15 YEAR ANNIVERSARY EDITION



ANNUAL 2020
REPORT 203
Year ending December 31st, 2020

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Our mission is to provide respectful, comprehensive primary health care for all residents in our region, regardless of their ability to pay. We offer quality health care services to everyone. In the spirit of community, we make efforts to reach out and welcome those who need health services but may have insufficient means to access them. We commit ourselves to continually reduce the burden of illness, injury, and disability, and to improve the health and quality of life of those for whom we care.

Little Rivers Health Care is a 501(c)(3) non-profit and Federally Qualified Health Center funded in part through a grant from the U.S. Department of Health & Human Services and generous community support. Little Rivers Health Care is a Health Center Program grantee under 42 U.S.C. 254b, and a deemed Public Health Service employee under 42 U.S.C. 233(g)-(n).

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LETTER FROM LEADERSHIP RISING TO THE CHALLENGE

Dear Community,

Leadership matters. Done right, it brings people together to accomplish what might not be possible otherwise. Leadership is also not the exclusive domain of those at "the top;" we all have opportunities to exhibit it in some way in our daily lives. There have been a great many examples of this at Little Rivers this past year, as time and time again, staff stepped up to do what needed to be done, often without being asked, because, well, it needed to be done.

We in Vermont are very fortunate to be in a state that has led the nation in covid testing, vaccinations and low covid positivity rates. This is thanks to the state administration's leadership and their handling of testing and the roll-out of vaccine. It is also thanks to the persistent efforts on the part of healthcare staff at Little Rivers and many other health centers, who encouraged, administered, and followed up on those tests and vaccines. Testing and vaccinations were offered 7 days a week at the height of the response efforts, public information was provided, and outreach was conducted to schools, summer camps, and businesses. This collective effort went a long way toward keeping our communities safe and our local economy stable.

This crisis also shone a light of greater intensity on more fundamental needs, causing us to expand our services in many areas. Our behavioral/mental health program increased dramatically due to increased demand for counseling, medication management, and substance use disorder treatment. Behavioral health services were also increased in the schools, with our social workers in all 6 of the Orange East Supervisory Union schools. Our Chronic Care Management program also grew, despite the difficulties imposed by the pandemic. Planning for a dental clinic began in earnest, and the former Jiffy Mart was purchased to house this. To provide the additional space needed to deliver these services, the former Newbury Health Clinic was also purchased.

The pandemic is far from over and it is disappointing that it is once again front and center as a topic in our annual report. But the real headline here is the resilience and dedication of those on the front lines and the people who support them. We salute all those who have stepped up to help lead the way out of this crisis. Our communities are safer because of that

Thank you all. Stay safe.

WILLIAM CAMPBELL

Board Chair

SIMONE LESSAC-CHENEN, MD

Chief Medical Officer

GAIL AUCLAIR

Chief Executive Officer

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BOARD OF DIRECTORS 2020-2021

Little Rivers Health Care is designated as a Federally Qualified Health Center (FQHC). FQHCs are required to have a community board of directors that represents the community and governs the affairs of the organization. At least 51% of the board members must be patients of the health center. Little Rivers has been extremely fortunate to have always had active, engaged board members who generously volunteer their time and expertise. Without them, Little Rivers would not be here.

Carole Freeman, Corinth (2003) was the assistant superintendent for curriculum at Washington Central Supervisory Union prior to her retirement. She is a founding member of the LRHC board and is the board Vice-Chair.

Margaret Burmeister, Topsham (2009) is the executive director of Northeast Kingdom Council on Aging. She previously was the director of case management for the Central Vermont Council on Aging. Meg is the board Secretary.

Scott Labun, Newbury (2012) is an independent financial advisor. He serves as a guardian ad litem and mediator for family court, is the board Treasurer and serves on the finance committee of the Little Rivers board of directors.

William Campbell, Littleton, NH (2014) is a mental health clinician at Center for New Beginnings and iHope Network, as well as a psychology professor at River Valley Community College in New Hampshire. His past experience includes four years as project manager of a Federally Qualified Health Center in New York State. Bill is the chairperson of the LRHC board.

Pam Smith, Groton (2017) is a longtime patient of Little Rivers who recently retired from the Northeast Kingdom Council on Aging. She brings expertise in business, education, human resources, social services and elder care to her work on the board. Prior to coming to Little Rivers, she served on the Blue Mountain Union Board of Directors for 3 years.

