



NORTH COUNTRY BEHAVIORAL HEALTHCARE NETWORK

Administered by

Northern NY Rural Behavioral Health Institute, Inc.

2020 Annual Report



July 1, 2019-June 30, 2020



NORTH COUNTRY BEHAVIORAL HEALTHCARE NETWORK WELCOME FROM THE BOARD CHAIR

VALERIE AINSWORTH



Welcome to the 2020 North Country Behavioral Health Care Network Annual Meeting

Can anyone even remember what the world was like last July 1st when this year's Network corporate year began? Following a relatively normal first six months of the year, 2020 arrived... and with it a new reality, a new way of conducting our business, and new budget reality, and a new set of demands for the services that our agencies provide. The corona virus and the resulting COVID-19 disease has ravaged New York State's urban communities killing over 24 thousand New Yorkers so far including 51 in our part of the North Country.

Nearly as devastating, the public health requirement for slowing the spread was to shutter much of the economy throwing many North Country residents out of work, threatening the summer economic season and piling on economic and emotional trauma leading to mental health and substance abuse problems showing up at our agencies. Domestic violence, food insecurity and housing issues are either already increased in our communities or are anticipated as the economy slowly opens and pandemic protections come to an end.

Our agencies are facing their own challenges as well. We are all anxiously awaiting the NYS budget adjustments that will surely come as a result of both late and reduced state revenues. NCBHN has been an active partner with the New York State Association for Rural Health, Alcohol and Substance Abuse Providers Association, NY Association for Psychiatric Rehabilitation and the NYS Mental Health Association in advocating for state and local government recovery funding from the Federal government. Many Network members have been in touch with our congressional delegation advocating for additional economic support for behavioral health services and state and local government aid.

As we begin a new corporate year on July 1st, we all know that this "new normal" is not yet normal and will continue to evolve as we navigate the months ahead looking forward to the wide spread availability of a vaccine. We know that the need for our services has not yet peaked, and we can anticipate a continued slow increase in the demand for MH, SUD and SDoH services over the months ahead.

The Network adopted a new strategic plan that reflects the needs of the network members and the activities that the Network staff will engage in to meet those needs. These include:



- Provide excellent services to current members
- Complete the VBP Readiness Project
- Respond to the Coronavirus Pandemic
- Restructure Staffing to respond to Current Realities

Again this year we have several new faces and representatives joining the Network, and I encourage all members to remain engaged with North Country Behavioral Healthcare Network. Your membership entitles you to influence the Networks annual agenda, the advocacy that we undertake, the educational programs that the Network will provide, and the grants and projects the Network will take on to support member agencies' nin their missions. Our committee structure is your direct line of influence to the focus and work that the Network staff will take on.

Today we take important steps to ensure the sustainability and solid governance of the Network. These actions include filling four available seats on our Board of Directors; Adopting a realistic budget that will support the goals of the Strategic plan; and adopt a dues schedule that will provide important unrestricted funds for the operation of the Network.

We will also take time to get updated on the changes members have implemented in adjustment to the COVID pandemic. We will also share thoughts of best practices that have been developed over the past few months and which will be continued into the future. Our Round Table discussion will take advantage of the ZOOM technology "breakout rooms" to identify best practices and then report-out to the full network

Thank you again for attending the NCBHN Annual Meeting. There has never been a more important time in our lives to be doing the work that we do, and there has never been a more advantageous time to be a fully engaged member of the North Country Behavioral Healthcare Network.



NORTH COUNTRY BEHAVIORAL HEALTHCARE NETWORK



Executive Director's Report: Year Ending June 30, 2020

The mission of the North Country Behavioral Healthcare Network (NCBHN) is to lead, connect, and support behavioral health providers and facilitate strategic alliances with other health and human service providers to achieve innovation in program design and excellence in service quality.

NCBHN will be recognized as an advocate for population health throughout the North Country and will position its members to be part of a sustainable, integrated healthcare system that is focused on reducing the disparities including those caused by social determinants of health.

