

PUBLIC MEETING OF STRAFFORD COUNTY DELEGATION - Draft  
MINUTES OF MONDAY, DECEMBER 5, 2022

1. Call Meeting to Order: Chairman Schmidt called the Public Meeting of the Strafford County Delegation to order at 7:11 p.m. in Superior Courtroom II, Upper Level, of the William A. Grimes Strafford County Justice and Administrative Building, Dover, NH. Public access via Zoom: Meeting ID: 870 2483 4220, Passcode: 186887; Dial by your location, +1 929 205 6099 US (New York); <https://us02web.zoom.us/j/87024834220?pwd=elZFODMzc1F3YVEkK1VQY1dRc1dXZz09> or One tap mobile +19292056099,,87024834220#,,,,\*186887# US (New York).
2. Pledge of Allegiance to the Flag: Chairman Schmidt asked everyone to rise and for Rep. Chase to lead the Delegation in the pledge of allegiance to the flag.
3. Moment of Silence: The pledge of allegiance was followed by a moment of silence.
4. Read Notice of Public Meeting: Clerk Frost read the Notice of the Public Meeting, which was mailed and e-mailed to all members of the Delegation, interested parties, posted in three (3) public places in Dover City Hall, Farmington Town Hall, Rochester City Hall, and advertised in the local newspaper.
5. Roll Call: Clerk Frost called the roll, which showed the following members present:  
  
PRESENT: Ankarberg, Bailey, Bixby, Cannon, Chase, Conley, Delemus, Ellis, Fargo, Fontneau, Frost, Grassie, Groen, Harrington, Hayward, Horgan, Horrigan, Kaczynski, Kenney, Kittredge, Levesque, Newton, Oxaal, Pitre, Salloway, Schmidt, Smith, Southworth, Treleaven, Turcotte, Wall, and Wuelper. (32 of 37 for a quorum).  
EXCUSED: Gourgue, Spang, and Vincent (3 of 37)  
ABSENT: Rich, and Sandler (2 of 37)

Also present were Strafford County Commissioners Maglaras, Watson, and Rollo, County Attorney Velardi, County Administrator Bower, Somersworth Mayor Dana Hilliard, Dover Mayor Robert Carrier, and Rochester Mayor Paul Callaghan, Finance Director Legere, COVID-19 Operations Coordinator Haskins-Belanger, Population Health Coordinator Dr. Tory Jennison, EMS Director Bellen, Warrenstreet President Jonathan Halle, Administrative Assistant/Deputy Treasurer Hilber along with members of the press and public. Several members of the public joined via Zoom.

Rep. Newton called a point of order to adjourn the last meeting before starting the current meeting. It was noted the August 24, 2022, Delegation Public Hearing and Meeting was adjourned until Monday, August 29, 2022, at 7:00 p.m. However, bond counsel reviewed the synopsis of the meeting and advised the new meeting date and time must be properly noticed to include publishing in the local newspaper 7 days in advance. Therefore, the resumed meeting was scheduled for Tuesday, September 6, 2022, at 7:00 p.m., and a workshop was scheduled for Thursday, September 1, 2022, to discuss specific details with the architects. The September 6<sup>th</sup> meeting was later cancelled to gather additional information as requested by the members who attended the workshop. Rep. Turcotte motioned to adjourn the meeting originally started on August 24, 2022, seconded by Rep. Newton, and accepted by unanimous consent without objection via voice vote. It was verified that the Delegation follows Robert's Rules of Order.

6. Presentation of New Nursing Home Construction Plans: Chairman Schmidt noted he may take items from the agenda out of order. He then recognized Jonathan Halle, the President of Warrenstreet Architects who provided a PowerPoint presentation with printed handouts attached as Exhibit A for the conceptual plan of a new nursing home and reviewed all the changes necessary to reduce the cost from the original plan proposed at the August 24<sup>th</sup> Delegation meeting. The most notable is the elimination of future expandability using a different steel grade, reducing about 80,000 square feet in the basement, and 20,000 square feet in program space, along with other items detailed in the Overview of Project Budget attached as Exhibit B, which also provides a cost comparison between the original \$170 million and the \$139 million now proposed. Mr. Halle specified that every project has three aspects; quality, quantity, and budget and explained how compromise must be met on at least one to equal the final desired result, such as reducing the size and/or quality to stay within a number for a proposed budget. The plans are for a standalone building with an estimated ten percent per year inflation increase, which will probably be ready for bid requests in eighteen to twenty months and completed another two years later. He specified that eliminating the courtyards will change the layout of the buildings but would still meet all the New Hampshire Department of Health and Human Services (DHHS) requirements, stating the residents' rooms would have to be on one side of the building with a window for each bed, while the service areas and offices would have to be on the interior walls. Mr. Halle answered numerous questions from several Delegation members, including changing the layout to rectangular, which may appear to be less expensive to construct, but would reduce staff efficiencies and requiring more nursing stations to meet NH DHHS guidelines. Geothermal options were discussed but would need actual test drilling before any designs could be considered.

He clarified the \$139 million project would be for a new nursing home able to meet DHHS standards for ten to maybe fifteen years, but the \$170 million project would have the expandability and design to last closer to fifty years. The cost to build another nursing home, or even add on to the newer home in fifteen years would be exponentially higher than building the \$170 million project initially proposed.