Matt Knisley, Groton (2018) is a 16-year veteran police officer with a Master's Degree in Mediation and Applied Conflict Studies. He is a School Resource Officer and Crimes Against Children investigator and has extensive experience working with social services and dealing with the opioid epidemic in Vermont.

Kelsey Root-Winchester, Wells River (2020) is a health coach and yoga teacher. She owns Rising Spirit Yoga and co-owns the Wells River Wellness Hall. She also sits on the Blue Mountain Union school board and is Chairperson of the Wells River Action Program (WRAP).

Jill Skochdopole, (2021) is a small animal veterinarian who founded Ryegate Small Animal Hospital in 1993. She is married to a farmer in the dairy industry and is the mother of 2 grown kids. She and her husband enjoy producing most of their own food - from their gardens and the animals they raise. Free time is mainly spent outdoors, though reading and cooking are her favorite indoor activities.

Darren Sherburne, (2021) Born and raised in Newbury, VT, Darren Sherburne has traveled throughout New England working in the Hospitality sector before returning back to his native area to pursue a career in Real Estate. Working for Four Seasons Sotheby's International Realty, Darren is interested in bettering his community and spreading the good word about the Upper Valley and the quality of life it allows.

Little Rivers would like to thank the following past board members who retired from the board since our last annual report: **Timothy Ross, Nancy Auger, and Karla Wilson**. You each brought extremely valuable insight and we thank you for your generous time and dedication. We miss you all and wish you the best.

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COMPREHENSIVE PRIMARY CARE

What That Means

As a federally qualified health center (FQHC), Little Rivers is expected to provide more than traditional primary care services. Managing one's health involves more than just going to see your primary care provider when something is wrong.

To truly serve our patients and minimize all the barriers that make a healthy lifestyle difficult, Little Rivers provides:

In addition to...

- Family Medicine with Pediatrics and Obstetrics
- Internal Medicine
- Wellness and disease prevention

...our care teams also offer:

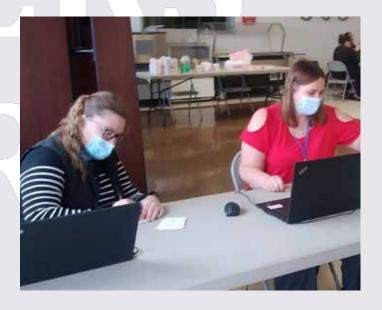
- Behavioral and Mental Health
- Pain management
- Treatment for substance use
- Care Management for chronic conditions
- Care coordination with other healthcare providers and community services
- Home visits for homebound individuals.
- Outreach to schools, farms, and other community settings
- Oral health services
- Wrap-around services to help with food access, transportation, insurance enrollment, sliding fee discount eligibility, housing, and other assistance.

As needs in the community evolve and change, Little Rivers is growing to meet those needs. In the coming year, we will be expanding the following: our food access program, our chronic care management program, behavioral health services in the schools, pain management, and wellness offerings. After a year of planning, we also hope to break ground sometime in 2022 to build a new dental clinic in Wells River and the former liffy Mart site on Main Street



A PATIENT CENTERED MEDICAL HOME

Heeding the call to improve the quality of health care services throughout the country, we believe that all health care organizations should pursue six major aims; specifically, that health care should be safe, effective, patient-centered, timely, cost-efficient, and equitable.