2019-20 Annual Meeting Report Summary

This year NCBHN focused its efforts on three key objectives that are contained in the 2017 to 2020 Strategic Plan: Value Based Payment readiness; Completion of a two-year Strategic Plan, budget and policy related advocacy and presentation of our annual one-day Spring Conference. Unplanned activity included development and execution of a social media campaign to alert the community of the services available and recognize the work of our staffs do every day to improve peoples' lives. We also continued to strive to incorporate administrative and governance best practices within the operation of the Network.

Strategic Issue I. Financial Stability, *Finance and Audit Committee, Jennifer Rose, Treasurer.*
Barry Brogan, Robin Calkins

2019-20 Year End Projections

NCBHN is projected to end the year with Revenue of \$ 511,321, Expenses of \$478,516 and Net Revenue of \$32,805 (unaudited)

As the year draws to close, multiple unknowns will continue to influence our true year end performance. These include the status of DOH funding which is tied to State and Federal policy, and award of a PPP loan that could maintain our workforce through the end of the fiscal year. Meanwhile, we continued our efforts to present the PIC project to the two major managed care organizations serving the North Country and we have met with senior state official who encouraged us to move forward with the MCOs. Barry completed work on two small MSO contracts for the Clinton Community College Alumni Association, and the CVPH Foundation Board of Trustees. NCBHN Also participated via the MSO in the state-wide CBO activation project which provided a modest revenue stream. We experienced some staff reduction that lowered personnel expense when we received notice from our Administrative Assistant, Rachel Stender in mid-March notifying us she had taken another position. We will leave this position vacant. Staff is currently at 3.2 FTE.

Looking forward we now know we will be receiving a cut in our NYS DOH funding which is estimated to be about 24%. If correct this would reduce funding from \$207,000 to about \$155,000 (for the period 1/1/20 to 12/31/20). We however do not have confirmation from DOH regarding these in-house estimates and DOH has not honored or commented upon our 3/31/20 voucher for roughly \$70K. The Finance Committee and Board of Directors reviewed the Audited Financial Statements and the IRS 990 form in February and they were filed as required.

Finally, we closed the office on March 20th and transitioned all staff to work from home status. We meet by zoom twice per week to plan work priorities and share project and deliverable status. Our two salaried employees have transitioned (4/1/20) to hourly pay in anticipation of reduced effort should the shutdown continue. On June 1st the Board of Directors approved an emergency Reduction of Effort policy in response to the lack of communications coming from DOH and no news regarding award of a PPP Loan. With some exceptions, the emergency policy reduces individual staff effort to no more than 24 hours per week.

The office re-opened on a limited basis June 1, 2020.

NORTH COUNTRY BEHAVIORAL HEALTHCARE NETWORK
2020-21 FISCAL YEAR BUDGET ASSUMPTIONS
JUNE 12, 2020

Revenue Assumptions

1. These projections assume that there will be no new large grant programs landed by the network. Note: We do have one grant pending with HRSA for \$250K for 3 years. Start date would be September 2020. We also have one additional letter of intent filed and active. We have three applications pending for PPP loans. None of these sources are factored into these assumptions.
2. For planning purposes, we are assuming DOH funding will be reduced from \$207,000 to \$155,000 for this fiscal year. This is probably a best case scenario for state funding. As of this writing our state contract has been frozen with no funds flowing since January. We have a \$77,582 receivable from DOH on our books for the first quarter of the calendar year. *
3. Dues revenues will be reduced to \$19,750 either through attrition or through a reduction in the agency assessment rate.
4. HRSA funds remaining as of 7/1/20 are projected to be \$120,000 and we will receive a no cost extension which will allow us to run past the 6/30/20 end date. We will budget for the HRSA project to wrap up December 31, 2020.
5. The MSO will generate 16,880 in gross revenue.

*New York State Budget legislation allows the Governor to revisit spending based on revenues.