Strafford County Complex COVID-19 Operations Coordinator Brianna Haskins-Belanger gave a detailed presentation (Exhibits C and D) on the need for a new nursing home and the benefits of building one that has expandability. She noted some of the deficiencies of the current nursing home, which is over 50 years old, and include financially impossible renovations to meet current standards, staff inefficiencies, no opportunities to age with dignity, the sharing of one tub for 42 residents and one bathroom for four residents, and the lack of privacy for family to enjoy visiting their loved ones. She reiterated the infrastructure issues cannot be addressed with renovations due to the extensive asbestos issues throughout the building. She described several benefits a new nursing home would bring including staff efficiencies, air conditioning, family and resident friendly spaces, and the ability to properly treat the growing dementia and bariatric populations. She also itemized the potential revenue possibilities with the expandable nursing home based on very conservative estimations. She emphasized the difference between the \$170 million project and the \$139 million project would net a little over \$2.1 million difference but would eliminate the ability to easily expand and adjust to the needs of the times. She concluded with her belief that the Strafford County elected officials and appointed leaders have demonstrated, time and time again over the past three plus decades that if you give them your trust, you are kept informed and are able to verify throughout the process of any project. They are the first to stop any spending if something isn't going to pan out, but more often than not, they deliver and they deliver more than expected. They won't be here forever. With their combined 100+ years of experience leading this County, these are the individuals that you want in charge of a project and plan of this magnitude. A new nursing home would not only benefit those who need placement, but it also provides the base that will allow other entities in Strafford County to contribute, grow, and adapt their services to address all the items identified in the 3-legged stool concept introduced by Commissioner Maglaras.

7. Public Hearing for Comments and Questions on:
  - a) Proposed New Nursing Home Construction
  - b) Issuance of \$150,000,000 in Bonds to Fund New Nursing Home Construction
8. Questions and Comments from Public: Chairman Schmidt requested members of the public in attendance physically and via Zoom be heard at 8:17 p.m. Several members of the public spoke including Dover City Councilor Fergus Cullen, Melissa Eagar, Chuck Rhodes, Cynthia Walter, John Atherton, Kathleen Cavalaro, Representative-Elect Kelley Potenza, Rick Perreault (?), Susan Rice, Walt Stevens, Representative-Elect Jessica Lamontagne, Representative-Elect Michael Granger, and Representative-Elect Luz Bay. Several were in support of the expandable version of the nursing home and others had concerns about the cost and the rush to bring the project forward now.
9. Close Public Hearing: Chairman Schmidt asked twice if there were any further questions from the public. With none, he closed the public hearing at 9:04 p.m.
10. Open Delegation Meeting: Chairman Schmidt opened the Delegation meeting at 9:04 p.m. There was a lengthy debate on the benefits and drawbacks of building a new nursing home based on the original conceptual plans for \$170 million versus the newly presented plans for \$139 million. The rush for a vote just before the newly elected representatives are sworn into office was a concern mentioned by some representatives and members of the public. Commissioner Maglaras explained the current Delegation members have been involved with this project for months and deserve to have their votes counted. He also pointed out that this project will extend past the current delegation, the next delegation, and even the ones voted into office in 2024, since the first bond payment wouldn't be for a few years and the project completion is expected to be in 2027. It was also stated by a few people that putting the brakes on this project does not slow the aging process for those who are in need.
11. Approve Minutes of the August 24, 2022, Public Hearing and Meeting: Rep. Treleven motioned to accept the minutes of the August 24, 2022, Public Hearing and Meeting of the Delegation as written, seconded by Rep. Fontneau, and approved without objection via voice vote.
12. Review and Approve Construction Plans of a New Nursing Home: The plans were thoroughly reviewed, discussed, and debated.

13. Motion to Approve the Issuance of \$150,000,000 in Bonds to Fund the New Nursing Home Construction (Exhibit E): Rep. Fonteau motioned to approve the issuance of \$150,000,000 in bonds to fund the proposed construction of a new 215 bed nursing home and read the entire resolution at 8:15 p.m. Representative Salloway seconded the motion which failed by a tie 16 to 16 as follows:

YEAS: Conley, Ellis, Fargo, Fontneau, Frost, Grassie, Horrigan, Kenney, Levesque, Oxaal, Salloway, Schmidt, Smith, Southworth, Treleaven, and Wall (16 of 32)

NAYS: Ankarberg, Bailey Bixby, Cannon, Chase, Delemus, Groen, Harrington, Hayward, Horgan, Kaczynski, Kittredge, Newton, Pitre, Turcotte, and Wuelper. (16 of 32)

A lengthy debate continued until Rep. KaKaczynski motioned to call the question. Rep. Wall stated as senior member and chair of the Riverside Rest Home Subcommittee, she should be allowed to speak on her personal experiences and the need for the expandible nursing home and she then called the question. Rep. Turcotte seconded the motion which was passed without objection by a voice vote. Further discussion included the need for actual plans and designs before deciding which version should be considered. Rep. Bixby motioned to amend the motion by changing it to approve the issuance of \$6,261,184 in bonds to fund the planning and design of a new 215 bed nursing home and then read the full resolution (attached Exhibit F). Rep. Wuelper seconded the motion which was passed by a 2/3 majority roll call vote 22 to 10 as follows:

YEAS: Bixby, Cannon, Chase, Conley, Ellis, Fargo, Fontneau, Frost, Grassie, Groen, Hayward, Horrigan, Kenney, Levesque, Oxaal, Salloway, Schmidt, Smith, Southworth, Treleaven, Wall, and Wuelper. (22 of 32)

NAYS: Ankarberg, Bailey, Delemus, Harrington, Horgan, Kaczynski, Kittredge, Newton, Pitre, and Turcotte (10 of 32)

14. Other Business That May Legally Come Before the Delegation: Chairman Schmidt asked if there was any further business that may legally come before the delegation. Rep. Smith showed her appreciation to the entire delegation for their tireless work and congratulated those who were returning. Chairman Schmidt expressed his gratitude and requested the members not returning stand and receive a round of applause.

15. Adjournment: Rep. Chase motioned to adjourn the meeting, seconded by Rep. Treleaven and approved without objection via voice vote at 10:29 p.m.

Respectfully submitted,

*Sherry Frost*

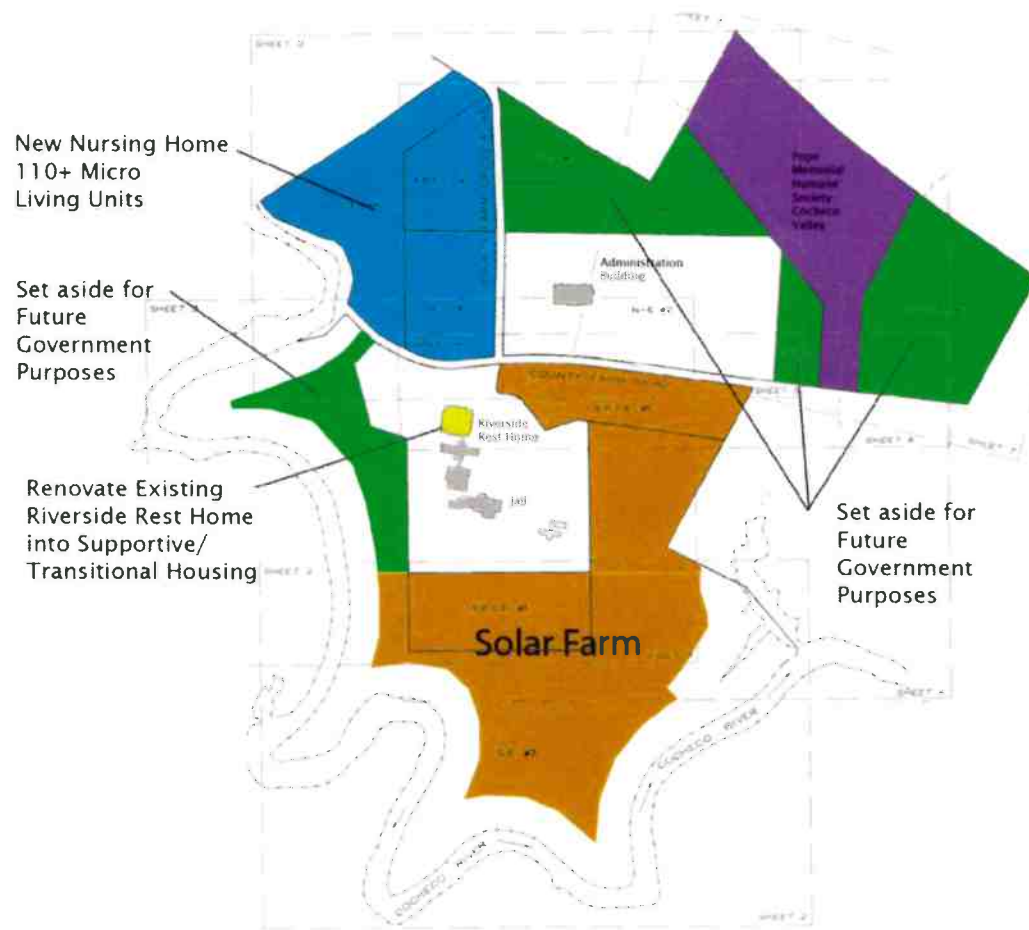
Sherry Frost, Clerk  
Strafford County Delegation