PRIMARY CARE PROVIDERS



MAUREEN BOARDMAN FNP, MSN, APRN Family Medicine, Pre/Postnatal Care



MARLENE BRISTOL FNP, MSN, APRN Family Medicine



CAREY BRODZINSKI FNP-C, MSN, APRN Psychiatry, Family Medicine



MD
Internal Medicine,
Infectious Disease



MD
General Surgeon,
Office Procedures



MD
Family Medicine w/ Obstetrics



KATE GOYETTEFNP, MSN
Family Medicine



FAY HOMAN
MD
Family Medicine,
Pre/Postnatal Care



GRACE KOZIK PMHNP, MSN, APRN Psychiatry



MD, MPH
Family Medicine w/Obstetrics, CMO



ALLY NOBLE
FNP, RN-MSN
Family & Pediatric Medicine



EMILY OLESON
MD
Family Medicine w/ Obstetrics



ALEX PERREAULT FNP, MSN, APRN Family Medicine



AYLA PRIESTLEY
FNP, MSN, APRN
Family Medicine



MD, DIMPH
Family Medicine,
Pre/Postnatal Care

BEHAVIORAL HEALTH PROVIDERS TO HELP PEOPLE BUILD BETTER LIVES



MICHAEL BRANDLI MS, LCMHC, AAP Assistant Director of Behavioral Health



AMANDA REGIS LICSW, LADC Clinical Social Work



SARAH STORJOHANN
MS
Behavioral Health Counselor



KIM THERRIEN
LICSW
Behavioral Health Counselor



TRACY THOMPSON
LICSW, LADC
Clinical Social Work,
Director of Behavioral Health

Behavioral Health/Social Services

- On-Site and off-site counseling for individuals and families with Licensed Clinical Social Workers.
- Coordinating patient care with local mental health and substance abuse agencies.
- Trauma Informed Care, Adverse Childhood Events, and De-escalation Training for staff and community.
- Group counseling and support.
- Substance use and addiction treatment.



CAROLYN D'AQUILA
LICSW
Behavioral Health Counselor



JAZMIN SMITHMSW
Behavioral Health Counselor



AJ SULLIVAN
LICSW
Behavioral Health Counselor



ALI WARHAFTIGMS
Behavioral Health Counselor



TIFFANY WHITE LICSW, LADC Clinical Social Work, MAT Coordinator

LRHC Behavioral Health in Schools

LRHC offers behavioral health services on-site at Blue Mountain Union, Bradford Elementary, Newbury Elementary, Oxbow, Thetford Elementary, and Waits River Valley schools. In addition to counseling for students and families, extensive training is also offered for faculty and staff at Oxbow High School and at the Aloha Foundation with content regarding resiliency, classroom behaviors, and trauma-informed approaches.

BEHAVIORAL HEALTH

Behavioral Health Responding to Community Needs

The Behavioral Health Team responded immediately to the growing need for mental health support early in the pandemic. In January 2020 LRHC had 5 behavior health providers and 4 more providers joined the team by October.

Our youth counselors strategized unique ways to connect with young folks and their families. The counselors rode the busses to check in with youth as they delivered meals to even in the most remote locations.

Total BH visits between 3/16/2019-3/15/2020 and the number of telehealth/phone visits

Total of visits 3,863 (includes MAT Group and Acuwellness)

Total Phone and televisits: 0

Total BH visits between 3/16/2020-3/15/2021 and the number of telehealth/phone visits *Total visits 5,864. (includes MAT Group, Acuwellness, along with BH phone and tele) Total Phone and televisits 4,105.*

Medication Assisted Treatment Program (MAT) and Contingency Management Program (CMP)

The MAT program served approximately 100 patients in 2020. Due to the Covid restrictions, there were periods of time when patients could not be seen in person. Staff made every attempt at connecting with patients remotely.

The Contingency Management Program (CMP)* is providing motivational incentives and tangible rewards to help program members achieve positive outcomes of drug-free urine specimens, consistent treatment attendance, and healthy living.

Prevention Council of Excellence

LRHC partnered with Mount Ascutney Hospital and Health Center to prevent youth substance misuse by ensuring that local youth know that they matter to people in their community. LRHC collaborated with local organizations including Bradford Public Library, Clara Martin Center, The Corinth Coalition, The Hub, The Mentoring Project, and Oxbow to connect virtually with teens during COVID pandemic. This virtual space offered local youth a place to talk and problem solve about current challenges. As a final project, the youth painted an outdoor mural together. They partnered with a local artist, Matthew Denton, who made a large coloring book and youth from all over the school district came to fill it in with color.



*Many thanks to Cadence Genereaux for generously funding the CMP.

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MAINTAINING CONNECTIONS

Maintaining Connections During Lockdown

LRHC care coordinators are a vital conduit between patients' health care and local resources. Since the pandemic began in March 2020, they have adjusted to the crisis to meet patients' needs.

