

## **GOFERR Stakeholder Advisory Board**

### **Presentations**

Tuesday May 12, 2020

1:00 pm

- a. **Concord Regional VNA**, Beth Slepian, President/CEO (Page 2)
- b. **Northern Human Services**, Eric Johnson, CEO (Page 7)
- c. **NH Catholic Charities**, Tom Blonski, President/CEO (Page 22) with **NH Health Care Association**, Brendan Williams
- d. **NH Hospital Association**, Steve Ahnen (Page 27) and **North Country Health**, Tom Mee, CEO (Page 33) with **Solution Health**, Steve Norton
- e. **NH Health and Education Facilities Authority**, Bonnie Payette, Executive Director, and Susan Cummings, Director of Operations and Finance (Page 38)



Beth Slepian, PT, MBA  
President/CEO Concord Regional Visiting Nurse Association

Health Care Sector: Home Health and Hospice

(3) Concord Regional Visiting Nurse Association (CRVNA) is a non-profit Medicare certified agency, providing home health, hospice, palliative, private duty, senior health and community health education in 44 towns in the Capital Region. CRVNA has been serving the community for 120 years, has approximately 400 employees and cared for more than 7300 patients in 2019. The senior health and community health education programs serve thousands more community members.

COVID-19 has impacted all aspects of operations, and we have had to alter how we deliver care. Home Health services have been impacted by reduced elective surgery, reduced hospital admissions, and reduced hours in physician practices resulting in fewer referrals. Patients are reluctant to allow staff to enter their homes to provide care, and as a result, fewer visits are being provided. Hospice census has remained stable; however, as facilities restricted access to prevent exposure, agencies are forced to redesign care delivery. Unique for CRVNA, the 10 bed Hospice House has seen a reduction in admissions. CRVNA and other agencies provide virtual visits for nursing, physical therapy, occupational therapy, speech therapy, social work and spiritual care, as appropriate. Virtual visits are not reimbursable by Medicare, and there is significant revenue shortfall anticipated in all programs. CRVNA is working with local physician practices to increase access to care to insure our community is receiving the care they need. The availability and cost of personal protective equipment (PPE) has been a challenge. Procuring PPE required herculean efforts by the organization at increased cost. These costs were not budgeted for, as they far exceed par levels and “normal” stock. Suppliers were unable to fill orders, so organizations looked to all sectors for procurement. Generous community donations helped to fill some needs, and the State was able to allocate some supplies. The burden, however, lies with the organization to insure we had what was needed to protect front line staff and patients. The challenges CRVNA is experiencing are seen throughout the sector.

The Home Health and Hospice sector is challenged with decreased referral and visit volume which has significant financial impact. Most organizations do not have a margin that sustains loss of business. Agencies are working with their referral sources to care for patients. Decreasing Medicare reimbursement and low Medicaid rates makes it difficult to sustain programs that deliver care to the most vulnerable.

At CRVNA, we provide senior health services and community health programs which have been discontinued due to COVID-19. This isolates seniors and vulnerable members of our community during a difficult time. Maintaining contact through telephonic communication has been a priority. This is a community benefit and unreimbursable. Providing free community care is common practice in the non-profit home health and hospice organizations throughout the state.

The current pandemic also creates challenges for agencies that serve the State's Choices for Independence program. This program covers long term services and supports at home for NH citizens who qualify for Medicaid and need nursing home level of care. The program was already plagued by low reimbursement and access problems. The reimbursement is not enough to pay competitive wages (which results in staffing shortages) and does not cover the full range of agency costs. Prior to the pandemic, many agencies were unable to take on new clients. There is a current concern about "staff flight."

Workforce has been impacted by school closures leading to staffing challenges. Other staff are choosing not to work for fear of spreading the virus to their families as they care for elders, children and aging spouses. With reduced current volume, but expected surge or return to surgical procedures makes it difficult to anticipate staffing levels. Keeping the workforce safe and healthy is a priority while respecting the guidance of PPE use has been a challenge. The staff is truly frontline, and in the home setting, there are unknown exposure risks. Patients are screened prior to visits, appropriate PPE is used, but the uncertainty of community transmission is the challenge.

The sector has been affected by reduced volume with significant financial losses, staffing challenges in the workforce, and exposure risk on the frontlines. The unbudgeted cost of PPE and procurement has put a significant burden on agencies to enable them to continue providing care.

(4) The next 12 months are filled with many unknowns in this sector. A surge of COVID-19 patients or the return to elective surgeries leads to different strategies. COVID-19 patients require higher supply costs with fewer visits. Our organizations need to be nimble and adaptable. The pattern of recovery for return to work is unknown, and the impact it will have on the virus is unpredictable. A return to elective surgeries and opening of physician practices moves operations into a more "normal" pattern. Again, managing workforce, supplies and referral volume will continue to be a challenge. We expect rising volume over the next few months, which improves the financial outlook for the industry, but will be affected by workforce, a second wave of COVID-19, and hospital and physician practice activity. The need to use PPE will continue as community transmission and asymptomatic carriers continues. Testing will provide some basis for determining next steps of care delivery.

(5) Home Health and Hospice agencies are eligible for economic opportunities at all levels. The Cares act provides some regulatory relief, as well as the Paycheck Protection Program and other SBA loans that agencies may apply for. This sector received stimulus payments based on Medicare revenue, and can also apply for accelerated payments from Medicare based on previous payments. These programs facilitate cash flow to insure vital operations continue. Some programs may be forgivable, and others require recoupment in the future.

On a State level, there is an emergency order that has addressed telehealth payments for private insurers and Medicaid. The COVID-19 Emergency Healthcare Relief Fund provides loans and the Long Term Stabilization Program will benefit certain providers who care for the Medicaid population.

The NH Long Term Care (LTC) Stabilization Program, providing weekly stipends to Medicaid and CFI frontline workers, is a welcome incentive to help agencies retain staff and continue to serve this vulnerable population. Employers are covering the increased cost of payroll taxes, workers comp, etc. After the LTC stabilization fund ends, and as agencies return to “normal,” the revenue losses agencies experienced during this pandemic may hinder their ability to continue to participate in the CFI program. This will create a problem for the state, as the only other option for these vulnerable clients in nursing home health. Long term sustainability of this program would require a reevaluation of reimbursement rates to prevent a future crisis.

CRVNA has benefitted from some of the above programs and continues to identify opportunities.

There are many grant opportunities, but the funds are rapidly depleted. Charitable donations of PPE are generous in the community for Home Health and Hospice agencies, but are competitively sought.

(6) Public Relief funds would allow for the continuation of vital services for our most vulnerable population, elders and chronically ill individuals. High risk individuals are finding themselves isolated, and with no visitors other than their home health and hospice clinicians. Funds would allow agencies to focus on increasing unreimbursed care to improve the physical and mental health of our communities. Having funds to support the workforce insures that as the COVID-19 surge or plateau unfolds; there is a workforce at the ready to provide care. Many agencies do not have the reserves to continue operations without funding. Agencies were struggling with reduced margins and are not sustainable with the reduced volume. The rural nature of the state also makes providing care difficult. Public Relief funds could be used to develop robust virtual telehealth programs, which would increase the ability to care for those in all parts of the state. With patients refusing care, due to exposure fears, telehealth decreases isolation, decreases the risk for hospitalization and improves outcomes. Home Health and Hospice organizations serve the communities as a whole and funds would preserve this resource in the community.

