

STATE GRANT COMPLIANCE REPORTING

Report Template B: Please use this reporting template for the END OF YEAR report

1. Organization:	
Organization Name:	Cabarrus Public Health Interest & Cabarrus Health Alliance
Organization Tax ID #:	20-3146359
Project/Activity Title:	Directed Grant
Reporting Period:	July 1, 2021 through June 30, 2022
Organization Fiscal Year End:	June 30, 2022
Mailing Address (street, city, state, zip code):	300 Mooresville Rd Kannapolis, NC 28081
Phone Number (area code + number):	704-920-1323
Fax Number (area code + number):	1-704-445-7508
Contact Person:	Sonja Bohannon-Thacker
Contact Person Title:	Behavioral Health Director
E-Mail Address:	Sonja.bohannonthacker@cabarrushealth.org

2. Preparer: [PLEASE INDICATE WHO PREPARED THIS INFORMATION BY CHECKING]	<input type="checkbox"/> Employee	<input type="checkbox"/> CPA/Accountant
Name of Preparer: Sonja J Bohannon-Thacker	X	
Phone Number: 704-920-1323		

3. Please provide a list of the Organization's Board Members. [ADD ADDITIONAL PAGES, IF NEEDED]	
Name of Board Member	Board Member Title
Lara Pons, MD	Chair-Practicing Physician
Kimberly Dehler, DDS, MPH	Practicing Dentist
Daryle Adams	County School Representative
Chip Buckwell, EdD	Public Member
Mark Spitzer	Public Member
Dan Hagler, MD	Professional Infectious Disease
Asha Rodriguez	Atrium Health Cabarrus Facility Director
Steve Morris	Member Designee- Cabarrus County Commissions
Cecilia Plez	Public Member

4. What restrictions are placed upon the grant by the grant award document? If the grant award document does not identify specific restrictions, please identify the intended use of the grant funds as included in the award document.
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Restrictions: According to the contract, "grants are for nonsectarian, nonreligious purposes, and the use of directed grants must be in compliance with all state laws. Funds are subject to NCGS 143c-6-23"

We intend to use the funds to support the Behavioral Health Director position. The behavioral health director will be responsible for all planning, recruitment, training, clinical supervision, and performance and financial measurement for CHA's Behavioral Health department. Clinical programs to be supervised include: comprehensive Medication-Assisted Treatment and Recovery Support Services for individuals with opioid use disorder; behavioral health treatment for pregnant mothers in CHA's High Risk Maternity Clinic; integrated behavioral health in the primary care setting (maternal health and pediatrics); and a community-based behavioral health treatment program. Evidence-based approaches for treatment will be determined by the results of initial and ongoing patient assessments, and the individualized care plan constructed between the patient and his or her provider. Psychiatry services will also be available for complex needs beyond the scope of CHA's practice.

5. Does the organization have a Conflict of Interest policy?	x	yes		no
6. Is the organization a for profit entity?		yes	x	no

7. Did the organization subgrant or pass down any funds to another organization?		yes	X	no
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If yes, answer the following:

1. Name of Subgrantee	b. Program Name	c. Amount Subgranted

8. Program Activities and Accomplishments:

Recipient must complete and submit a separate Program Activities and Accomplishments Report, detailing the program name, the original goals of each program, and a brief narrative of program accomplishments for each funded program. This information is required of all recipients of state funding in an amount greater than or equal to \$25,000.

The Cabarrus Health Alliance chose to defer use of funds to FY 23. We will begin using funds to support the Behavioral Health Director position and to cover cost for individuals in need of specialty behavioral health services July 1, 2022.