Access to food, mental health support, and transportation quickly became the most pressing issues for many patients. The Upper Valley Unified Community Collaborative (UVUCC), a collective of local organizations led by LRHC, quickly mobilized greater food distribution throughout the community. LRHC first purchased two refrigerators and two freezers to store more food. Then we increased deliveries of fresh produce, milk, eggs, bread, and more that we had already been receiving from *Willing Hands* from 205 pounds to 405-460 pounds a week. In September 2020 LRHC and other organizations from the UVUCC joined the Everyone Eats. Collectively we were providing 241 meals a week to the community. LRHC care coordinators were hand delivering 75 meals to 15-20 families each week. The care coordinators also supplied patients with toiletries, wood, and medications.

Care coordinators mostly connected with patients through telehealth. This was challenging at times, but most patients were thankful to be able to still connect even when they were not able to make it to the clinic.

2020 Chronic Care Management Program

LRHC's Chronic Care Management (CCM) program is led by Nicole Keaty, RN, and Wendy Munn, RN. The CCM program offers personalized care for patients 65 years and older with two or more chronic conditions. Patients who participate create an annual care plan with their health care team to reach their health care goals. The CCM program integrates a patient's health care team for whole health results.



In March 2020, COVID-19 rapidly spread through the U.S. and Vermont. The CCM RNs quickly added COVID response to managing the CCM program. The CCM team was put in charge of tracking the CDC COVID recommendations and activity in Vermont and New Hampshire. CCM provided education about COVID as well as state and CDC guidelines to staff, patients, and people from the communities, even if they were not patients. They provided reassurance, listened to concerns, frustrations, fears, and at times even anger related to the pandemic.

In mid-September, LRHC hired a registered nurse, Michele Fagnant, to become the Lead COVID response nurse. This allowed the CCM team to spend more of their time reconnecting with patients and rebuilding the CCM program, while still supporting the COVID response efforts. As COVID demands ease, the team is ready to revitalize the CCM program. There were 122 CCM patients as of December 2020.

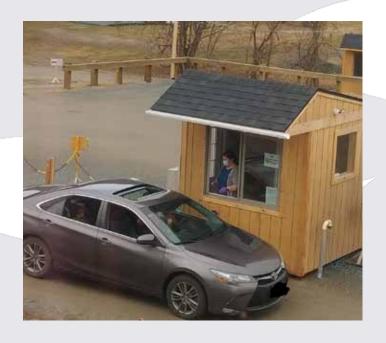
VACCINES & TESTING

COVID 19 State Testing, Wells River Clinic

In order to protect our patients and neighbors, LRHC immediately mobilized staff and reorganized clinics to address the pandemic. The Wells River clinic set up testing booths in the parking lot to guide patients safely through the testing process. LRHC became a state testing site and increased capacity to meet the growing need.

COVID 19 State Vaccinations

When vaccines became available, LRHC set up clinics at schools, local businesses, EMS, and farms, including evening and weekend clinics.







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GROWING SERVICES TO ADDRESS GROWING NEEDS

Food Access

Food insecurity has always been with us but is thankfully now receiving more attention. LRHC began screening our pediatric population 3 years ago and in 2021, extended screening to adults as well. So far, our data indicate that $\sim 3.4\%$ of our patients have challenges with reliably obtaining adequate heathy foods. This is likely under-representing the true nature of the problem but indicates that at least 200 of our patients struggle with this.

No one should go hungry and managing one's health is not possible without access to healthy food, so going forward, Little Rivers will expand efforts in this area. We are grateful for the dedicated community partners who have joined us in addressing this problem:

- Willing Hands, a local nonprofit based in Norwich that provides several hundred pounds per week of fresh foods every week to our neighbors who need them.
- Vermont Everyone Eats, a program launched by the state that provides nutritious meals to Vermonters in need of food assistance, while stabilizing income for Vermont restaurants, farmers, and food producers.
- Bi-State Primary Care Association which has included Little Rivers in a major food access grant project that will fund a part-time position dedicated specifically to address food insecurity.

Oral Health Program Development

In late 2018 Lauren Harlow, a licensed public health dental hygienist, joined our team to provide patient and staff education and school-based dental hygiene services. The pandemic put an end to school-based services and interrupted our plans for offering dental hygiene services in our Bradford clinic, so Lauren's role needed to change. She instead took on the responsibility of project management for planning a new dental clinic on a property purchased adjacent to our Wells River clinic. This project recently was selected as one of Senator Bernie Sanders' Congressionally Directed Spending projects; it is "shovel-ready" and we hope to complete it by the summer of 2022.