(7) For CRVNA, these funds would be assigned a unique general ledger number that would identify the funds for the financial statement. Anything that the funds were used for would be sub-coded to offset the relief fund.

(8) Our sector could report loss of business, number of persons served, cost of PPE, unreimbursed services.

(9) Home health, hospice and private duty organizations support patients who are served by a variety of both social service organizations and the health care system. Services such as senior transportation, volunteer companion services, and meals on wheels are essential in supporting some of our most vulnerable patients in attaining food and medical care. Durable medical equipment companies, as well as pharmacies are essential to keeping our patients in their own homes. Assistance for the social service organizations could include access to PPE and guidance on use so that essential programs like hospice and companion volunteers can find creative and safe ways to support isolated patients. Secure housing for the aging and disabled population is another sector that our patients rely upon, adequate PPE for both staff and patients will allow for home health and hospice staff to continue to see patients in independent and assisted living communities.

(10) Agencies may be forced to close if cash flow becomes a challenge, leaving the community unserved. Public assistance funds to support organizations and frontline workers across the continuum would insure staffing levels and access to health care.

(11) Stories are very prevalent on the challenges the hospitals are facing. Home Health and Hospice workers are on the frontline, and their work and challenges do not receive the same attention. It has been challenging for our sector to procure PPE, compensate workers, especially low wage workers providing essential care to enable community members to stay at home. Our workforce is aging, and many nurses are considering retirement due to the increased stress of the pandemic. There is currently a nursing shortage, which will be exacerbated. There needs to be a long term plan to address the lessons we are learning as we navigate the pandemic across all levels of care.

Thank you for the opportunity to participate and represent the Home Health and Hospice Community.

A handwritten signature in blue ink that reads "Beth Islepien". The signature is written in a cursive, flowing style.



## **Guidelines for Written Comments to the GOFERR Stakeholder Advisory Board**

Thank you for agreeing to provide information to assist the GOFERR Stakeholder Advisory Board ("SAB"). Your contribution is critically important to allow the SAB perform its purpose of developing recommendations to the GOFERR for the allocation and expenditure of federal Covid-19 emergency funds to address fundamental needs of the State of New Hampshire.

Because the Covid-19 crisis has impacted almost everyone and every institution across New Hampshire, SAB expects to gather a substantial amount of information from many sources. In order to accomplish this task effectively and efficiently, SAB requests that all persons who submit information (including those persons who are scheduled to provide oral comments before a SAB meeting) please follow these guidelines.

The SAB is hopeful that many interested persons will submit information and ideas on how the State can best allocate federal emergency relief funds. We plan to read all comments, and for those who make oral presentations to the SAB, we intend to ask questions based on the written submissions.

There is no particular format for the comments, and but we request that you focus your comments as efficiently as possible, and try to limit the number of pages to less than 10.

In order to help the SAB members to the greatest extent possible, we request that you try to address each of the information items listed below. The SAB members have identified these information items as highly relevant to their overall task. While some commenters are likely to provide additional information, and others may not be able to address each item, we request that you try to address the following items in your submission:

- (1) Please identify your position and your organization. **Eric Johnson, CEO of Northern Human Services**
- (2) Please identify what economic sector your enterprise operates within. **Non-profit contractor with the NH Department of Health and Human Services. State designated Area Agency for Developmental Services serving individuals and families with developmental disabilities and acquired brain injuries. Also a state designated Community Mental Health Center. Medicaid is primary source of revenue. We cover all of Coos, Carroll and northern Grafton Counties and more than 40% of the state's northern geographic area. We are the only comprehensive provider of services to these vulnerable populations.**
- (3) Please describe how your enterprise and economic sector has been impacted by Covid-19. **When fully staffed we have 591 employees. Currently we have 200 employees not working. This results in diminished revenue as these employees perform billable services.**
- (4) Please provide an assessment of how you project your organization and economic sector will be impacted over the next 12 months by Covid-19. **Client engagement in**

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**our services will largely depend upon the State's future directives in allowing citizens and businesses to return to full operational capacity. Reduced revenues will persist as long as community access is limited. Returning staff to work will need to be a gradual process as services ramp up. Many employees who are currently not working will likely seek alternative employment if they are not called back to work in a timely manner. This will create challenges to hire and train new staff. We believe the financial impact over the next 12 months due to the Covid 19 pandemic to result in Northern Human Services requiring \$3,746,000 to cover unanticipated expenses.**

- (5) Please explain whether your enterprise or economic sector has or is receiving, or may possibly receive in the future, any other governmental support (federal, state or local) or charitable funds specifically intended to help address Covid-19 impacts; and explain whether the identified need might be covered by other governmental or charitable sources of funding or support programs. **The agency received a \$75,000 grant from the NH charitable Foundation which will be used to pay for personal protective equipment, computer hardware, internet services, (including expanded bandwidth) and Zoom licenses for staff to work remotely. The agency did not qualify for federal assistance through the Payroll Protection Program because we typically employ more than 500 people. We would like to be considered for relief from the funds that NH has recently been allocated.**



**Guidelines for Written Comments  
to the GOFERR Stakeholder Advisory Board**

- (6) Please provide comments on one or more ideas on how some portion of public relief funds could be provided to your enterprise and economic sector (including, if possible, an estimate of the amount of funds), and please comment on how these ideas would achieve the following important public goals:
- (a) The funds will serve a public use and provide a public benefit. **The funds will sustain a vital nonprofit entity that serves over 4600 individuals per year.**
  - (b) The funds will preserve or increase the social welfare or economic prosperity of the state, and will promote the general welfare of the state's citizens. **The funds will support the employment of 591 employees who are part of the North Country's economic engine.**
  - (c) The funds will promote the orderly development of economic and social activities, create or preserve employment opportunities, or protect the physical environment. **Individuals and families experiencing developmental disabilities or mental illness will benefit from local access to needed supports and services. The agency is a safety net for people with multiple service needs.**
  - (e) The funds will contribute significantly to the continued operation, competitiveness and future success of the organization and the economic sector, and will enhance the resiliency of the organization to survive future economic or health challenges. **This statement absolutely applies to Northern Human Services.**
  - (f) The use of funds is not in conflict with local or regional development plans and policies, or any other provision of state or federal law. **We concur.**
  - (g) The funds are structured in a way that will help the community and the State at large, and not just the particular private business or organization. **Northern Human Services is a provider agency that is part of a state system of care with nine other state designated area agencies and nine other state designated community mental health centers. We have a 45 year history of providing services throughout northern NH.**
  - (h) The use of funds is consistent with the one-time availability of the public relief funds and will not require future continuing operational support from the public sector in order to maintain success. **We concur.**
- (7) Please describe how the receipt and use of the public relief funds described in question 6 could be accounted for in your organization's financial statements.