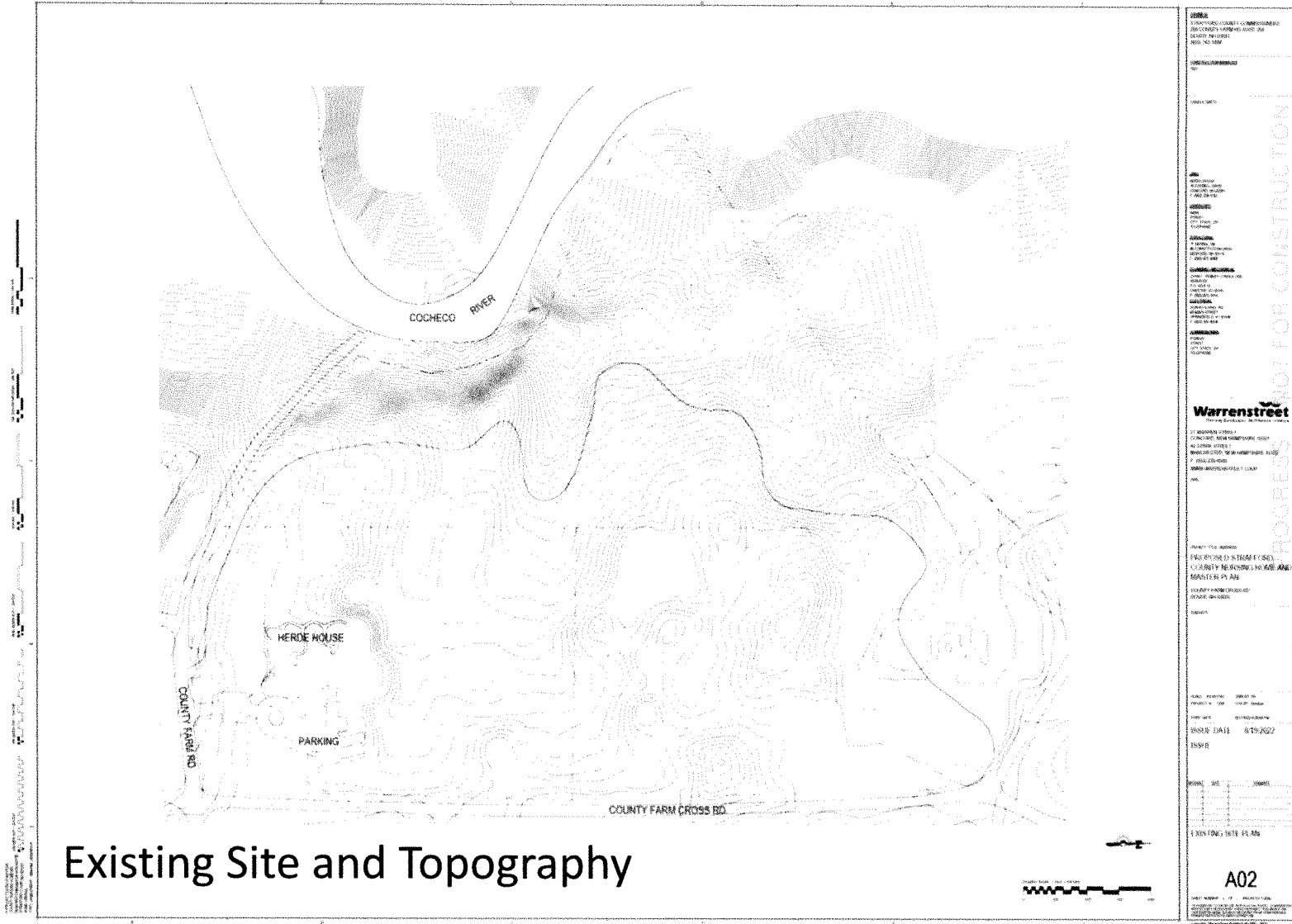
Exhibit A to Delegation Meeting Minutes 12/5/2022