Expense Assumptions: Personnel

1. Executive Director. Barry will transition from 1.0 FTE to 0.6 FTE. A transition package has been agreed to and passed by the Board. Barry will remain at .6 FTE for the entire fiscal year. Barry will receive a 3% raise 7/1/20 pending performance review.
2. Sr. Director for Information Management Bob Cawley will end employment at some point after 12/31/20.
3. The Sr. Project Specialist for System Reform (Bud) will remain in his position at 0.25FTE.
4. Robin Calkins will remain at 1.0 FTE (35 hours) and received a 4% raise 5/15/20 to cover FY 20-21 and assuming extra duties of the former Administrative Assistant.
5. We will leave empty the Administrative Assistant position.
6. Overall salaries and fringe will diminish from \$378,008 to \$218,154

Non-Personnel

7. Contractual will be reduced from \$132,124 to \$12,000
8. We have requested an adjustment in rent or move to a smaller space within our building or find another space. We have requested a 50% reduction. For planning purposes we are budgeting for a 1/3 reduction from \$21,150 to \$15,000.
9. Travel will be reduced from \$22,211 in 2019-20 to \$15,000.
10. The Conference is eliminated. We are continuing to budget for at least 2 live face to face network meetings in 20-21.
11. Insurance has historically been budgeted at nearly \$15,000. This has been over budgeted in the past and we are receiving new quotes to cut some additional costs. Insurance lines are reduced to a combined \$7,000.
12. Staff training and conferences are reduced from \$7,000 to \$2,500
13. We will maintain funds in the Marketing and Public information lines as we have seen good results from the social media campaign. This line is budgeted for \$5,000
14. Other lines being reduced include Legal; Accounting; and, Equipment.

Comments

We are not assuming that we will be awarded the HRSA grant, and even if we get the award we will need to come up with significant matching funds to hire project staff. We also have submitted proposals to United and Fidelis to completely fund the PIC pilot project which would solve our matching funds issue and provide some stable funding for the Network for up to 24 months.

We have applied for PPP emergency COVID funds but as of this writing have not heard from SBA regarding the status of our three application.

This budget projects a net revenue of just \$1,306 but does not require that we transfer funds from our "set aside" account. This savings account currently has a balance of \$140,000.