## **Guidelines for Written Comments to the GOFERR Stakeholder Advisory Board**

- (8) Please describe specific measures for public reporting on the receipt and use of the public relief funds, so that the State may satisfy any public reporting obligations that may be imposed with respect to such funds.
- (9) Please identify other important organizations or functions in the State that have an important impact on your organization or economic sector, and, if possible, provide ideas of how those organizations and functions may be assisted by public relief funds in a manner that would help your organization or economic sector. **There are seven critical access hospitals in our catchment area that are essential. There are also four federally qualified health centers in the catchment area as well as two family health centers that are important providers.**
- (10) What would your business, agency, organization, sector do with the funds that cannot be done currently? **As our cash reserves diminish, the need to maintain our capacity to pay bills that support our very large infrastructure and the need to meet payroll will become challenging as the COVID crisis continues.**
- (11) We consistently hear different stories of what is occurring and what is needed; given the opportunity, please comment on what do you think should be said or considered that hasn't received much attention? **The prioritization and viability of nonprofits has not been evident in communications from the state which could lead people to believe that those providers are not considered an essential and necessary business despite the fact that we are designated as such by the governor. Hospitals have received this focus of attention however.**

\* \* \* \* \*

SAB anticipates that its members will be reaching out to diverse interests and persons to request submission of comments, and we thank you in advance for considering these requests. We are all in this together, New Hampshire!

Please check the GOFERR website for current information on how to submit comments. All recommendations and information submitted in response to this request will be available for public inspection and copying in their entirety. For further information, please contact Joe Doiron at the GOFERR offices.

# New Hampshire Mental Health Regions



Prepared For:  
State of New Hampshire  
Department of  
Health and Human Services

## NH Mental Health Regions

- 1 Northern Human Services
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- 3 Lakes Region Mental Health Center
- 4 Riverbend Community Mental Health
- 5 Monadnock Family Services
- 6 Greater Nashua Mental Health
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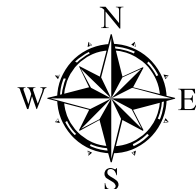
28 - New Castle

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#### Strafford

30 - Rollinsford

31 - Somersworth



0 5 10 20 30

Miles

Scale: 1:1,150,000



Prepared by:  
NH Department of Safety  
Division of Emergency Services  
Mapping Section

**New Hampshire Mental Health Services  
Intake, Emergency Services, & Mobile Crisis Response Teams**

**REGION 1: *Northern Human Services***

87 Washington Street, Conway, NH 03818 (603) 447-3347

**GENERAL INQUIRIES: (603) 447-3347**

<b><u>EMERGENCY SERVICES</u></b>	<b><u>Daytime #</u></b>	<b><u>After Hours #</u></b>
<b>BERLIN</b>	<b>(603) 752-7404</b>	<b>(603) 752-7404</b>
<b>COLEBROOK</b>	<b>(603) 237-4955</b>	<b>(603) 237-4955</b>
<b>CONWAY</b>	<b>(603) 447-2111</b>	<b>(603) 356-5461 (Memorial Hospital. Ask for Emergency Services)</b>
<b>LITTLETON</b>	<b>(603) 444-5358</b>	<b>(603) 444-5358</b>
<b>WOLFEBORO</b>	<b>(603) 569-1884</b>	<b>(603) 569-7500 (Huggins Hospital. Ask for Emergency Services)</b>

**REGION 2: *West Central Behavioral Health***

9 Hanover Street, Suite 2, Lebanon, NH 03766 (603) 448-0126

**GENERAL INQUIRIES: (603) 448-0126**

**EMERGENCY SERVICES: (800) 564-2578**

**REGION 3: *Lakes Region Mental Health Center, Inc.***

40 Beacon Street East, Laconia, NH 03246 (603) 524-1100

**GENERAL INQUIRIES: (603) 524-1100**

**EMERGENCY SERVICES: (603) 524-1100**

**REGION 4: *Riverbend Community Mental Health, Inc***

3 N State Street, PO Box 2032, Concord, NH 03301-2032 (603) 226-7505

**GENERAL INQUIRIES: (603) 228-1551**

**EMERGENCY SERVICES: (844) 743-5748 or (844-7-HELP 4 U)**

**MOBILE CRISIS RESPONSE (24/7): (844) 743-5748 or (844-7-HELP 4 U)**

**REGION 5: *Monadnock Family Services***

64 Main Street, Suite 301, Keene, NH 03431 (603) 357-4400

**GENERAL INQUIRIES: (603) 357-4400**

**EMERGENCY SERVICES: (603) 357-5270**      **After Hours: (603) 357-4400**

**REGION 6: *Greater Nashua Mental Health***

100 West Pearl Street, Nashua, NH 03060 (603) 889-6147

**GENERAL INQUIRIES: (603) 889-6147**

**EMERGENCY SERVICES: (800) 762-8191**

**REGION 6: *Harbor Homes, Inc. Mobile Crisis Response Team***

45 High Street, Nashua, NH 03060 (603) 881-8436

**MOBILE CRISIS RESPONSE (24/7): (603) 816-1010**

**REGION 7: *The Mental Health Center of Greater Manchester***

401 Cypress Street, Manchester, NH 03103 (603) 668-4111

**GENERAL INQUIRIES: (603) 668-4111**

**EMERGENCY SERVICES: (603) 668-4111**

**MOBILE CRISIS RESPONSE (24/7): (800) 688-3544**

**REGION 8: *Seacoast Mental Health Center, Inc.***

1145 Sagamore Ave., Portsmouth, NH 03801 (603) 431-6703

**GENERAL INQUIRIES: (603) 431-6703**

**EMERGENCY SERVICES:**

**EXETER**                      **(603) 772-2710**

**PORTSMOUTH**            **(603) 431-6703**

**REGION 9: *Community Partners of Strafford County***

113 Crosby Road, Suite 1, Dover, NH 03820 (603) 516-9300

**GENERAL INQUIRIES: (603) 516-9300**

**EMERGENCY SERVICES: (603) 516-9300**

**REGION 10: *Center for Life Management***

10 Tsienneto Road, Derry, NH 03038 (603) 434-1577

**GENERAL INQUIRIES: (603) 434-1577**

**EMERGENCY SERVICES: (603) 434-1577**

# New Hampshire Mental Health System

## Cities & Towns by Geographic Region

### *Region I*

Albany  
Bartlett  
Bath  
Benton  
Berlin  
Bethlehem  
Brookfield  
Carroll  
Chatham  
Clarksville  
Colebrook  
Columbia  
Conway  
Dalton  
Dixville  
Dummer  
Easton  
Effingham  
Errol  
Franconia  
Freedom  
Gorham  
Hart's Location  
Haverhill  
Intervale  
Jackson  
Jefferson  
Lancaster  
Landaff  
Lincoln  
Lisbon  
Littleton  
Lyman  
Madison  
Milan  
Monroe  
Moultonborough  
Northumberland  
Ossipee  
Piermont  
Pittsburg  
Randolph  
Sandwich  
Shelbourne  
Stark  
Stewartstown  
Stratford  
Sugar Hill  
Tamworth  
Tuftonboro  
Wakefield  
Warren  
Waterville  
Wentworth Location  
Whitefield  
Wolfeboro  
Woodstock

### *Region II*

Acworth  
Canaan  
Charlestown  
Claremont  
Cornish  
Croydon  
Dorchester  
Enfield  
Goshen  
Grafton  
Grantham  
Hanover  
Langdon  
Lebanon  
Lempster  
Lyme  
Newport  
Orange  
Orford  
Plainfield  
Springfield  
Sunapee  
Unity  
Washington  
West Lebanon

### *Region III*

Alexandria  
Alton  
Ashland  
Barnstead  
Belmont  
Bridgewater  
Bristol  
Campton  
Center Harbor  
Ellsworth  
Gilford  
Gilmanton  
Groton  
Hebron  
Holderness  
Laconia  
Meredith  
New Hampton  
Plymouth  
Rumney  
Sanbornton  
Thornton  
Tilton  
Wentworth