Our Community Partners

302 Cares, Ammonoosuc Community Health Services, Area Health Education Center, BAART Program, Barton Street Dental, Bi-State Primary Care Association, Blake Memorial Library, Bradford Public Library, Bradford Workforce Development Committee, Capstone Community Action, Cohase Chamber of Commerce, Clara Martin Center, Cottage Hospital, Corinth Coalition, Fletcher Allen Health Care, Geisel School of Medicine at Dartmouth, Gifford Medical Center, Hannaford, Kinney Drugs, Margaret Pratt Community, Mount Ascutney Hospital and Health Center, Northeastern Vermont Area Health Education Center, Northeastern Vermont Regional Hospital, Northern Counties Health Care, Orange East Supervisory Union, North Country Hospital, Oxbow Senior Independence Center, River Bend Career and Technical Center, Ronald McDonald House Charities of Burlington, Stagecoach Transportation Services, Support and Services at Home Program, The Growing Peace Project, The Health Center of Plainfield, The Hub, The Mentoring Project, The Space on Main, Upper Valley Code Brigade, Upper Valley Pediatrics, Willing Hands, The Haven, Valley Health Center Auxiliary, Valley Vista, Vermont Department of Health, Vermont Everyone Eats, Vital Communities, Wells River Action Program, & Wells River Wellness Hall.

Annual Report 2020 Growing Services 11

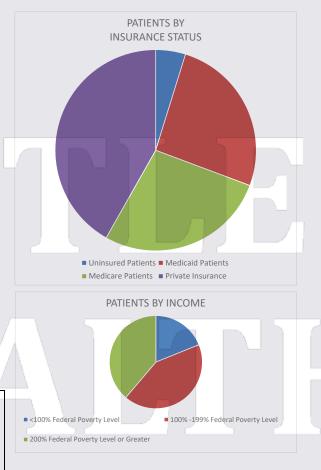
QUALITY IMPROVEMENT IN ACTION

EV 2020 Quality Matrice Comparison B

The Quality Committee monitors our performance on a long list of quality measures. This has a direct impact on patient care and outcomes. The team discusses our achievement of goals and works on changes in workflows and processes to bring about improvement. The quality measures are a combination of federally mandated metrics and ones that LRHC chooses to follow.

2020 posed unusual challenges with regard to capturing data, screening patients, and managing chronic conditions. During most of the year, 25-30% of our visits were virtual, and many patients put off preventive care, impacting our ability to do routine screenings and care management. Our performance on roughly half the measures was worse than previous years, although for the most part not by a significant amount. But some measures actually improved as well. Below are the specific numbers on some of the key measures we track.

FY 2020 Quality Metrics Comparison Report								
			2020 Vermont	2020 National				
Profile Measure	LRHC 2020 Results L	RHC 2010 Reculte	FQHCs	FQHCs				
Patient Profile: Who are we	Little 2020 Results E	MIC 2015 Nesults	1 0,1103	1 (1103				
Uninsured Patients	4.8%							
Medicaid Patients	25.9%							
Medicare Patients Private Insurance	27.5% 41.8%							
Trivate insurance	41.070							
<100% Federal Poverty Level	18.9%							
100% -199% Federal Poverty Level	42.3%							
200% Federal Poverty Level or	20.00/							
Greater	38.8%							
How we performed on standard								
measures:			VT 2020	US 2020				
Pregnant Patients Entering Care in 1st Trimester	79.2%	89.20%	91.4%	73.5%				
Cervical Cancer screening	62.0%	66%	47.4%	51.0%				
Breast Cancer Screening	65.0%		53.1%	45.3%				
Childhood Immunizaton Rate of 2								
year olds	35.0%	16.20%	54.7%	40.4%				
Low Birth Weight	10.7%	8.70%	7.0%	8.2%				
Controlled Diabetes - HbA1C < 9	74.0%	73.90%	76.5%	64.4%				
Controlled Hypertension	67.0%	70.40%	61.9%	58.0%				
Weight Assessment and Counseling	3				_			
- children	53.0%	66.40%	62.1%	65.1%				
Weight Assessment and Counseling		40.000/						
- adults	47.0%	48.20%	53.1%	65.7%				
Tobacco Use Assessment and		93.70%						
Intervention	82.0%		85.6%	83.4%				
Lipid Therapy for cardiovascular								
disease	58.0%	79%	66.8%	71.9%				
Aspirin Therapy for vacular disease	82.0%	84.80%	83.7%	78.8%				
Colorectal Cancer Screening	53.0%	55.80%	58.9%	40.1%	/			
Depression Screening	48.0%	43%	55.1%	64.2%	/			
Deticute and Visite	2020	2010	2040	2047	2016			
<u>Patients and Visits</u> Total Unduplicated Patients Seen	<u>2020</u> 5753	<u>2019</u> 5561	2018 5,493	2017 5,451	2016 5588			
Total Visits								
TULAT VISILS	38,608	24,380	24,538	21,254	22,241			
Medical Visits	20,306	19,085	17,877	18,193	19,081			
Behavioral Health visits	7932	4703	3443	2788	2542			
Total Full-Time Equivalents	72.5	63.7	58.9	54.0	51.7			
. ota a Time Equivalents	,	03.7	50.5	34.0	31.7			