ACTION ITEM: VOTE TO ADOPT A DUES STRUCTURE FOR CY 2021

ACTION ITEM: VOTE TO ADOPT THE BUDGET

Proposed Budget 2020-2021 6.12.20						
	Proposed Budget	DOH	HRSA	MSO	Unrestricted	Total Revenue
Revenues						
Dues - Regular Network	\$19,750				\$19,750	\$19,750
NY DOH Grant	\$155,000	\$155,000				\$155,000
HRSA VBP Readiness	\$120,000		\$120,000			\$120,000
MSO Mgt Consulting	\$15,000			\$15,000	\$0	\$15,000
Conf Hosting	\$0			\$0	\$0	\$0
Risk (Insurance) Commissions	\$1,880			\$1,880	\$0	\$1,880
Intrest and Other						\$0
Total Revenue	\$311,630	\$155,000	\$120,000	\$16,880	\$19,750	\$311,630
Payable Percentages						
Admin Percentages	\$291,880	53.10%	41.11%	5.78%	6.34%	100.00%
Expenditures						
Salaries						
Executive Director	\$50,479	\$22,150	\$17,500	\$7,800	\$3,029	\$50,479
Sr. Project Spec (VBP Readiness)	\$67,205	\$20,000	\$45,000		\$2,205	\$67,205
Sr. Project Spec. I (System Reform)	\$20,000	\$15,000	\$0		\$5,000	\$20,000
Sec/Receptionist	\$0	\$0	\$0			\$0
Office Manager	\$37,364	\$19,449	\$13,601	\$2,055	\$2,259	\$37,364
Total Salaries/Wages	\$175,048	\$76,599	\$76,101	\$9,855	\$12,493	\$175,048
Fringe Benefits	\$43,105.70	\$20,179.70	\$16,530.30	\$2,956.50	\$3,439.20	\$43,105.70
Total Personnel	\$218,154	\$96,779	\$92,631	\$12,812	\$15,932	\$218,154
Accounting/Audit	\$10,000	\$6,150	\$2,750	\$550	\$550	\$10,000
Legal	\$3,500	\$2,050	\$1,250	\$200		\$3,500
Contractual	\$12,000	\$3,000	\$9,000			\$12,000
IT Maintenance, Software & Website Support	\$2,600	\$950	\$1,500	\$150		\$2,600
Office Supplies/Postage	\$3,300	\$1,270	\$1,839	\$191		\$3,300
Telephone/Internet	\$6,000	\$3,112	\$2,541	\$347		\$6,000
Copier	\$2,300	\$1,121	\$1,050	\$129		\$2,300
Dues/Subscriptions/Fees	\$3,500	\$3,500	\$0			\$3,500
Rent	\$15,000	\$9,675	\$4,358	\$867	\$100	\$15,000
Utilities	\$670	\$523	\$110	\$37		\$670
						\$0
Travel	\$15,000	\$12,500	\$0		\$2,500	\$15,000
Meeting/ Conference Hosting	\$3,700	\$3,046	\$450	\$204		\$3,700
Insurance D&O	\$3,500	\$2,050	\$1,250	\$200		\$3,500
Insurance - Liability/Emp. Bond	\$3,500	\$2,050	\$1,250	\$200		\$3,500
Staff Training/Conferences	\$2,500	\$2,360		\$140		\$2,500
Advertising, Marketing & Public Info	\$5,000	\$4,725		\$275		\$5,000
						\$0
						\$0
						\$0
Bank/Credit Card Fees	\$100	\$100				\$100
Project Research	\$0					\$0
Equipment purchases -Computers	\$0	\$0				\$0
Total Non-Personnel Expenditures	\$92,170	\$58,182	\$27,348	\$3,491	\$3,150	\$92,171
Total Expenditures	\$310,324	\$154,961	\$119,979	\$16,302	\$19,082	\$310,324
						\$0
Net Income	\$1,306	\$39	\$21	\$578	\$668	\$1,306

Strategic Initiative II. VBP Readiness: Project Review Committee, JoAnne Caswell. Robert Cawley

Our emphasis on VBP readiness continues, to date. Participating HRSA agencies have refined the Peer Integrated Care (PIC) product that was developed last year and participated in outreach to the BHCCs and potential partners as well as additional funding sources. The focus has shifted from the BHCCs to contracting directly with MCOs, ACOs and IPAs with the goal of demonstrating the value of the PIC program as a basis for inclusion in broader contracts. The No Cost Extension (NCE) we received from HRSA will allow this work to continue into late 2020.

The specific objectives included in this part of the strategic plan are listed below with a brief update of our progress toward accomplishing the objective.

1. **Continue to develop the working relationships needed for regional stakeholders to understand our unique value and role.** The Tug Hill BHCC has completed their work plan and shut down the committees on which NCBHN participated. NCBHN assisted the North Country BHCC with their transformation into the North Winds Integrated Health Network, IPA, Inc. (NIHN). NIHN ended their contract with NCBHN last year in a move to cut costs and stand up in-house resources to take over project management and support activities. We continue to look for mutually beneficial opportunities to collaborate with NIHN. NCBHN remains a participant on the Boards of Directors of the two Regional Planning Councils (RPCs) and has had several discussions with Adirondack Health Institute (AHI) leadership. NCBHN has sent proposals for PIC pilots to Fidelis and UHC and recently had a call with leadership from DOH, OMH and OASAS to receive their feedback on the program and request support.
2. **Build organizational capacity for data management focused on behavioral health.** The development of the PIC product has provided some clarity to guide efforts to build data capacity. NCBHN has taken preliminary steps toward this goal in two areas:
 - a. **Closed Loop Referral Platform:** This shared data platform would facilitate referrals made by PIC staff to service providing agencies. It would provide a directory of available services, submit referral requests, track the responses to referral requests and maintain a history by agency and client. Ideally, the system would also record assessments and provide data analytic capabilities however those functions may require enhancements. NCBHN has identified a number of potential vendors for such a platform.
 - b. **Peer Connection Platform:** This shared data platform would provide a directory of available peers, allow staff in Emergency Departments (ED) and other sites to easily call a peer, track peer responses, maintain a history by peer, site and client and provide analytics capability. NCBHN has identified one vendor, Peer RX, for this platform.
3. **Establish Quality & Business Metrics.** As with data capacity, the development of the PIC product has provided clarity of metrics needs. Since the PIC program is whole person care,

rather than focused on any specific condition(s), the metrics to support the program are necessarily broad. The primary metric of the program is the number of Emergency Visits with a goal of reducing them among the engaged population by at least 50%. Other potential metrics for the program include:

- a. Engagement
 - i. With PCP
 - ii. With BH
 - iii. Patient Activation
 - b. Gaps in Care
 - c. Access to Services
 - d. SDoH Status
 - e. Operational:
 - i. Case Loads
 - ii. Peer Activity
 - iii. Referral Activity
- 4. Work with managed care providers to communicate the value-add of Behavioral Health Services.** We have shifted from indirect engagement through the BHCCs to direct engagement of the MCO's. We have sent PIC proposals to representatives from Fidelis and UHC. We have also engaged with several consulting firms and leadership at DOH, OMH and OASAS to further refine and strengthen the proposals. To date, we have not received a response from Fidelis. We have received acknowledgment of the proposal from UHC and have identified another to contact. Several HRSA agencies that are part of NIHN IPA are now participating in a VBP contract with Adirondacks ACO.
- 5. Provide the training and Technical Assistance members need to succeed in VBP model.** Technical Assistance continued through AHP in the Fall of 2019 with a focus on activity-based costing and budget. We also shared legal advice regarding Tug Hill (NCI) "Messenger" model. HRSA Participants have also completed the third and fourth instances of the VBP Readiness Survey which is the primary source of data to evaluate the effectiveness of the VBP Readiness program. Respondents provide their assessment of their organization's VBP Readiness in five domains:
- a. **Governance**
 - b. **Business Strategy**
 - c. **Stakeholder Engagement**
 - d. **Systems**
 - e. **VBP Partners**

Compared to the initial survey, the latest survey showed improvement in four of the five domains and a composite of all five has improved from 3.24 (on a scale of 5.0) to 3.50. The other key finding of the survey is that four members are now participating in VBP contracts as opposed to two in the original survey. One additional member expects to be in a VBP contract within six months compared to two in the first survey.

6. Engage in systems advocacy to support data collection. These efforts continue in the form of discussions with state agencies and the CBO Consortium regarding assessments, consents and platforms.

NCBHN, as part of the deliverable requirements of the HRSA grant, recently submitted a Draft Final Report. The Final Report was originally due September 30, 2020 but will be postponed due to the NCE. We will also be completing a Final Evaluation Report, due September 30, 2020. Copies of both reports will be available to members upon request.

Strategic Initiative III. Education: *Education Committee. Doug Terbeek.* Bud Ziolkowski

Develop Executive and Front-line Worker Educational Programming

The NCBHN education program includes both Executive Education Sessions offered quarterly as well as a full day program in the spring. The education program is planned through our education committee with execution by NCBHN program staff. This year as we moved through the late winter months we had a well engaged conference committee with a May 5th 2020 Conference planned in Lake Placid. This year's theme was Behavioral Health Across a Life Time: A North Country Perspective. Many thanks to our committee members Karen Bolivar, Doug Terbeek, Felicia Parker, Sally Walrath, Rebecca Askins and our regional RPC reps, Beth Solar and Karen Rappleyea. The conference which of course had to be cancelled due to the social distancing requirements of the COVID-19 pandemic, also had a strong cast of presenters lined up. Harvey Rosenthal, NYAPRS and Glen Leibman MHANYS were lined up as our morning keynote speakers. Representatives for both OASAS and OMH were also slated to present. Though we initially felt that the conference could be postponed into November of 2020 the current state of DOH funding will likely prevent a 2020-2021 conference.