### *Region IV*

Allenstown  
Andover  
Boscawen  
Bow  
Bradford  
Canterbury  
Chichester  
Concord  
Danbury  
Deering  
Dunbarton  
Epsom  
Franklin  
Henniker  
Hill  
Hillsboro  
Hopkinton  
Loudon  
New London  
Newbury  
Northfield  
Pembroke  
Penacook  
Pittsfield  
Salisbury  
Sutton  
Warner  
Weare  
Webster  
Wilnot  
Windsor

### *Region V*

Alstead  
Antrim  
Bennington  
Chesterfield  
Dublin  
Fitzwilliam  
Francestown  
Gilsom  
Greenville  
Hancock  
Harrisville  
Hinsdale  
Jaffrey  
Keene  
Lyndeborough  
Marlborough  
Marlow  
Nelson  
New Ipswich  
Peterborough  
Richmond  
Rindge  
Roxbury  
Sharon  
Spofford  
Stoddard  
Sullivan  
Surry  
Swanzey  
Temple  
Troy  
Walpole  
Westmoreland  
Wilton  
Winchester

### *Region VI*

Amherst  
Brookline  
Hollis  
Hudson  
Litchfield  
Mason  
Merrimack  
Milford  
Mont Vernon  
Nashua

### *Region VII*

Auburn  
Bedford  
Candia  
Goffstown  
Hooksett  
Londonderry  
Manchester  
New Boston

### *Region VIII*

Brentwood  
Deerfield  
East Kingston  
Epping  
Exeter  
Fremont  
Greenland  
Hampton  
Hampton Falls  
Kensington  
Kingston  
New Castle  
Newfields  
Newington  
Newmarket  
North Hampton  
Northwood  
Nottingham  
Portsmouth  
Raymond  
Rye  
Seabrook  
South Hampton  
Stratham

### *Region IX*

Barrington  
Dover  
Durham  
Farmington  
Lee  
Madbury  
Middleton  
Milton  
New Durham  
Rochester  
Rollinsford  
Somersworth  
Strafford

### *Region X*

Atkinson  
Chester  
Danville  
Derry  
Hampstead  
Newton  
Pelham  
Plaistow  
Salem  
Sandown  
Windham

## **Community Mental Health Centers**

Services provided by CMHCs include: 24-hour Emergency Services, Assessment and Evaluation, Individual and Group Therapy, Case Management, Community Based Rehabilitation Services, Psychiatric Services, and Community Disaster Mental Health Support. All CMHCs have specialized programs for older adults, children, and families. The Community Mental Health Centers also provide services and referrals for short-term counseling and support. Please call the general inquiries phone number to get connected to services.

<https://www.dhhs.nh.gov/dcbcs/bbh/centers.htm>

## **Emergency Services**

Emergency Services (“ES”) are available to anyone in the state 24/7 who is at risk of harm to themselves or others, or is experiencing a behavioral health crisis. Services can be provided over the phone or in person (in an office during business hours, most likely at a hospital after hours) by a mental health professional. ES is often the gateway to further services following the initial contact. If you are in immediate risk of suicide, in addition to calling ES, you can also call the National Suicide Prevention Lifeline at 1 800 273 TALK (8255).

## **Mobile Crisis Response Teams**

Mobile Crisis Response Teams (MCRT) respond to what individuals define as a “crisis” in the community. The triage line will assess the best route for response and when appropriate, teams are sent to meet people in the community or, if the individual chooses, at a MCRT site. MCRTs are available 24/7 and staffed by clinicians, Peer Specialists, and medical providers are available for consult. All have crisis apartments that are available for up to 7 days.

## **Peer Support Agencies**

Peer support services are provided by and for people with a mental illness and are designed to assist people with their recovery. Peer support consists of supportive interactions based on shared experience among people and are intended to assist people to understand their potential to achieve their personal goals. Peer support agencies accomplish this by providing choice, using non-medical approaches to help, sharing decision making, encouraging informed decision making about all aspects of people's lives, challenging perceived self-limitations, etc. Services include, but are not limited to: face-to-face and telephone peer support; outreach; monthly educational events; activities that promote self-advocacy; wellness training; after hours warm line; crisis respite (24 hours, short-term, non-medical crisis program).

<https://www.dhhs.nh.gov/dcbcs/bbh/peer.htm>

## **NAMI New Hampshire**

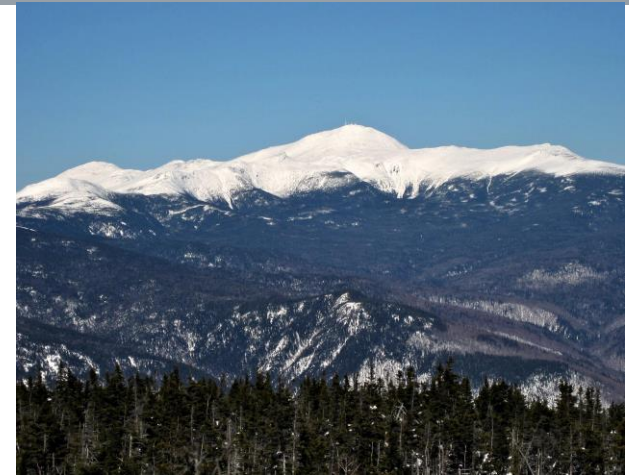
NAMI New Hampshire is a grassroots organization working to improve the quality of life for all by providing support, education and advocacy for people affected by mental illness.

Comprised of a network of affiliate chapters and support groups, staff and volunteers, NAMI NH provides information, education and support to all families and communities affected by mental illness.

**Information & Resources line (800) 242-6264**

<http://www.naminh.org>

# NORTHERN HUMAN SERVICES



Northern Human Services is a private non-profit essential provider of behavioral health services, developmental services and substance use disorder treatment located throughout northern New Hampshire.



## **NORTHERN IS NOT A SLEEPING GIANT**

**Northern Human Services has been a high quality non-profit human service provider that has worked collaboratively with the NH Department Of Health and Human Services for over 40 years.**

**It has an annual budget exceeding \$42 million dollars per year.**

**The agency serves more than 4600 individuals and their families with developmental disabilities and mental health challenges each year. Northern serves individuals from birth until end of life.**

**The agency employs more than 660 people and is the largest employer in northern New Hampshire.**

**Northern provides services throughout Coos, Carroll and northern Grafton Counties operating more than 18 facilities across service sites. Our region is 155 miles from north to south.**



# SOURCES OF REVENUE

- **Contract with the State of NH for the provision of Developmental Services**
- **Contract with the State of NH for the provision of Behavioral Health Services**
- **Three Contracts with Medicaid Managed Care Companies**
- **Contracts with the NH Department of Justice for Victims of Crime Services**
- **Contracts with the NH Department of Justice for Drug Court Services**
- **Contracts with Commercial Insurance Companies (i.e. Anthem, Cigna, Harvard Pilgrim, etc.) for reimbursement for behavioral health services and some developmental services to very young children**
- **Grants including the NH Charitable Foundation's Tillotson Fund**
- **Donations and Fundraising Efforts**
- **Town Funding**
- **Client Fees**