# The Proposed Strafford County Nursing Home

276 County Farm Rd, Dover, NH 03820







# Existing Site and Topography

**WARRENSTREET**  
 1000 W. 10TH ST. SUITE 100  
 DENVER, CO 80202  
 (303) 733-1000  
 www.warrenstreet.com

**PROJECT INFORMATION**

**PROJECT NAME:** [REDACTED]

**CLIENT:** [REDACTED]

**DATE:** 8/19/2022

**ISSUE:** [REDACTED]

**SCALE:** [REDACTED]

**DATE:** [REDACTED]

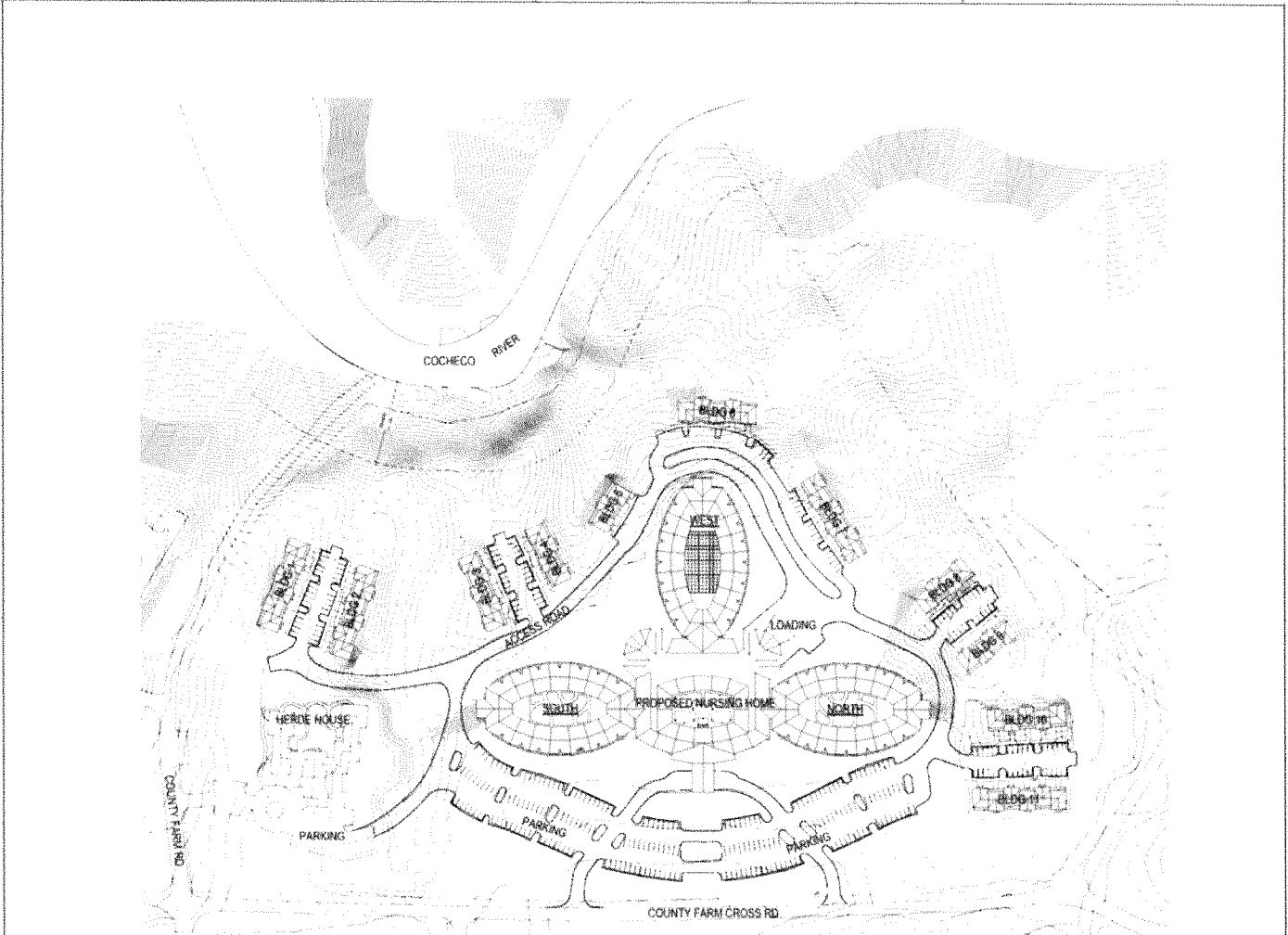
**BY:** [REDACTED]

**CHECKED BY:** [REDACTED]

**APPROVED BY:** [REDACTED]

**WARRENSTREET**

**PROGRESS NOT FOR CONSTRUCTION**



# Proposed Site Plan

108 MICRO HOUSING UNITS  
215 BED NURSING HOME



**PROJECT INFORMATION**  
 PROJECT NAME: COUNTY FARM CROSS RD. COMMUNITY NURSING HOME AND MICRO HOUSING  
 PROJECT NUMBER: 2023-0001  
 SHEET NUMBER: A03

**DATE**  
 ISSUED: 07/15/2023

**DESIGNER**  
 WARRENSTREET ARCHITECTS  
 1000 S. 10TH AVENUE, SUITE 100  
 DENVER, CO 80202  
 TEL: 303.733.8888  
 WWW.WARRENSTREETARCHITECTS.COM

**PROJECT LOCATION**  
 COUNTY FARM CROSS RD. AND COUNTY FARM CROSS RD.  
 COUNTY: WASHINGTON COUNTY  
 ZONING: R-100

**PROJECT OWNER**  
 COUNTY OF WASHINGTON

**PROJECT ARCHITECT**  
 WARRENSTREET ARCHITECTS  
 1000 S. 10TH AVENUE, SUITE 100  
 DENVER, CO 80202  
 TEL: 303.733.8888  
 WWW.WARRENSTREETARCHITECTS.COM

**PROJECT ENGINEER**  
 JEFFREY M. HARRIS, P.E.  
 1000 S. 10TH AVENUE, SUITE 100  
 DENVER, CO 80202  
 TEL: 303.733.8888  
 WWW.WARRENSTREETARCHITECTS.COM

**PROJECT CONTRACTOR**  
 TBA

**PROJECT STATUS**  
 PRELIMINARY DESIGN

**PROJECT DATE**  
 07/15/2023

**PROJECT SCALE**  
 1" = 20'

**PROJECT PLAN**  
 A03



The Overall Conceptual Master Plan – Site Plan Buildout



**LEGEND**

- Window
- Door
- Architectural Feature

**WARRENSTREET**

17 WARREN STREET  
 WARREN, NEW HAMPSHIRE 03301  
 TEL: 603.888.1111  
 FAX: 603.888.1112  
 WWW.WARRENSTREET.COM

PROJECT: 03-000000  
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 PROJECT OWNER: 03-000000