During the 2019-20 year most of our Executive Education sessions were dedicated to the strategic planning process. Ultimately the Executive committee considered four iterations of the strategic plan which needed to be modified as conditions within New York State and its relationship with the Federal government were quite fluid and constantly changing. Influences included an initial forecast of an (only) three-billion-dollar budget gap, the proposed and then rejected plans for a DSRIP 2.0, the onset of the COVID-19 pandemic and corresponding economic shut down, and finally the passage of the 2020-21 State budget including 24% funding cuts for the Rural Health Network Program. Our consultant and strategic planning facilitator Ms. Sara Bollinger, hung in there with the committee as we struggled to identify those Network priorities that would add the most value and were also achievable given the funding realities. The full Network adopted the strategic plan in April. We also did return to our outside presenter format in April with presentations by ASAP's Policy Coordinator, Kyle Plaske, and with a demonstration of the PEER Rx platform by Ms. Marisa Barbieri.

Strategic Initiative IV: Develop a coordinated and strategic communications plan that provides relevant, timely, and accessible information that positions NCBHN as a leader in the field.
Executive Committee, Valerie Ainsworth. Barry Brogan, Robin Calkins

This year we produced our printed annual report and two on-line Pathfinder newsletters. Our Annual Report was mailed to over 250 stakeholders in the fall of 2019. Throughout the year Bud Ziolkowski our Sr. Policy Analyst issued Member Alerts and Member Updates on a weekly basis to keep the membership informed of breaking issues and educational opportunities. We also continue our weekly posting to our Facebook page for BH related articles, and as the COVID-19 Pandemic swept into the North Country we engaged the social media consulting firm Above-Social to assist us in getting the message out regarding the availability of services here in the North Country. This was done through Facebook, Instagram and YouTube postings and paid advertising. We redesigned our website to prominently feature our member's services and contact information. Here is the Impact:

- # of 6 second videos submitted **11**
- # of Interviews completed and posted **5**
- # of Facebook Posts **61 posts**
- # Instagram posts **41 posts almost 200 followers started the account on April 14**
- # of Videos now on YouTube **9 with 143 views to date and 111 unique viewers**
 - 72% came from the direct YouTube link
 - 20.3% came from other YouTube features
 - 4.2% from a different channel feature
 - 1.4% from suggested videos
 - 2.1% from direct YouTube search
- **Thank You video got best engagements, views, watch time 106 of the views**
- Communities targeted for advertising **All major and minor towns within St. Lawrence, Essex, Franklin, Clinton, Lewis Counties**
- Dollars spent buying ads **\$800**

Facebook in the past 28 days alone has reached 12,500 people 71% of which are women currently reaching the most people in the Watertown area at 1,245 next closest reach is Plattsburgh with 907

We experienced a 72% increase in Face Book followers from 270 on March 1st to 374 on June 7th.

Facebook Ads total reach for all Facebook ads 18,618 clicks to website 240

Instagram Ads total reach for all Instagram ads 18,656 clicks to website 145

Website

- Total visits over the last 3 months increased 77%
- 568 total visits of which there were 422 unique visitors
- 309 came from link clicks

- 149 came from searching
- 77 came from Facebook

remainder from other sources such as Instagram YouTube and other non-affiliated websites

Strategic Initiative V. Advocacy, Public Policy Committee, JoAnne Caswell. Bud Ziolkowski

This has always been a strong area for NCBHN and continues to be highly valued by the membership. The NCBHN Policy committee sets direction of our advocacy in coordination with the member priorities and in collaboration with our state-wide advocacy partners such as NYAPRS, NYS-ASAP, MHANYS and the NYS Rural Health Association. This year we provided written testimony on the proposed state budget, the recommendation of the MRT II team and on the DSRIP II proposal. Barry traveled to both Washington and Albany to meet with lawmakers regarding rural health care generally and behavioral health services specifically.

2019-2020 Annual Meeting Public Policy Report

As the year unfolded last summer the public policy committee focus was on a recap of the State Budget and Federal legislation, and advocacy for the issues and funding that were found to be lacking. On the state level, we continued to build and reinforce relationships with our North Country Legislators such as Senators Betty Little, Patty Ritchie and Joe Griffo, and Assembly Members Dan Stec and Ken Blankenbush, while engaging our newer legislators (Assembly Members Billy Jones and Mark Walczyk) in order to build similar relationships.