## ANNUAL REVENUE

**TOTAL For Developmental Services \$26,131,497**

**TOTAL For Mental Health \$16,122,025**

-

**NORTHERN'S CURRENT TOTAL OPERATING REVENUE ON AN ANNUAL BASIS**

**\$42,253,522**

## FOR CONSIDERATION

- **The COVID-19 pandemic is adversely impacting our capacity to deliver services and to keep employees working.**
- **Northern Human Services does not qualify for the Federally Funded Payment Protection Program because we employ over 500 people.**
- **Northern is the only State contracted Area Agency and Community Mental health Center in the entire state that did not qualify for this reason.**
- **We have explored other funding relief options but there are not viable options available for nonprofits that meet our needs.**

# WHO BENEFITS FROM NORTHERN STAYING IN BUSINESS?

- **Over 4600 individuals and families receiving critical services each year and growing**
- **660+ committed employees who live and support families in the North Country**
- **The local economy of each community where we live and serve**
- **Over 130 contracted Home Care Providers and Family Providers**
- **Multiple vendor agencies and independent contractors that provide services under contract with Northern**
- **Other community health care organizations, school districts, law enforcement agencies and social service providers depend on Northern for professional services and consultation 24/7 all year round; we NEVER close!**



## **Guidelines for Written Comments to the GOFERR Stakeholder Advisory Board**

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Because the Covid-19 crisis has impacted almost everyone and every institution across New Hampshire, SAB expects to gather a substantial amount of information from many sources. In order to accomplish this task effectively and efficiently, SAB requests that all persons who submit information (including those persons who are scheduled to provide oral comments before a SAB meeting) please follow these guidelines.

The SAB is hopeful that many interested persons will submit information and ideas on how the State can best allocate federal emergency relief funds. We plan to read all comments, and for those who make oral presentations to the SAB, we intend to ask questions based on the written submissions.

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In order to help the SAB members to the greatest extent possible, we request that you try to address each of the information items listed below. The SAB members have identified these information items as highly relevant to their overall task. While some commenters are likely to provide additional information, and others may not be able to address each item, we request that you try to address the following items in your submission:

- (1) Please identify your position and your organization. [Tom Blonski, President & CEO, Catholic Charities New Hampshire](#)
- (2) Please identify what economic sector your enterprise operates within. [Nursing homes; Assisted Living; Independent Living \(nonprofit\)](#)
- (3) Please describe how your enterprise and economic sector has been impacted by Covid-19. [Census and revenue decrease by 10%; \\$500K in additional expense for PPE procurement; staff retention hazard/benefit pay Our nursing home census is down 8% compared to the previous 2-year daily average, which equates to \\$260,000 in lost revenue since the start of the pandemic through April 30.](#)
- (4) Please provide an assessment of how you project your organization and economic sector will be impacted over the next 12 months by Covid-19. [\\$5.5 million loss due to lower census and PPE procurement. Loss will \*significantly\* increase if we have to pay additional hazard pay \\$\\$ for staff retention if underfunded by Medicaid in the long-term. At the current rate, assuming our census does not improve or decrease even](#)

**Guidelines for Written Comments  
to the GOEFERR Stakeholder Advisory Board**

more, the financial impact would be approximately \$3.5MM in lost revenue. Census recovery is projected to be slow due to continued isolation requirements for new admissions and because several beds are kept vacant as required by CMS in order to isolate and treat potential COVID positive patients. Another economic impact is purchasing additional PPE for the staff due to the increased infection control requirements mandated by CMS and DHHS. So far, through April 30, we have spent \$500,000 on PPE. Projected over 12 months, that could be upwards of \$2MM.

- (5) Please explain whether your enterprise or economic sector has or is receiving, or may possibly receive in the future, any other governmental support (federal, state or local) or charitable funds specifically intended to help address Covid-19 impacts; and explain whether the identified need might be covered by other governmental or charitable sources of funding or support programs. Additional Medicare stimulus funding (6.2%) of \$868K to date. No other funding support available; did not qualify for PPP forgivable loans.

## **Guidelines for Written Comments to the GOFERR Stakeholder Advisory Board**

- (6) Please provide comments on one or more ideas on how some portion of public relief funds could be provided to your enterprise and economic sector (including, if possible, an estimate of the amount of funds), and please comment on how these ideas would achieve the following important public goals:
- (a) The funds will serve a public use and provide a public benefit. *Related to A, B, C, F and G, these funds will allow our nursing homes to provide more of a substantial pay increase to our front-line workers, incentivizing them to stay at work and continue caring for NH's most elderly and vulnerable residents. While the additional stipend currently provided by the State is appreciated, most of our front-line workers can still make more money by seeking relief from NH employment security. In addition, the funds will be used to keep our front-line workers and residents safe by being able to purchase the required PPE to do so.*
  - (b) The funds will preserve or increase the social welfare or economic prosperity of the state, and will promote the general welfare of the state's citizens.
  - (c) The funds will promote the orderly development of economic and social activities, create or preserve employment opportunities, or protect the physical environment.
  - (e) The funds will contribute significantly to the continued operation, competitiveness and future success of the organization and the economic sector, and **will enhance the resiliency of the organization to survive future economic or health challenges.**
  - (f) The use of funds is not in conflict with local or regional development plans and policies, or any other provision of state or federal law.
  - (g) The funds are structured in a way that will help the community and the State at large, and not just the particular private business or organization.
  - (h) The use of funds is consistent with the one-time availability of the public relief funds and will not require future continuing operational support from the public sector in order to maintain success.
- (7) Please describe how the receipt and use of the public relief funds described in question 6 could be accounted for in your organization's financial statements. *We have a very robust fund accounting system that would be used to segregate the receipt and expense of any public funds.*



## **Guidelines for Written Comments to the GOFERR Stakeholder Advisory Board**

- (8) Please describe specific measures for public reporting on the receipt and use of the public relief funds, so that the State may satisfy any public reporting obligations that may be imposed with respect to such funds. [Fund accounting allows for easy transparent reporting by our organization.](#)
  
- (9) Please identify other important organizations or functions in the State that have an important impact on your organization or economic sector, and, if possible, provide ideas of how those organizations and functions may be assisted by public relief funds in a manner that would help your organization or economic sector. [Hospitals, homecare.](#)
  
- (10) What would your business, agency, organization, sector do with the funds that cannot be done currently? [These funds would help us to secure additional PPE and to pay a hazard differential for staff retention and recruitment, so that we do not continue operating at a loss.](#)
  
- (11) We consistently hear different stories of what is occurring and what is needed; given the opportunity, please comment on what do you think should be said or considered that hasn't received much attention? [As we continue to navigate through this pandemic – and begin to pick up the pieces after it concludes – you will find the nursing home industry to be decimated. Generally, NF operators experience razor-thin margins year-after-year because of consistent, \*significant\* Medicaid underfunding. It specifically reflects the value we place as a state on the worth of our most vulnerable citizens. On top of this, as an industry, we are facing a barrage of negative press, that never reflects the great and heroic work that the vast majority of our state's facilities are providing. Without future sufficient Medicaid funding, better access to PPE resources, staff support and more constructive and collaborative PR support, we will \*immediately\* begin to see more and more nursing homes close their doors because they'll never be able to dig themselves out of the hole\(s\) in which they currently find themselves.](#)

\* \* \* \* \*

SAB anticipates that its members will be reaching out to diverse interests and persons to request submission of comments, and we thank you in advance for considering these requests. We are all in this together, New Hampshire!

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- (1) Please identify your position and your organization.

