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**Executive Director’s Report to the Board**

**April 7, 2021**

**Fiscal Management**

**State Contracts**

**Budgeting, budgeting and budgeting again…**

The State has kept us busy in the first quarter by requesting modifications to previously submitted budgets and work plans. Both the Rural Health Network (RHN) and Tobacco-Free Action (TOB) contracts had initially required us to submit budgets with some portion of the contract amount reserved in a restricted, unbillable line. However, when it became apparent to the State that federal funds were forthcoming, we were advised to release these funds from this restricted line and allocate them to other expense lines. This, of course, was great news, and eased the constraints that those “front-end withholds” had imposed, but it did create quite a bit of additional work, particularly for John (in the case of TOB, this represented the 3rd  time he created a budget for the same period).

**Collecting A/R**

The amounts that were withheld from reimbursement (20% of the entire voucher amount) on our RHN and TOB contracts have now been paid in full. Furthermore, we were invited to submit a voucher in excess of $87,000 for expenses related to the TOB contract for the period from July 2020 through February 2021.

**Foundation Contracts**

**Foundation for Community Health (FCH)--**We have received a contract in the amount of $25,000 from the Foundation for Community Health to support our transportation program. Through the Foundations of the Hudson Valley, the Foundation also provided us with a $15,000 grant for general operating support, which was received in early January.

**Dyson Foundation**—The Dyson Foundation has invited us to submit an application for General Operating Support for 2022 and 2023.

**Other Contracts**

**CCDOH—**The Consortium renewed its contract with the Columbia County Department of Health to employ the Project Manager of the Healing Communities Study. We are also in the process of contracting to serve as the fiscal agent for the Community Impact Dollars associated with the same project.

**Roya Consulting--**We are now contracted with Roya Consulting for development services. This is a six-month period beginning March 1st. Terms are $1,500 per month ($9K for 6 mo) with an additional $600 for expenses of no more than $100/mo. Roya’s principal, Michele Susko, and Anne Leiber, the VP for Development at Upper Hudson Planned Parenthood, and have begun meeting once monthly.

**Paycheck Protection Loan**

John and I met with Jeffrey Paille at Bonadio regarding our PPP loan. Subsequently, Jeff sent us an engagement letter for professional consulting services related to the PPP loan forgiveness application, with an estimated project cost of $2-3,000. It is our feeling that this expense will help us to maximize our loan forgiveness. We plan to prepare the forgiveness application after the completion of the audit.

**Personnel Management**

* + - In early March, Mahfuzur Rahman joined our team as a Navigator. Mahfuz speaks Bangla, Hindi and Urdu, which are critically important language skills for us to have represented on staff.
    - Last week, Lynda Scheer, who worked primarily as an Information and Assistance Specialist in the NYConnects Program but also worked in the Prescription Access and Referral Program, Financial Assistance Funds and the Independent Consumer Advisory Network (ICAN) Program, separated from the agency. As her departure was abrupt, we are currently exploring how to staff these programs.
    - Now that the TOB contract is moving forward, Karen dePeyster has been restored to full-time status and we have started to interview candidates for the position of Community Engagement Coordinator.

**Other things on our plates**

**State and federal advocacy**

The months of February and March involved a lot of state and federal advocacy, coordinated through NYSARH.

At the top of our state platform was restoration of funding to the Rural Health Network Development and Rural Access Hospital Programs; funding for health care workforce programs, including AHECs; creation of the Rural EMS Task Force; Rural Broadband and Telehealth (audio only); and empaneling the Rural Health Council.

At the State level, I have met or spoken with the following: Senators Michelle Hinchey and Persaud and Assembly Members Didi Barrett, Aileen Gunther, Richard Gottfried, Phil Steck, Speaker Heastie

At the top of our federal platform was support for the Federal Office of Rural Health Policy (within HRSA, within HHS); formation of the Office of Rural Health at the CDC; funding for and implementation of the National Healthcare Workforce Commission; 340B, Medicare sequestration relief, the Paycheck Protection Program Access for Rural Hospitals Act, and the Rural Hospital Closure Relief Act. At the Federal level, I have met with the offices Senators Chuck Schumer and Kirsten Gillibrand

**Involvement in the Vaccine Program**

In early January, I received permission from Gabrielle Armenia, the Director of the State’s Navigator Program, to utilize Navigators to assist residents of Columbia and Greene Counties with **online vaccine registrations** **and appointment scheduling.** Between February 16th, when we received our first call, and March 31st, we have assisted 768 residents of Columbia and Greene Counties.

I continue to participate in the **Capital Region Vaccine Network’s Health Equity Task Force** and advocate for approaches that consider rural populations and their differential access to the vaccine (a surprisingly difficult task, as most of the conversations about health equity are exclusively focused on race and ethnicity, and ignore other factors, such as rurality).

**Policy work**

We had a difficult time renewing our business lines of insurance this year, as our traditional carrier, Philadelphia Insurance Company, proposed to dramatically reduce our Abuse and Molestation coverage unless we implemented a number of provisions. Those included: background checks on all staff, new and existing; abuse and molestation training for all staff; and the creation of **Abuse Prevention Policy** for personnel. The last is respectfully submitted to the Board for your review and approval.

As previously reported, we had been awaiting further guidance from the State with regard to certain elements of the statute that created New York Paid Sick Leave. That has not come, so we instead consulted with an attorney at NYCON, utilizing the support provided by the Foundation for Community Health, and have incorporated the guidance we received into a **New York Paid Sick Leave Policy**. This policy treats paid sick leave differently than personal and vacation leave, which implicated a number of other policies, all of which we respectfully submit to the Board for your review and approval.