Members and staff alike had significant input through oral and written testimony into New York State's plans to legalize the recreational use of marijuana and expand the medical use of the substance to include its use for opioid dependence. Through such advocacy and similar and coordinated efforts by our advocacy colleagues around the State, legalization has been delayed to date, and further advocacy efforts will be required into the future around this issue.

While some gains were realized in the previous budget, the proposed changes in marijuana use policy noted above constitute one significant set of issues that have been left open, and the elimination of solitary confinement for those with mental health issues as well as other vulnerable populations also remains outstanding. Further, the chronic and deepening behavioral health workforce crisis has remained unaddressed in Albany, and NCBHN engaged in a statewide collaboration to bring the issue to the forefront during the 2020 budget session.

As news emerged of the State's intention to make application for DSRIP II funding, that application was carefully scrutinized, and comprehensive comments were submitted by NCBHN. At this writing, CMS has denied the application, although it is not considered to be completely dead in the water. It has, however, been back-burnered, as has just about everything else in the face of a new and preeminent issue: the coronavirus pandemic.

The flow of information and related analysis is an important aspect of the Network's public policy efforts. During the past year, a steady flow of Members' Updates and Members' Alerts have been employed to provide the membership with analysis on potential hot-button issues and emerging trends as well as opportunities for funding, training & education, and collaboration via conferences and meetings. The focus of that work took a dramatic turn during March, when the COVID-19 pandemic took center stage on a national and global level.

Policy and advocacy work shifted to become COVID response reporting. A massive shutdown of the economy led to mind boggling budget deficits, and the normal channels for delivering behavioral healthcare were shut down. Alternative funding sources, such as have become available through an SBA loan/grant program, emerged. Regulations on the provision of services through telehealth were relaxed, and guidelines promulgated and revised. Over 150 executive orders were issued by Governor Andrew Cuomo, many of which impacted the work being done by Network providers. We followed the news, announcements and guidelines, maintaining a constant flow to the members (with apologies for the massive volume and any redundancy of information). Our Statewide advocacy organizations stepped up to the plate admirably, providing links to guidelines, orders and regulations, as well as emotional and psychological support. ASAP's weekly public policy call morphed quickly into a daily (seven-day-a-week) COVID call, with OASAS, DOH, OMH leaders providing up to the minute guidance, and responding to questions and concerns. At its peak, the audience for those calls exceeded 200 professionals from around the state and beyond. Several Network members and Network staff were on every call. The volume of participation resulted in the need to shift to a Zoom format, which continues at this writing, as we experience a slow-down in the urgency of information, participation in and frequency of the meetings.

During the peak of the turmoil, Network staff surveyed a number of member agencies concerning their experience, response to providing services during the pandemic and, specific measures they took to respond. Because they took the time to respond during a time when their plates were already full to overflowing with work we found, and not unexpectedly, that creativity and collaboration were keys to the successful ongoing provision of services. Barry took the opportunity to report that out during a NYAPRS virtual panel discussion on COVID-19 response.

Looking Ahead

The initial wave of COVID-19 is on the wane in New York, our region is among those moving forward in phases to "reopen" and experts are uncertain if there will be further waves of the pandemic in the future. The future of funding is very much up in the air, regulations have changed rapidly, and the behavioral health consequences of what we are experiencing on a regional, statewide, national and global basis cannot be overstated. While the Governor does include the issue of mental health in his daily briefings, the general response is to urge the use of the volunteer helpline that has been established. When it comes to the essential services of prevention, treatment and recovery, funding is teetering on the whims of a Federal government that has shown a willingness to tender politics over solutions to state fiscal situations that could result in dramatic cuts to services, and the potential for the loss of service providers.