[Steve Ahnen, President, New Hampshire Hospital Association](#)

- (2) Please identify what economic sector your enterprise operates within.

[Health care – hospitals and health systems](#)

- (3) Please describe how your enterprise and economic sector has been impacted by Covid-19.

[New Hampshire hospitals and health systems have taken critical steps to respond to this crisis and ensure safe care for patients, health care professionals and communities, including suspending elective procedures and curtailing community practice hours. These actions, when combined with standing up response efforts to address a potential surge of COVID-19 patients, have resulted in significant revenue losses of roughly 40 – 50%, equating to more than \\$200 million a month for our hospitals.](#)

- (4) Please provide an assessment of how you project your organization and economic sector will be impacted over the next 12 months by Covid-19.

## **Guidelines for Written Comments to the GOFERR Stakeholder Advisory Board**

Hospitals are estimating that they will continue to see reductions in their revenue for the foreseeable future based off actual revenue losses sustained in March. When time-sensitive procedures are started up again, this will be a very gradual process and predicated on robust testing availability and adequate Personal Protective Equipment (PPE). Ramping back up to a new “normal” for patients and hospital personnel will also require reassurances to their patients that it is safe to access care at hospitals and physician practices. Modifications will need to be made to scheduling, in-person visits and more related to pre-surgery/procedure care, such as diagnostic imaging, laboratory services or pharmacy support, to provide care for those who will be undergoing surgery or a procedure. And, hospitals will need to continually monitor the overall volume of patients to ensure that they can continue to meet the needs of all patients including those with COVID-19, due to PPE and staffing challenges related to the pandemic, as well as those receiving care for other time-sensitive procedures that might have been previously delayed but that now requires medical intervention.

- (5) Please explain whether your enterprise or economic sector has or is receiving, or may possibly receive in the future, any other governmental support (federal, state or local) or charitable funds specifically intended to help address Covid-19 impacts; and explain whether the identified need might be covered by other governmental or charitable sources of funding or support programs.  
[See attached Financial Relief spreadsheet.](#)

**Guidelines for Written Comments  
to the GOFERR Stakeholder Advisory Board**

- (6) Please provide comments on one or more ideas on how some portion of public relief funds could be provided to your enterprise and economic sector (including, if possible, an estimate of the amount of funds), and please comment on how these ideas would achieve the following important public goals:
- (a) The funds will serve a public use and provide a public benefit.
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  - (e) The funds will contribute significantly to the continued operation, competitiveness and future success of the organization and the economic sector and will enhance the resiliency of the organization to survive future economic or health challenges.
  - (f) The use of funds is not in conflict with local or regional development plans and policies, or any other provision of state or federal law.
  - (g) The funds are structured in a way that will help the community and the State at large, and not just the particular private business or organization.
  - (h) The use of funds is consistent with the one-time availability of the public relief funds and will not require future continuing operational support from the public sector in order to maintain success.

As noted before, hospitals are losing more than \$200 million a month with the impact of this being felt over the next several months. A \$200 million loss in April becomes a much more significant loss over the next three to four months. Even with the federal assistance that hospitals have received thus far and any additional funds they might receive, those losses will still be substantial, resulting in hundreds of millions of dollars in lost revenue over the next several months. Without a major infusion of resources, many hospitals will find themselves out of operating cash within the next 2-3 months, if not sooner. Hospitals have stood up incident command centers, enhanced security, modified visitation procedures, suspended all non-urgent, elective procedures, moved other patient visits to telehealth formats, struggled to add capacity within the walls of their hospitals by converting rooms into patient rooms and securing additional ventilators, stood up flex facilities for a potential surge of COVID-19 patients, as well as trying to find adequate supplies of the personal protective

## **Guidelines for Written Comments to the GOFERR Stakeholder Advisory Board**

equipment (PPE) that are so desperately needed to ensure the safety and health of our front line workers. These expenses are expected to grow significantly in the coming weeks.

- (7) Please describe how the receipt and use of the public relief funds described in question 6 could be accounted for in your organization's financial statements.

Hospitals will provide detailed accounting of all public relief funds distributed, as required.

- (8) Please describe specific measures for public reporting on the receipt and use of the public relief funds, so that the State may satisfy any public reporting obligations that may be imposed with respect to such funds.

All required auditing protocols will be adhered to by hospitals receiving any public funds.

- (9) Please identify other important organizations or functions in the State that have an important impact on your organization or economic sector, and, if possible, provide ideas of how those organizations and functions may be assisted by public relief funds in a manner that would help your organization or economic sector.

Other health care partners to include provider offices, community health centers, nursing homes and home health agencies.

- (10) What would your business, agency, organization, sector do with the funds that cannot be done currently?

Due to the extraordinary medical and financial impact of curtailing all non-urgent, elective procedures, hospitals have seen a 50% drop in their revenue almost immediately upon the Governor's declaration of a State of Emergency on 3/13/2020. The reduction in revenue the hospitals are experiencing are unprecedented and will result in continued reductions in staff and services if critical measures are not taken to mitigate these losses. We are requesting access to public funds to assist hospitals to offset some of these losses in order to continue to care for patients during the pandemic and long after the immediate crisis passes.

- (11) We consistently hear different stories of what is occurring and what is needed; given the opportunity, please comment on what do you think should be said or considered that hasn't received much attention?

\* \* \* \* \*

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**Guidelines for Written Comments  
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- (1) Please identify your position and your organization.

Thomas Mee RN MBA – CEO, North Country Healthcare

- (2) Please identify what economic sector your enterprise operates within.

Healthcare – NCH consists of three hospitals and one homecare/hospice entity

- (3) Please describe how your enterprise and economic sector has been impacted by Covid-19.

Beginning the week of March 16<sup>th</sup>, the NCH entities, like all NH counterparts, began cancelling elective procedures and routine diagnostics and ambulatory visits. Given that there exists no COVID surge in the north country, that has left our hospital campuses largely empty. Net Patient Services Revenue (NPSR) is down >50% during this period of time, resulting in multi-million dollar losses per month.

- (4) Please provide an assessment of how you project your organization and economic sector will be impacted over the next 12 months by Covid-19.

## **Guidelines for Written Comments to the GOEFERR Stakeholder Advisory Board**

Hospital volumes, specifically the volumes cancelled in March 2020, should not be viewed as “elastic”, insofar as they will not automatically rebound once the facility is reopened. Patients will fear the hospital campus for some time, and it is highly likely that a new normal for hospital operations will contain substantial fewer volumes of patients. Moreover, ongoing stay at home orders will further compromise patient volumes in the north country as tourism suffers for several months to come.

- (5) Please explain whether your enterprise or economic sector has or is receiving, or may possibly receive in the future, any other governmental support (federal, state or local) or charitable funds specifically intended to help address Covid-19 impacts; and explain whether the identified need might be covered by other governmental or charitable sources of funding or support programs.

NCH facilities have received governmental funding support, either in the form of grants or loans, from the Medicare accelerated payment program, paycheck protection program, payroll tax delays, provider lost revenue program, SHIP grant, and state of NH stimulus funding.

- (6) Please provide comments on one or more ideas on how some portion of public relief funds could be provided to your enterprise and economic sector (including, if possible, an estimate of the amount of funds), and please comment on how these ideas would achieve the following important public goals:
- (a) The funds will serve a public use and provide a public benefit.
  - (b) The funds will preserve or increase the social welfare or economic prosperity of the state, and will promote the general welfare of the state's citizens.

