police department, the officer engaged in conversation with this individual regarding his current situation. The individual shared that he is in recovery from opioid and stimulant use, that he is on federal probation for charges related to substances and that he has worked hard to change his life, including having gone back to school. The officer shared this information with the Chief and the officer in charge of the Recovery-Oriented Policing Model (ROPM) pilot program to integrate recovery coach capacity within the department. Together, the officers and chief, made a decision to offer their support.

The individual was provided with an overview of the ROPM and NCHC's WARM program, and they all made an agreement that would keep the local man moving forward in his recovery. The officers felt that the man's story could have a positive impact and change outcomes for others. The officers agreed to hold his charges in exchange for him submitting a 3–5-minute video to the "North Country Speaks Recovery" initiative, detailing his recovery. They provided him with contact information for NCHC's WARM program and encouraged him to consider engaging in Recovery Coach training. They also agreed to reach out to him on a weekly basis to check in on him, track his progress and offer their support as well as connection to resources.

- **Client Impact Story:**

A client was referred to the WARM program who had been in recovery going on 5 years, admitting to his CHW/RC that he had relapsed a couple of times during his path of recovery. During Recovery Coach training, CHW/RCs are told not to "work harder than our clients" to ensure accountability and to reduce burn out. When trying to communicate with the client, there had been times where the CHW/RC would have to call and often not getting a call back or getting a reply that the client was busy or if it wasn't a good time for him to talk.

On one day in particular, the CHW/RC had set up a time to talk over the phone as in person meetings were not happening due to COVID-19 restrictions. The CHW/RC had texted prior to the telephone appointment to confirm that the time was still good for them and they replied back "Right now isn't a good time." The CHW/RC replied, "Okay, if there is anything I can do, please let me know."

The next reply hit the staff member like a ton of bricks as the client responded with: ***"I'm detoxing, I relapsed. I need help."***

The CHW/RC immediately gave contact info for the local hub, or Doorway, and the local hospital. The staff member called the Doorway treatment program to inquire about what they could do for someone who is detoxing and what steps they would take if an individual was admitted. The CHW/RC was able to text this information to the client and he was able to go to the Doorway and was sent to the ED as his heart had stopped for a small amount of time.

On the following day, the CHW/RC followed up with the client and the phone went straight to voicemail. The staff member then explored alternative options with their supervisor including if they could email this individual letting them know that they were checking in and were there as a support. After a 30-day window, the CHW/RC received a text message from the individual thanking them for providing the treatment program information because without it he may not be here today. The individual is successful in recovery today and is attending every meeting available to support their long-term recovery. Recovery Coaches are essential and are the bridge to many unforeseen paths of recovery.

NEW FUNDING OPPORTUNITY SYNOPSIS

Title: The Dept. of Homeland Security FY 2021 Nonprofit Security Grant program

Grant: FY 2021 NPSG
3-year project period- 9/1/2021-8/31/2024

Due Date: April 9, 2021

Purpose: Competitive grant program intended to provide federal funding for physical security enhancements and other security-related activities to non-profit organizations that are at risk of terrorist attack. NSPG seeks to integrate the preparedness of nonprofit organizations with broader state and local preparedness efforts. NH focus is on training and physical security/cybersecurity.

Funding Request: \$100,000 over the three-year project period (9/1/21-8/31/2023)

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.

Proposed Project: Based on NCHC's 4/20/20 Annual External Facility Assessment, recommendations were made to improve the physical security at the Littleton site through the addition of emergency lighting, a comprehensive access control system, and a CCTV system to cover key areas. In addition, NCHC's increased role in public health emergency response and the move to a primarily remote workforce, has led to a need to improve the IT infrastructure to be better protected from a cybersecurity attack and offer cloud-based coverage. In addition to improving NCHC's physical security for staff and IT cybersecurity through equipment and training, the grant will focus on increasing the ability of the region to respond to a terrorist attack through the provision of trainings, such as functional or tabletop exercises with regional partners.