Now, with a second national issue that is also showing signs of becoming global following the death of George Floyd, authorities and experts alike are trying to get their heads around a "dual pandemic" all the time continuing to miss the mounting toll from the addiction and overdose pandemic that preceded COVID, and will no doubt outlast it.

Where do we go from here? Vital aspects of the BHC field will no doubt be impacted on a day-to-day basis by ongoing and unfolding events. We will continue to look for trends and longer-term responses through the help of our statewide advocates and expert colleagues such as those at Brown and Weinraub in Albany. Further, we will continue to maintain a role in keeping the

membership informed, and join our colleagues in developing and providing crucial advocacy.

Strategic Objective VI. Maintain Best Practices in Internal Operation *Executive Committee, Valerie Ainsworth.* Barry Brogan, Robin Calkins

1. Ensure that NCBHN continues to maintain the skills and leadership needed to drive organizational success. NCBHN is finishing up the year with just one staff leaving the organization to take a new and more appropriate position with a BH provider organization. The coming year may be far less certain. Barry will be transitioning to three days per week on average while remaining in the Executive Director position. Robin will remain at 1.0 FTE and Bud will continue on at .25 FTE. Bob Cawley will continue to promote the PIC and coordinate grant seeking activities. The budget funds his position through 12/31. New funds will need to be secured to extend his position. We are working hard to make that happen as there is no question as to the value Bob brings to NCBHN.

2. Continue to monitor and plan for ongoing financial sustainability The 2020-2021 fiscal year will be fluid with regard to funding. Our DOH Rural Health Network Grant is currently on hold as far as payments go. The Governor will revisit the enacted budget at least three times over the next 9 months and has the authority to adjust state spending to reflect revenues available. We are sensitive that in a worst case scenario, our members may take the biggest hit if across the board Medicaid cuts are enacted. This would be a disaster for our agencies and the people who need their services. We are advocating the BH services be “carved-out” of across the board cuts.

3. Ensure that board leadership and the organization’s committee structure evolves in accordance with the strategic needs of the Network. The Network developed and adopted a new strategic plan which will take effect July 1, 2020. The key goals include:

Goal # 1: Provide excellent services to current members

NCBHN will deliver services related to current funding including the Rural Health Network grant [DOH] and engage in collaborative projects throughout the North Country. Board and staff members will need to focus on those services that provide the greatest benefits to members.

Goal #2: Complete the VBP Readiness Project

Successfully implement the VBP Readiness project [HRSA]. Report and publicize outcomes and learning.

Goal #3: Respond to the Coronavirus Pandemic

NCBHN will provide social media communication specifically targeting North Country residents who have not needed behavioral health services prior to the coronavirus pandemic.

Goal #4: Restructure Staffing to respond to Current Realities

The NCBHN budget will become significantly smaller over the next several months. Staff member responsibilities will need to be modified to reflect the projects and services NCBHN will implement during 2021.

As is usually the case, the Governance Committee solicited nominations for available Board seats, and vetted the nominees for program and geographic diversity as compared to the rest of the Board members. A slate of Director candidates has been presented to, and endorsed by, the NCBHN Board of Directors. An **Action Item** follows this section.

In addition to the normal function of the Governance Committee, this year they were called upon to do the difficult task of disciplining a Board member for lack of engagement. This is awkward but important work and it indicates strength of an organization where the obligation to perform the fiduciary duties of a non-profit Board member are taken seriously, and Board members hold themselves accountable. As the Executive Director, I was proud of NCBHN and its leadership for working through this situation. I also much admire the professionalism of the Board member in question in working with the Governance Committee to craft a mutually satisfactory solution. Thanks to all involved.

ACTION ITEM: Results of the Election of Directors and adoption of the Results Reported

NCBHN 2020 Recognitions and Awards

**Board Service Recognition
Ed Thomas, Mental Health Association in Jefferson
County**

**Rural Behavioral Health Champion Award 2019-
2020**

**Zach Randolph, St Joseph's Addiction Treatment
and Recovery Centers**

**NCBHN 2020 Public Servant Awards
Ms. Terri Morse, Essex County Community Services
Mr. Stephen Jennings, Jefferson County
Public Health**