In each community in which NCH affiliates operate, that facility is the largest employer in the region. If the hospital fails, the entire region suffers economically. One need to look no further than the demise of the paper mill industry as an example.

- (c) The funds will promote the orderly development of economic and social activities, create or preserve employment opportunities, or protect the physical environment.
- (e) The funds will contribute significantly to the continued operation, competitiveness and future success of the organization and the economic sector, and will enhance the resiliency of the organization to survive future economic or health challenges.

## **Guidelines for Written Comments to the GOFERR Stakeholder Advisory Board**

As indicated earlier, NCH affiliates will be facing multi-million dollar operating losses over the next several months, directly attributable to actions taken to combat the spread of COVID. While the current level of governmental assistance will help through the next few weeks/months, the amounts do not approach the level needed to keep the hospitals whole. Given the current availability of funds, combined with our current cash burn rate, it is estimated that our hospitals will become insolvent within months. Loans are not the mechanism that will enable hospitals to survive.

- (f) The use of funds is not in conflict with local or regional development plans and policies, or any other provision of state or federal law.
  - (g) The funds are structured in a way that will help the community and the State at large, and not just the particular private business or organization.
  - (h) The use of funds is consistent with the one-time availability of the public relief funds and will not require future continuing operational support from the public sector in order to maintain success.
- (7) Please describe how the receipt and use of the public relief funds described in question 6 could be accounted for in your organization's financial statements.

Detailed accounting to be provided as requested.

- (8) Please describe specific measures for public reporting on the receipt and use of the public relief funds, so that the State may satisfy any public reporting obligations that may be imposed with respect to such funds.

All usual and ordinary auditing procedures will be followed.

- (9) Please identify other important organizations or functions in the State that have an important impact on your organization or economic sector, and, if possible, provide ideas of how those organizations and functions may be assisted by public relief funds in a manner that would help your organization or economic sector.

Federally qualified health centers, rural health clinics, SNFs, assisted living centers, other hospital providers.

- (10) What would your business, agency, organization, sector do with the funds that cannot be done currently?

As a result of all of the aforementioned COVID activities, North Country Healthcare has experienced a >50% reduction in NPSR. In a healthcare landscape in which only a 1-2% negative variance can result in an operating loss, losses associated with >50% of revenue are simply not sustainable in any healthcare environment, in any community. NCH is very

## **Guidelines for Written Comments to the GOFERR Stakeholder Advisory Board**

unambiguously requesting access to public funds that will be used to offset operating losses due solely to COVID.

- (11) We consistently hear different stories of what is occurring and what is needed; given the opportunity, please comment on what do you think should be said or considered that hasn't received much attention?

\* \* \* \* \*

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# **Comments to the GOFERR Stakeholder Advisory Board**

## **May 12, 2020**

### **1. Please identify your position and your organization.**

Bonnie Payette, Executive Director  
Susan Cummings, Director of Operations and Finance  
New Hampshire Health and Education Facilities Authority (the “Authority”)

The Authority is a component unit of the state, established in 1969 under New Hampshire RSA 195-D. Although the Authority is a state agency, it receives no state funds, has no powers of taxation and its bonds are repaid through the revenues received from its borrowers (or any credit support provided by a third party such as a letter of credit bank or a bond insurer). The Authority assists its borrowers by issuing tax-exempt bonds, which are special obligations of the Authority, and by relending the proceeds of the bonds to its borrowers in either a public bond offering or a private placement. In other instances, the Authority assists its borrowers through our Direct Loan Programs in which it makes direct loans up to \$300,000 at below-market rates of interest to qualified borrowers. The Authority further provides a Capital Loan Program providing loans up to \$450,000, at below market rates in participation with a banking institution.

### **2. Please identify what economic sector your enterprise operates within.**

The Authority operates across a broad spectrum of the nonprofit sector. Under our general statutes (RSA 195-D and 195-E), the Authority is authorized to undertake projects with certain borrowers, all of which must be not-for-profit institutions exempt from federal income tax under §501(c)(3) of the Internal Revenue Code. These borrowers include hospitals, nursing homes, continuing care retirement communities, health maintenance organizations, home health care providers, ambulatory care clinics, mental health agencies, community health centers, institutions for postsecondary education or higher education, the University System of New Hampshire (or any of its components with respect to revenue generating facilities), secondary schools, student loan programs, educational institutions which are residential facilities, cultural entities and childcare providers.

The Authority has been working for over 50 years focusing solely on nonprofits. The Authority has issued over 600 series of bonds for nonprofit hospitals, colleges, universities, secondary schools, and other qualified entities in the State, in the aggregate principal amount of over \$11.9 billion. The Authority’s loan funds go directly to our not-for-profits institutions to support them in their missions. Through the Direct Loan Programs and the Capital Loan Program the Authority has closed and/or participated in 273 low interest loans totaling over \$41.7 million.

**Comments to the GOFERR Stakeholder Advisory Board**  
**May 12, 2020**

**3. Please describe how your enterprise and economic sector has been impacted by Covid-19.**

The Authority decided in early March to offer a deferment option for the Direct Loan Program loans and subsequently 66% of our participants executed Note Amendments to defer principal and interest payments for 3 months. This amounted to a 68% decrease in income per month for the Authority. We will assess the impact of restarting the economy once it begins and reassess whether this program needs to be extended. We have executed Forbearance Agreements for outstanding bonds and approved PPP applications that required the Authority's approval.

The not-for-profits that the Authority works with all have a health or educational component and many of them remained opened in a reduced capacity to serve NH's population during the crisis and uncertainty of COVID-19. While remaining open, they paused their revenue-generating operations to prepare for the possible impact of the illness while maintaining essential services. Hospitals have reported millions in lost revenue since suspending their elective surgeries and preparing for a surge in COVID19 cases. Schools were forced to implement, at great expense, enhanced technologies to meet the almost instant need for online learning. Schools suffered not only a reduction in revenue i.e. room and board, but in some cases negative revenue needing to return monies already paid for future services.

Childcare centers had to close or remain open with decreased ratios to provide care for essential workers in NH. Mental health and social service agencies providing services to the indigent and immigrant populations have suffered financial loss due to the reduction of providing community-based services, increased cleaning expenses and additional PPE for staff. Retirement communities have seen loss of life due to the virus which in addition to the human toll, has had an adverse financial impact which looks to continue for an indefinite amount of time.

**4. Please provide an assessment of how you project your organization and economic sector will be impacted over the next 12 months by Covid-19.**

The Authority's structure will allow us to sustain operations for the next 12 months. However, the not-for-profits are facing dire financial conditions with many having less than sixty days cash on hand to continue operations. Many not for profits the Authority works with are relatively small, under resourced and highly dependent on revenue. They operate on very tight budgets and were already struggling financially before the pandemic. Some will be pushed precariously close to the edge of economic ruin by the public health crisis if they do not receive funds in some sort of forgivable loan or grant.

Since the hospitals stopped revenue producing operations in mid-March, they have lost millions in revenues. Hospitals will see a continued increase in expenses due to the virus as they prepare to phase in operations while still working on procedures to protect their patients and employees. The belief is that the virus could surge again in the fall or winter which could again,

## **Comments to the GOFERR Stakeholder Advisory Board**

### **May 12, 2020**

have a major financial impact on the hospitals as they respond to the needs of their communities and work to protect their patients and employees.