# Proposed Nursing Home Building Elevations

A08



The Main Entrance to the Nursing Home

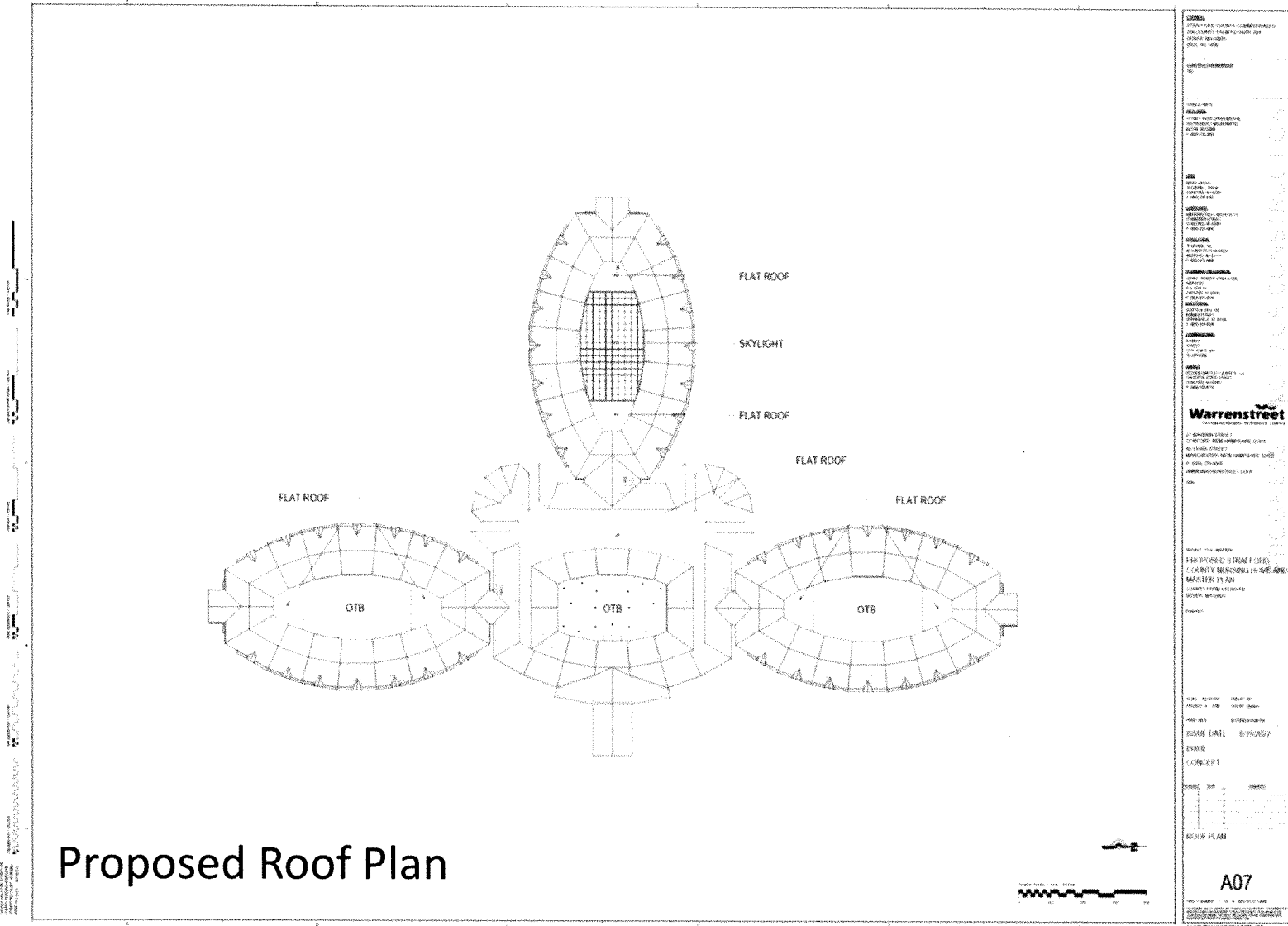


The Rear of the Main Nursing Home Building











The Nursing Home 'Town Center' Main Lobby Looking West





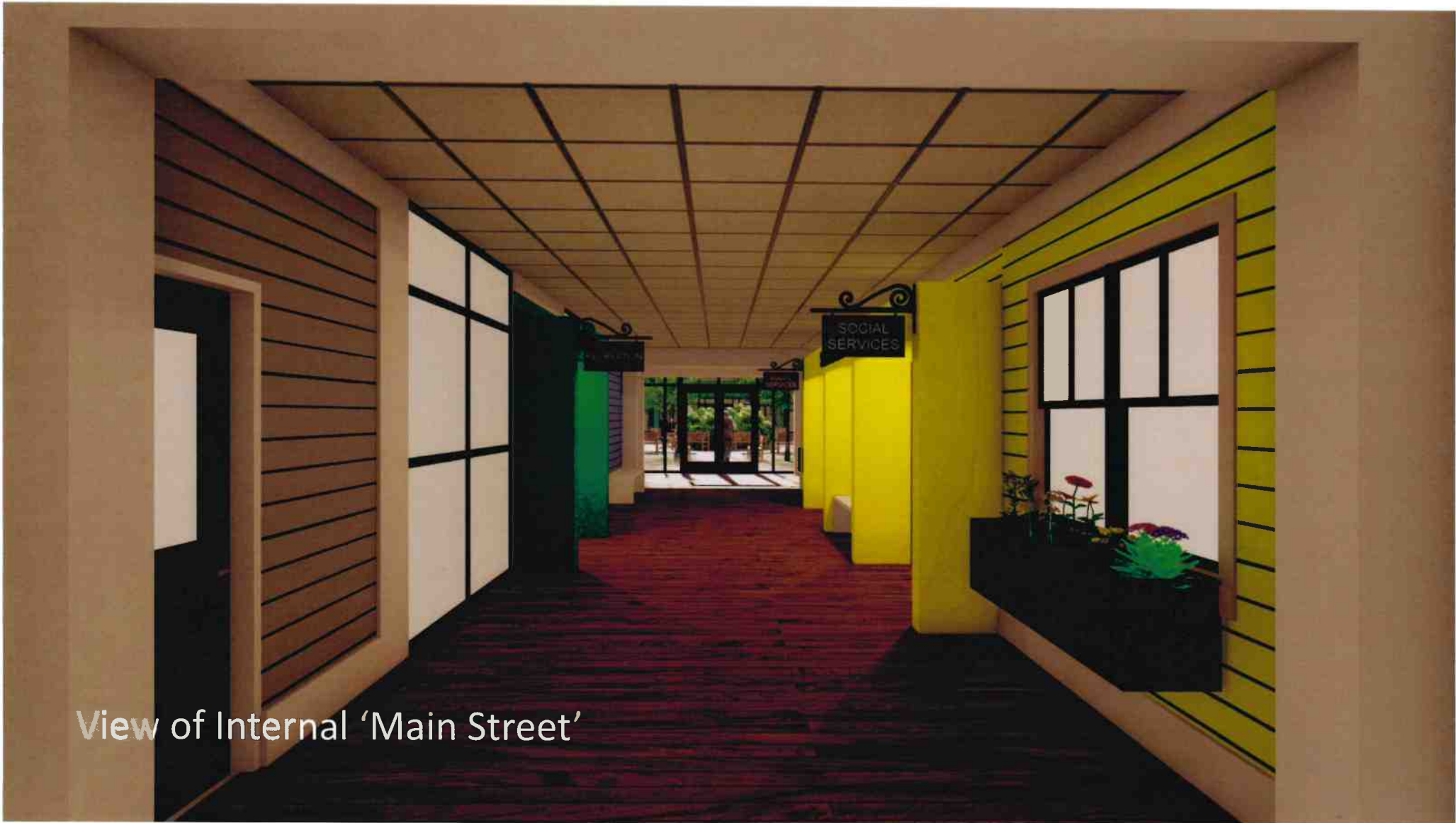
Main Lobby View Looking East



View of 'Main Street' to Central Internal Courtyard



View of Internal 'Main Street'



View of Internal 'Main Street'



View of Proposed Resident Room



View of Proposed Resident Room

**Proposed Stafford County Nursing Home**

Warrenstreet - 8/18/2022

<b>Building Construction Cost Summary</b>			
	<b>GSF / %</b>	<b>\$ / SF</b>	<b>COSTS</b>
Proposed New Construction	331,600	\$361.00	\$119,707,600
Bond, escalation, Insurance, CM Fees, Contingencies, etc	LS	\$60.31	\$20,000,000
<b>Total SF New Building/ Budget Construction Costs</b>	<b>331,600</b>		<b>\$139,707,600</b>
Conceptual Design Contingency	5.0%		\$6,985,380
<b>Sub-Total (Building Cost)</b>	<b>\$442.38 /SF</b>		<b>\$146,692,980</b>

**Summary Project Hard Costs/ Allowances and Unknowns**

<b>Site Costs</b>			
Water Service/ Well Connection Fees Disconnect old services		LS	\$500,000
Geothermal Heating and Cooling		LS	\$0
Solar Allowance		LS	\$0
Power Connection Fees		LS	\$150,000
Telephone/cable		LS	\$150,000
Hardsurface Improvements infrastructure future Housing		LS	\$4,000,000
Off Site costs (Impact Fees)		LS	\$500,000