SCHEDULE OF RECEIPTS AND EXPENDITURES

Report Template C: Please use this reporting template for the END OF YEAR report

9. Organization:	
Organization Name:	Cabarrus Public Health Interest & Cabarrus Health Alliance
Organization Tax ID#:	20-3146359
Organization Fiscal Year End:	June 30th
Mailing Address (street, city, state, zip code):	300 Mooresville Road Kannapolis NC 28081
Phone Number (area code + number):	704-920-1323
Fax Number (area code + number):	1-704-445-7508
Contact Person:	Sonja Bohannon-Thacker
Contact Person Title:	Behavioral Health Director
E-Mail Address:	Sonja.bohannonthacker@cabarrushealth.org

a. Receipts		
Funding State Agency	Grant Title	Total Receipts
	Directed Grant	0
b. Expenditures No expenditures were made from the directed grant funding. Services will begin July 1, 2022.		
Category	Dollar Amount	
Personnel		
Contracted Services		
(a)Total Personnel/Contracted Srvcs Costs:		
Office Supplies & Materials		
Service Related Supplies		
(b)Total Supplies & Material Costs:		
Travel		
Communications & Postage		
Utilities		
Printing & Binding		
Repair & Maintenance		
Meeting/Conference Expense		
Employee Training (no travel)		
Classified Advertising		
In-State Board Meeting Expenses		
(c)Total Non-Fixed Operating Expense:		
Office Rent (Land, Buildings, etc.)		
Furniture Rental		
Equipment Rental (Phones, Computers, etc.)		
Vehicle Rental		
Dues & Subscriptions		
Insurance & Bonding		
Books/Library Reference Materials		
Mortgage Principal, Interest and Bank Fees		
(d)Total Fixed Charges & Other Expenses:		
Buildings & Improvements		
Leasehold Improvements		
Furniture/Non-Computer Equip., \$500+ per item		
Computer Equipment/Printers, \$500+ per item		
Furniture/Equip., under \$500 per item		
(e)Total Property & Equipment Outlay:		

Purchase of Services	
Contracts with Service Providers	
Stipends/Scholarships/Bonuses/Grants	
(f)Total Services/Contracts:	
Food	
Other (provide description here):	
Other (provide description here):	
Other (provide description here):	
Other (provide description here):	
(g)Total Other Expenses:	
Total Expenditures (sum a through g)	No expenditures were made from the directed grant funding.

Unexpended cash balance (do NOT use with reimbursement grants)

Beginning of the year cash balance	
End of the year cash balance	

NOTE: If total receipts, expenditures, beginning or ending unexpended grant balance available for expenditures is \$500,000 or more, an audit is required *by G.S. 143C-6-23*.

If there are any questions, please contact the Contract Administrator.

PROGRAM ACTIVITIES AND ACCOMPLISHMENTS REPORT
Report Template D: Please use this reporting template for the END OF YEAR report

Recipient Name:	Cabarrus Public Health Interest & Cabarrus Health Alliance
Recipient Tax ID #	20-3146359
Project/Activity Title:	Directed Grant
Recipient's Fiscal Year End:	June 30 th
Report Completion Date:	July 8, 2022
Preparer of This Report:	Sonja J Bohannon-Thacker

1. What were the original goals and expectations for the activity supported by this grant?

Outputs that contribute to this impact include:

- One full-time Behavioral Health Director
- Behavioral Health department fully staffed
- Comprehensive treatment and referral policies, practices, and protocols established and implemented
- Performance management system established and implemented with clinical staff
- At least one new source of department revenue secured

The following are expected outcomes:

- By the end of their treatment period, 60% of patients served at CHA will indicate improvement in symptoms.
- By the end of their treatment period, 95% of patients served at CHA will express satisfaction with their care

1. If applicable, how have those goals and expectations been revised or refined during the course of the project?

No services were provided related to the directed grant funding. Services will begin July 1, 2022.
 No changes have been made to the anticipated goals and outcomes.

2. What has the activity accomplished with these grant funds? Please include specific information including facts and statistics to support conclusions and judgments about the activity's impact.

No services were provided related to the directed grant funding. Services will begin July 1, 2022.

3. If the activity is a continuing one, briefly summarize future plans and funding prospects.

It is the intention of the Behavioral Health Department to generate revenue sufficient to contribute to the salary of the Behavioral Health Director. We will establish partnerships with various behavioral health providers who we will encourage to begin serving clients who are underinsured or uninsured to reduce the costs incurred by CHA in supporting those services.

If there are any questions, please contact the Contract Administrator.