One boarding school I spoke with indicated it was too soon to know what the total ripple effect will be but that they have already experienced \$1 million of lost revenue through refunds and they anticipate an increase in financial aid to families for next year. They are still unsure of the impact if students are not able to return in the fall even if the school is able to open.

Many of our institutions depend on grants, fund raisers, gifts from the community, and low-cost financing. Due to COVID-19 fund raisers have been cancelled leaving these institutions without their necessary funds for operations for the coming year. As our institutions begin to re-open, they will face increased demand, have fewer personnel and fewer financial resources. By providing funding to nonprofits, we can reduce the negative impact and provide bridge financing to ensure their success. Many of the State's entities that provide grants to the not-for-profits will also be stretched to the limit and see a sharp increase in requests for these funds. The Authority will be able to alleviate some of the demand on these entities since we are set-up to work with not-for-profits and meet their funding needs. The Authority's tenure in our community and its proven relationships with our institutions would ensure success for the State's most needed institutions with allocations from the CARES Act relief funds.

**5. Please explain whether your enterprise or economic sector has or is receiving, or may possibly receive in the future, any other governmental support (federal, state or local) or charitable funds specifically intended to help address Covid-19 impacts; and explain whether the identified need might be covered by other governmental or charitable sources of funding or support programs.**

The Authority does not receive any federal, state, or local support.

In speaking with the non-profits in New Hampshire, future funding remains an uncertainty that keeps many executive directors awake at night. Whether it be the government, large corporations, or the smallest business – everything that has been done so far has been reactive. The not-for-profit community certainly has had to “react” like everyone else, so solid, and concise guidance on acceptable uses of funds received is going to be important. Not-for-profits have applied for PPP funds, they have requested deferment of payments on loans and bonds until they can get a better idea if available funds will be in the form of grants, forgivable loans or traditional, low interest loans.

The Authority programs are designed to provide low cost funding to non-profit New Hampshire institutions utilizing our Board's knowledge in specific industries and our proven vetting for financial support.



**Comments to the GOFERR Stakeholder Advisory Board**  
**May 12, 2020**

**6. Please provide comments on one or more ideas on how some portion of public relief funds could be provided to your enterprise and economic sector (including, if possible, an estimate of the amount of funds), and please comment on how these ideas would achieve the following important public goals:**

- (a) The funds will serve a public use and provide a public benefit.**
- (b) The funds will preserve or increase the social welfare or economic prosperity of the state and will promote the general welfare of the state's citizens.**
- (c) The funds will promote the orderly development of economic and social activities, create, or preserve employment opportunities, or protect the physical environment.**
- (e) The funds will contribute significantly to the continued operation, competitiveness and future success of the organization and the economic sector and will enhance the resiliency of the organization to survive future economic or health challenges.**
- (f) The use of funds is not in conflict with local or regional development plans and policies, or any other provision of state or federal law.**
- (g) The funds are structured in a way that will help the community and the State at large, and not just the particular private business or organization.**
- (h) The use of funds is consistent with the one-time availability of the public relief funds and will not require future continuing operational support from the public sector in order to maintain success.**

In accordance with our Mission and Statute the funds will serve a public benefit and continue to support not-for-profits financially. The Authority was designed to work for the benefit of the people of the State to increase their commerce, welfare, and prosperity and to improve their health and living conditions.

The Authority Board will determine what portion of the funds will be set-up as grants and what portion will be set-up as forgivable loans or traditional low-interest loans. The first phase would likely be grants disbursed upon receiving the funds from the State. The second phase would be set-up as additional grants/forgivable loans with a portion set-up as a revolving loan fund in the fall as the not-for-profits determine what their remaining needs will be.

Through our Loan Programs, the Authority is able to distribute funds quickly and efficiently with our current processes. A simple application would be used, back-up documentation detailing expenses incurred, along with current financials, will be required to ensure that the funds are being used for eligible expenses. The entity would be required to disclose funds that they have applied for and/or received to date from other organizations in response to COVID-19. We would use our current loan process as a starting point to set-up our procedures, but we would look for guidance and revise and implement recommended processes

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to allow for standardization among organizations disbursing the funds. This would allow for swift disbursement and could immediately stimulate the growth and implementation of necessary and needed services and equipment for our institutions.

**7. Please describe how the receipt and use of the public relief funds described in question 6 could be accounted for in your organization's financial statements.**

If received directly the funds would be described in a disclosure note in our audit. The Authority would set-up one or two separate "CV Relief Fund Accounts" which would be tracked and administered according to requirements that are to be outlined. Standard accounting practices would be established for the funds implementing our existing financial software. Reports would be submitted per our current protocol to the State Treasurer, Secretary of State, Executive Council and the Governor and others as required. Further, the Authority requires financial disclosures from all our institutions participating in bonds, notes or loans, insuring they are financially sustainable. The current collection on our loan programs is 100%.

**8. Please describe specific measures for public reporting on the receipt and use of the public relief funds, so that the State may satisfy any public reporting obligations that may be imposed with respect to such funds.**

The Authority has established protocols related to disclosure and reporting transparency with the State. We are required to submit an annual audit and would implement reasonable additional procedures as directed by the State and federal regulations. As stated, each grant/loan would include an application, financials, and back-up documentation to show the need for and use of the funds.

**9. Please identify other important organizations or functions in the State that have an important impact on your organization or economic sector, and, if possible, provide ideas of how those organizations and functions may be assisted by public relief funds in a manner that would help your organization or economic sector.**

The not-for-profit community relies heavily on assistance from federal and state funds, grants, fund raisers, gifts from their communities and low-cost loans. Not-for-profits receive funds through the Authority, the NH Charitable Foundation, and work closely with their community banks and other entities. The Authority's availability to distribute funds that our institutions can access in a timely fashion will facilitate a recovery of services to the citizens of New Hampshire.

**10. What would your business, agency, organization, sector do with the funds that cannot be done currently?**

These funds would allow the Authority to provide support to those who are providing services to our most vulnerable population within our State through forgivable loans and/ or grants. Institutions have received funds that have met immediate needs, but the relief funds would allow the Authority to support the not-for-profits and help them attain stabilization in the months ahead. It would also allow us to support the State during these unprecedented times by

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sharing the workload and disbursing the funds to a sector we have worked with for the past 50 years in a timely and efficient manner.

**11. We consistently hear different stories of what is occurring and what is needed; given the opportunity, please comment on what do you think should be said or considered that hasn't received much attention?**

Many of the immediate needs have been addressed but as I am speaking to institutions that the Authority works with, the discussion always comes around to the long term and how long that period will be. Many of our institutions already provide free or reduced cost services to their populations, will the funds be there to allow them to continue delivering services without putting an added burden on their clients? Will there be help in 6 – 12 months from now when we settle in to a new normal? It will be important that the funds are disbursed in a way that will allow institutions to use them knowing that this is a one-time grant or loan by providing clear and concise direction on how the funds may be used and the specific terms of the loans.

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SAB anticipates that its members will be reaching out to diverse interests and persons to request submission of comments, and we thank you in advance for considering these requests. We are all in this together, New Hampshire!

Please check the GOFERR website for current information on how to submit comments. All recommendations and information submitted in response to this request will be available for public inspection and copying in their entirety. For further information, please contact Joe Doiron at the GOFERR offices.

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