Wetland mitigation		LS	\$0
Landscape (Soft and Hardscapes)		LS	\$400,000
<b>Sub-Total (Site Costs)</b>	<b>\$17.19 /SF</b>		<b>\$5,700,000</b>
<b>Land Purchase</b>			
Kitchen Equipment/ Appliances		LS	\$0
Furniture/ Fixtures/ Equipment Pending Office Interiors Budget		LS	\$1,500,000
Security System		LS	\$3,500,000
Emergency Generator		LS	\$150,000
<b>Sub-Total (Land &amp; FF&amp;E)</b>	<b>\$17.94 /SF</b>		<b>\$5,950,000</b>
Building Costs/ SF (From above)		From Above	\$146,692,980
Owners Project Contingency		2.0%	\$2,933,860
<b>Sub-Total (Hard Costs)</b>	<b>\$477.51 /SF</b>		<b>\$155,576,840</b>

**Project Soft Costs/ Allowances**

Attorney Fees/ Bond Fees	1.00%	\$1,555,768
Architect/ SCMEP Engineering Fees	6.00%	\$9,334,610
GeoTech Borings Allowances	LS	\$125,000
Construction Testing Allowance	LS	\$300,000
Clerk of the Works	LS	\$400,000
Interest during Construction	LS	\$0
Hazardous Waste Mitigation	LS	\$0
Taxes during Construction	LS	\$0
Utility Reserve (Elec, Gas, Water, Sewer)	LS	\$250,000
Builders Risk Insurance	LS	\$500,000
Permitting and Building Permit Fees	LS	\$300,000
Administrative Expenses	0.25%	\$388,942
Off-Site Improvements/ Expenses	LS	\$500,000
Traffic Study	LS	\$50,000
Other Impact Studies	LS	\$500,000
IBC Construction Special Inspections	LS	\$400,000
Commissioning	LS	\$250,000
Leeds Certification	LS	\$0
<b>Sub-Total (Soft Costs)</b>	<b>\$44.80 /SF</b>	<b>\$14,854,321</b>