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QUALITY IMPROVEMENT IN ACTION

In order to stay on top of the best and latest strategies to improve the care we give, LRHC participates in a multitude of projects with state, federal and community partners. This past year, these projects focused on many things that were made worse by the pandemic, in particular, food access and colon cancer screening.

As you can see from the previous page, colorectal cancer screening is a challenge for all primary care practices. For that reason, LRHC is enrolled in 2 projects to improve the screening rate among our patient population, one with Norris Cotton Cancer Center and one with the Vermont Department of Health.

Health Center Program Uniform Data System (UDS) Data Overview: Each calendar year, HRSA Health Center Program awardees are required to report a core set of information, including data on patient characteristics, services provided, clinical processes and health outcomes, patients' use of services, staffing, costs, and revenues as part of a standardized reporting system known as the UDS.

Community Health Quality Recognition (CHQR) Badges: The CHQR badges recognize Health Center Program awardees that have made notable quality improvement achievements for the most recent UDS reporting period.

2021 Community Health Quality Recognition (CHQR) Badges



Advancing Health Information Technology (HIT) for Quality

Meet all criteria to optimize HIT services that advance telehealth, patient engagement, interoperability, and collection of social determinants of health to increase access to care and advance quality of care.



Patient Centered Medical Home Recognition (PCMH)

Patient-Centered Medical Home Recognition support includes surveys through a contract with the National Committee for Quality Assurance (NCQA).



COVID-19 Data Reporter

Supported data for public health emergencies with response rates of 90% or more to the weekly Health Center COVID-19 Survey from April 10, 2020 to July 2, 2021.



COVID-19 Testing

Tested more than 50% of their 2020 reported UDS patient populations from April 10, 2020 to July 2, 2021 and have a response rate of at least 50% to the weekly Health Center COVID-19 Survey.



COVID-19 Vaccinations

Administered vaccines to more than 70% of their 2020 reported UDS patient populations from April 10 to July 2, 2021, and have a response rate of at least 50% to the weekly Health Center COVID-19 Survey.

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FINANCIAL STATEMENTS

LITTLE RIVERS HEALTH CARE, INC.