North Country Health Consortium New Program Opportunity Matrix
Title: The Dept. of Homeland Security FY 2021 Nonprofit Security Grant program

	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 will increase security preparedness of NCHC as an organization and will enhance emergency preparedness of the region through training.
Key Issues: Does the initiative support any of the following key issues: (Check all that apply)			
1. Workforce education and development	X		The program will offer preparedness exercises and training with NCHC staff and external partners.
2. Public health including emergency preparedness and wellness programming	X		Strategies include terrorism training w/stepped approach culminating in functional exercise.
3. Community substance abuse prevention		X	
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		The grant will include workforce development in preparedness and will have an additional cybersecurity focus to protect health information and communication avenues in event of a breach/attack.
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 administer the project and would receive funding to enhance physical/cybersecurity.
2. A platform for communication and collaboration	X		NCHC will collaborate with regional members and partners to develop and implement training and exercises.
a. Provide a forum for member organizations to work together for regional health improvement	X		Members will be looked upon to collaborate on emergency preparedness activities.
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 public health emergency preparedness.
b. Facilitate services and programs to improve population health status	X		The project will lead to enhanced health outcomes through local preparedness.
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		Management and Administration-up to 5% of award
What program costs are covered?	X		Training (functional exercises/cybersecurity/active shooter), physical security equipment (security cameras, lighting, back up computer hardware, operating system, hardware)

NCHC Financial Statement Summary through February 28, 2021

- **Operating loss of \$29.9K for the month of February, Year to date surplus of \$27.5k (due to true up through Q1 of Friendship House accrued PTO).**
- **Revenue Variances**
 - Revenue for February was up \$200+k to budget in Program 20 due to MOU's being processed for the final round of funding. This will continue over the next 3 months to draw down partner payments.
- **Salary & Fringe Variances**
 - YTD salaries/fringe slightly over budget due to payout of PTO. Have reconciled Friendship House PTO accrual through Q1 ending December 31, 2020. Will true up the Bethlehem location in Q2 ending March 31, 2021.
- **Other Expense Variances**
 - Other expenses in most programs have a normalized variance YTD (budget flat-lined over the 12 month period). Program 20 large variance to budget is due to the MOU's in the IDN program that are being processed primarily January – May.
- **Indirect Expense Variances**
 - Indirect expense variance in each program is primarily due to the increase in allocation to each program due to the decrease in admin expenses allocated to Friendship House. Will review Admin allocation at the end of Q2 to charge ½ the salary/fringe portion of the admin allocation to programs. To review with Auditors.
- **Other**
 - AM Peisch has provided a tentative May 15th end date for the FY2020 audit.
 - Have requested an extension for the indirect cost rate (traditionally due 3/31) proposal due to the delay in final audit figures used to calculate indirect rate. Extension granted until 5/31/2021.
 - PPP loan forgiveness application along with backup required provided to Mascoma Bank. Initial spreadsheet indicated 100% forgiveness – awaiting confirmation from Mascoma. Email from Chad Stearns indicated that it would be mid-to late April before we hear anything due to backlog.
- **Cash Flow**
 - Have approx. \$112k left in the DHHS-FH grant – have communicated to DHHS and received confirmation that we can go back to March 2020 to cover losses. We are holding off on this to determine if we will need to use any of these funds to cover losses that were not covered by PPP funds.
 - Have received \$550k from IDN for the IDN Ways to Wellness grant that covers 2 years through 12/31/2022. Will move \$275k of this from the operating account into a restricted cash account (will use the account that the DHHS-FH grant funds are in rather than open another account).

- **Review of prior month bullets**

	MTD	YTD
January	(28,715)	7,783

- Program 20 - CACTI invoice paid in January - partners not invoiced for their share - \$4.8 unrecognized revenue – **Invoiced 3/1, revenue will show in March Financials.**
- Program 40 - FH - T. Florentine expense (90% labor allocated to FH A/R). Will ask DHHS if we can add this expense to December invoice - \$2,000 (**Will only allow expenses incurred through December 30th**).
- Additional Admin Allocation \$15.5k - this is a combination of decreased funding by IDN to Admin personnel and the Admin allocation charged to FH. **Will review all funds to redistribute as allowable to cover shortfall – in process.**
- **Cathy in the process of creating an April – September NCHC budget based on current status of active grants with their available balances – review allocation of Personnel charged to Admin.**



Finance Committee Minutes

March 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 February 11, 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 \$7783
- MTD for January is a deficit of 28.7k
- 2.15 months cash on hand
- Current Ratio (Assets/Liabilities) 1:0

Report Discussion:

- Of the deficit; we expect to recoup 8k over next 60 days with a payment of the following invoices: 4.8k from a partner invoice payment; 2k in a labor invoice; 1.5k in GOFERR
- Will also reallocate some expenses (2k) with some of the CARES Act funding money
- Still waiting on receipt of 100k in COVID grant funds
- Friendship House billing – last FY still has DHHS grant money that will effect current balance sheet after reallocation of funds
- IDN payouts will happen in March - Pecuniary notices will be posted after Board approval
- January saw an IDN decrease - but will be absorbed in other grants
- There is 28k in admin expense not allocated to grants – reviewing those expenses and where they are applicable in lieu of FH/IDN allocation. That will happen in March. Will also see that variance in February reports.
- There is approx. 48k in uncollectable accounts receivable
- YTD budget is 3.2 mil and includes 1 qtr w/FH and still have o/s revenue coming in
- Discussion about the fee/commission for collection services. Still under review with MRS and what the new fees will be on trying to recoup outstanding A/R.
- There are no concerns regarding fiduciary oversight with friendship House financials
- Cathy will do a 6 month budget (April – September) to reflect new funding and real time labor costs
- No vacant positions currently and we have 35 employees currently