Balance Sheets

December 31, 2020 and 2019

ASSETS

	2020	<u>2019</u>					
Current assets	A 4 000 005	Φ 500.404					
Cash and cash equivalents Patient accounts receivable	\$ 1,809,065 410,056	\$ 536,184 405,365					
Grants and other receivables	62,241 45,027	158,539 61,004					
Due from third-party payers Prepaid expenses	45,027 111,031	50,124					
Total current assets	2,437,420	1,211,216					
Property and equipment, net	2,364,382	2,520,990					
Total assets	\$ <u>4,801,802</u>	\$ <u>3,732,206</u>					
LIABILITIES AND NET ASSETS							
Current liabilities							
Accounts payable and accrued expenses	\$ 78,517	'					
Accounts payable and accrued expenses Accrued payroll and related expenses Provider Relief Funds	\$ 78,517 569,514 235,755	\$ 34,307 400,089					
Accrued payroll and related expenses	569,514						
Accrued payroll and related expenses Provider Relief Funds	569,514 235,755	400,089					
Accrued payroll and related expenses Provider Relief Funds Current maturities of long-term debt Total current liabilities	569,514 235,755 32,152 915,938	400,089 - 150,651 585,047					
Accrued payroll and related expenses Provider Relief Funds Current maturities of long-term debt Total current liabilities Long-term debt, less current maturities	569,514 235,755 32,152 915,938 351,983	400,089 					
Accrued payroll and related expenses Provider Relief Funds Current maturities of long-term debt Total current liabilities	569,514 235,755 32,152 915,938	400,089 - 150,651 585,047					
Accrued payroll and related expenses Provider Relief Funds Current maturities of long-term debt Total current liabilities Long-term debt, less current maturities Total liabilities Net assets	569,514 235,755 32,152 915,938 351,983 1,267,921	400,089 - 150,651 585,047 381,463 966,510					
Accrued payroll and related expenses Provider Relief Funds Current maturities of long-term debt Total current liabilities Long-term debt, less current maturities Total liabilities	569,514 235,755 32,152 915,938 351,983	400,089 					

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FINANCIAL STATEMENTS

LITTLE RIVERS HEALTH CARE, INC.

Statements of Operations and Changes in Net Assets

Years Ended December 31, 2020 and 2019

	<u>2020</u>	<u>2019</u>
Operating revenue Patient service revenue Provision for bad debts	\$ 4,899,570 	\$ 4,968,424 (98,823)
Net patient service revenue	4,899,570	4,869,601
Grant and contribution revenue Provider Relief Funds Paycheck Protection Program Other operating revenue	2,847,049 774,145 742,900 3,781	1,939,607 - - 48,773
Total operating revenue	9,267,445	6,857,981
Operating expenses Salaries and wages Employee benefits Contract services Program supplies Occupancy Other operating expenses Depreciation Interest expense Total operating expenses Net operating income (loss) before loss on disposal of assets Loss of disposal of assets	5,252,628 1,264,324 382,097 348,632 217,215 752,643 174,300 23,549 8,415,388	4,233,166 1,036,602 448,758 365,135 180,607 580,201 171,239 30,724 7,046,432
Excess (deficit) of revenue over expenses	768,185	(188,451)
Grants for capital acquisition		110,580
Change in net assets without donor restrictions	768,185	(77,871)
Net assets, beginning of year	2,765,696	2,843,567
Net assets, end of year	\$ 3,533,881	\$ <u>2,765,696</u>

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2020 DONORS & GIVING

Thank you to our community for supporting us through these unprecedented times. Donations came in many forms; financial, food, and masks. We could not have met this challenge without you all!

Individuals: Karin Bonnett, Amu C., John Carr, Celine Croft, Susan Davis, Ron Eaton, Tess Fountain, Wendy Gray, Mary Hays, Joyce Day Homan, Hope Hutchinson, Thornton Jesdale, Cathy Kidder, KG Kidder, Peter Phipps, Odile Matiauda, Laura Nelson, Karen Parsons, Claude Phipps & Connie Philleo, Linda Shaimansky, Todd Spayth, Ann Tardiff, Jane Wilson, and many more masks donations.

Businesses and Organizations: Acu Wellness, Bob-O-Links, Cabot Creamery, Champlain Chocolates, Creative Counters, Darn Tough, Distler's Pretzels, Housewright Construction, King Arthur Baking Company, LRHC Board of Directors, Mutual of America, Newbury Village Store, Red Kite Candy, SFP Wealth, Silly Cow Farms, Silo Distillery, Skida, VT Smoke and Cure, St. Martin's Episcopal Church, and Wells River Savings Bank

Town Appropriations: Bradford, Corinth, Dorchester, Fairlee, Groton, Ryegate, Topsham



Bradford Office

437 S Main St, Bradford, VT 05033 802-222-9317

Fax: 1-888-462-0883

Wells River Office

65 S Main St, Wells River, VT 05081 802-757-2325

Fax: 1-855-868-7197

East Corinth Office

720 Village Rd, East Corinth, VT 05040 802-439-5321

Fax: 1-866-244-5145

Administrative Office

146 Mill Street, PO Box 338 Bradford, VT 05033 802-222-3000

Fax: 802-222-5674

Newbury Office

4628 Main Street Newbury, VT 05051 802-222-3080

Fax: 802-866-5909