- New grants coming in will be Covid Money
- IDN restricted cash process – there is a lot of money going out w/28 MOAs @ 485k
- IDN W2w 550k will come directly to us

Unusual Expenses:

- Friendship House payroll expense of 1.8k (may be reallocated depending on DHHS grant)

Other Business:

- Need to go thru Pecuniary notice process. Legal consult stated that it is ok to process with current Board. We will hold off on MOA for AV Home Care Services until we have an additional Board member to allow for Quorum.
- The Financial Director has historically presented reports to the Board – Cathy is happy to continue this tradition going forward.

Adjourned at 12:23pm

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North Country Health Consortium				
BALANCE SHEET				
Through February 28, 2021				
			FY 2021	FY 2020
ASSETS				
Current Assets:				
	Cash and Cash Equivalents		518,587	592,172
	Accounts Receivable		1,200,276	879,991
	Allowance for Doubtful Accounts		-25,000	-25,000
	Certificates of Deposit		127,499	127,357
	Prepaid Expenses		81,767	30,448
	Restricted Cash - NH DHHS Cares Act		111,796	0
	Restricted Cash - IDN		3,236,561	3,536,548
	Total Current Assets		5,251,485	5,141,516
Property and Equipment:				
	Accumulated Depreciation		-198,928	-195,673
	TOTAL ASSETS		5,259,487	5,152,773
LIABILITIES AND NET ASSETS				
Current Liabilities				
	Commercial Line of Credit		0	1,153
	Accounts Payable Accrued Expenses		578,989	374,677
	Accrued Wages and Related Liabilities		164,803	274,091
	Deferred Revenue		4,214,608	4,229,267
	Total Current Liabilities		4,958,399	4,879,189
	Total Beginning Net Assets		273,584	1,060,523
	Surplus/(Deficit)		27,504	(786,940)
	NET ASSETS		301,088	273,584
	TOTAL LIABILITIES AND NET ASSETS		5,259,487	5,152,773

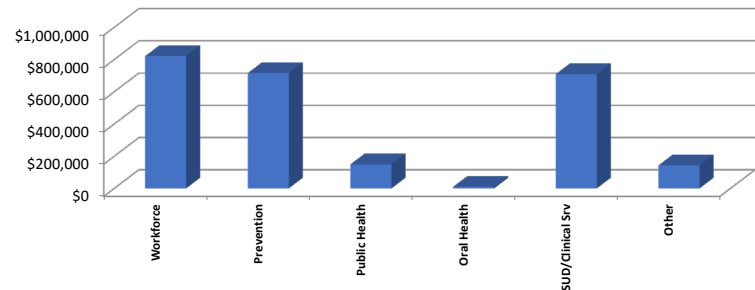
NCHC ORGANIZATIONAL PERFORMANCE DASHBOARD

BALANCE IN BRIEF										FINANCIAL RATIOS			
2/28/2021	YTD (5-month) Actual	FY 2021 Budget	5 months = 42%	FY 2020 Budget	2/28/2021	December	January	February	3-Month Average				
5 Revenue	\$2,548,263	\$7,419,559	34%	\$ 7,101,154	Current Ratio (Current Asset/Total Liabilities)	1.1	1.1	1.1	1.1				
Expense	\$2,520,759	\$7,398,017	34%	\$ 7,082,124									
Surplus (Deficit)	\$27,504	\$21,543		\$19,030									

GRANT/CLINICAL SERVICES REVENUE					TOP 3 MAJOR EXPENSES			
2/28/2021	YTD (5-month) Actual	Grant Amount	Grant Award Period	Year	2/28/2021	YTD (5-month) Actual	FY 2021 (12-mo) Budget	5 months = 42%
AHEC - Endowment 4 Health	\$8,294	\$25,000	7/1/2020 - 6/30/2021	One Year	Personnel	\$1,406,966	\$3,251,530	43%
AHEC - Cares Act	\$17,898	\$45,727	5/1/2020 - 4/30/2021	One Year	MOA	\$689,583	\$3,299,104	21%
AHEC	\$33,815	\$111,176	9/1/2020 - 8/31/2021	Annual Review	Dues, Memberships, Subscriptions	\$82,609	\$121,973	68%
Integrated Delivery Network (IDN)	\$686,442	\$2,412,615	7/1/2016 - 12/31/2021	Year 6 of 6	CASH POSITION			
IDN CHW W2W (V2)	\$6,380	\$275,000	1/1/2021 - 12/31/2022	Year 1 of 2	Monthly Average Cash Requirement	\$	351,770	
IDN CHW W2W	\$67,999	\$200,000	7/1/2020 - 6/30/2021	Year 1 of 1	Available Cash	\$	747,124	includes FH cares act funds balance of \$112k
					Months of Cash Available for Expenses		2.12	
					Line of Credit Borrowed	\$	-	

Prevention Program					CURRENT STAFF: Active 343 - Layoff 0			
2/28/2021	YTD (5-month) Actual	Grant Amount	Grant Award Period	Year	Positions Vacant: 1	FY21 Est. Benefit Rate: 22.5%		
Substance Misuse Program	\$26,966	\$77,776	7/1/2019 - 6/30/2021	Year 3 of 4				
SAP -7 Schools/1 College	\$68,123	\$300,000	7/1/2020 - 6/30/2021	Year 2 of 2				
NHCF Strategy Plan	\$34,792	\$125,000	7/1/2020 - 6/30/2021	Annual Review				
GOFERR - YLTA	\$29,983	\$30,247	10/1/2020 - 12/31/2020	One Time Funding				
NH Empowering Youth	\$86,245	\$95,708	9/1/2020 - 12/30/2020	One Time Funding				
Continuum of Care	\$8,266	\$80,873	7/1/2019 - 6/30/2021	Year 2 of 2				
DFC	\$42,695	\$125,000	9/30/2019 - 9/29/2021	Year 5 of 5				
YA Strategies	\$10,771	\$90,000	7/1/2019 - 6/30/2021	Year 4 of 4				
Outreach - Opioid	\$59,357	\$200,000	5/1/2019 - 4/30/2021	Year 3 of 3				
Drug Court	\$115,183	\$300,000	7/1/2020 - 6/30/2021	Annual Review				
Opioid RH Program	\$73,075	\$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	\$103,260	\$278,445	9/1/2019 - 8/31/2022	Year 2 of 3				
Neonatal Abstinence Syndrome	\$54,927	\$166,812	9/30/2020 - 9/29/2021	Year 1 of 3				

FY2021 YTD Revenue through 1/31/2021



Community / Public Health					NON-GRANT REVENUE			
2/28/2021	YTD (5-month) Actual	FY 2021 Budget	Grant Award Period	Year	2/28/2021	YTD (5-month) Actual	FY 2021 (12-month) Budget	Funding Period
NAMI	\$10,000	\$20,000	01/15/2020 - 01/14/2025	Year 1 of 5	Interest Income	\$2,645	\$5,500	10/1/2019-9/30/2020
Medical Reserve Corps	\$3,615	\$10,000	7/1/2019 - 6/30/2021	Year 2 of 2	Member Dues	\$0	\$11,000	10/1/2019-9/30/2020
Lead Grant	\$3,800	\$3,000	7/1/2019 - 6/30/2021	Year 2 of 2	Misc. Program Fees	\$98,195		
Adult Immunizations	\$301	\$10,000	7/1/2020 - 6/30/2021	One-Time	NHCF-Operations Support	\$42,370	\$100,000	7/1/2020-6/30/2021 (YR 3 of 3)
School-Based Clinics	\$6,332	\$9,120	7/1/2019 - 6/30/2021	Year 4 of 4				
Public Health Network	\$36,883	\$80,500	7/1/2019 - 6/30/2021	Year 4 of 4				
PHEP Covid	\$26,365	\$50,000	7/1/2020 - 6/30/2021	One-Time				
Immunization Initiative Grant	\$15,322	\$25,000	12/1/2020 - 6/30/2021	One-Time				
North Country COVID VAX Support	\$4,880	\$100,000	12/1/2020 - 6/30/2021	One-Time				
MRC-NACCHO	\$4,912	\$7,500	3/1/2020 - 8/3/2020	Annual Review				
GOFERR - PHN Health Strategies	\$23,345	\$24,750	10/1/2020 - 12/31/2020	One Time Funding				
PHAC	\$13,381	\$30,000	7/1/2019 - 6/30/2021	Year 4 of 4				

SUD Clinical Services (includes Friendly House)				
2/28/2021	YTD (5-month) Actual	FY 2021 Budget	Grant Award Period	Year
	\$709,324	\$709,324	10/1/2020 - 12/31/2020 (BDAS)	