<b>Total Opinion of Project Costs</b>	<b>\$513.97 /SF</b>	<b>\$170,431,160</b>
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## Overview of Project Budget Budget

### October 2022

Const Costs	\$144.0M
FF&E	\$3.5M
Soft Costs	\$14.0M
Owners Contingency	\$2.9M
Inflation	<u>\$8.0M</u>
Totals	\$172.4M

### December 2022 Revised

Const Costs	\$112.0M
FF&E	\$3.5M
Soft Costs	\$14.0M
Owners Contingency	\$2.9M
Inflation	<u>\$7.0M</u>
Totals	\$139.4M

### **How did we Lower the Costs?**

1. Eliminated the 80,000 SF of unfinished basement planned for future expansion.
2. Arbitrarily reduced the overall program by 20,000 SF, will need to consolidate program spaces to achieve this savings.
3. Reduced the loop road from a two way public street to a 12' One-Way fire Access Lane.
4. Reduced the area of exterior brick façade and replaced with composite metal panel siding.
5. Eliminated the large skylight on the third courtyard. All courtyards will be open to atmosphere.
6. Reduced the Kitchen Equipment allowance in half. Will need to reuse some equipment from old home.
7. We are not carrying any security system or cameras, and we are not tying any systems into a County wide system. All systems are stand alone.
8. No provisions are being made for any future expansion, focusing solely on today's needs.

### **Cautions?**

1. No one can predict the economy. We are assuming the entire project will be bought in 2025. Inflation is currently running 10% annually.
2. No one can predict material availability or labor shortages, all subject to change over time.



**Proposed Strafford County Nursing Home**

Warrenstraat -11/30/2022

<b>Building Construction Cost Summary</b>	<b>GSF/ %</b>	<b>\$ / SF</b>	<b>COSTS</b>
Proposed New Construction	231,800	\$395.00	\$91,482,000
Bond, escalation, Insurance, CM Fees, Contingencies, etc	LS	\$45.00	\$15,000,000
<b>Total SF New Building/ Budget Construction Costs</b>	<b>231,800</b>		<b>\$106,482,000</b>
Conceptual Design Contingency	5.0%		\$5,324,100
<b>Sub-Total (Building Cost)</b>	<b>\$482.76 /SF</b>		<b>\$111,806,100</b>

<b>Summary Project Hard Costs/ Allowances and Unknowns</b>			
<b>Site Costs</b>			
Water Service/ Well Connection Fees Disconnect old services		LS	\$900,000
Geothermal Heating and Cooling		LS	\$0
Solar Allowance		LS	\$0
Power Connection Fees		LS	\$150,000
Telephoneline		LS	\$150,000
Hardsurface Improvements Infrastructure future Housing		LS	\$0
Off Site costs (Impact Fees)		LS	\$900,000
Wetland mitigation		LS	\$0
Landscape (Soft and Hardscapes)		LS	\$400,000
<b>Sub-Total (Site Costs)</b>	<b>\$7.34 /SF</b>		<b>\$1,700,000</b>
<b>Land Purchase</b>			
Kitchen Equipment/ Appliances		LS	\$0
Furniture/ Fixtures/ Equipment Pending Office Interiors Budget		LS	\$1,000,000
Security System		LS	\$3,900,000
Emergency Generator		LS	\$0
<b>Sub-Total (Land &amp; FF&amp;E)</b>	<b>\$22.88 /SF</b>		<b>\$5,300,000</b>
<b>Building Costs/ SF (From above)</b>			
Owners Project Contingency		From Above	\$111,806,100
5 yr Inflation		2.0%	\$2,236,122
<b>Sub-Total (Hard Costs)</b>	<b>\$512.98 /SF</b>		<b>\$126,342,222</b>

<b>Project Soft Costs/ Allowances</b>			
Attorney Fees/ Bond Fees	1.00%		\$1,263,422
Architect/ SCMEP Engineering Fees	6.00%		\$7,580,533
GeoTech Borings Allowances	LS		\$125,000
Construction Testing Allowance	LS		\$300,000
Clerk of the Works	LS		\$400,000
Interest during Construction	LS		\$0
Hazardous Waste Mitigation	LS		\$0
Taxes during Construction	LS		\$0
Utility Reserve (Elec, Gas, Water, Sewer)	LS		\$250,000
Builders Risk Insurance	LS		\$900,000
Permitting and Building Permit Fees	LS		\$300,000
Administrative Expenses	0.25%		\$315,896
Off-Site Improvements/ Expenses	LS		\$800,000
Traffic Study	LS		\$50,000
Other Impact Studies	LS		\$500,000
ICC Construction Special Inspections	LS		\$400,000
Commissioning	LS		\$250,000
Leads Certification	LS		\$0
<b>Sub-Total (Soft Costs)</b>	<b>\$54.99 /SF</b>		<b>\$12,734,811</b>

<b>Total Opinion of Project Costs</b>	<b>\$600.51 /SF</b>		<b>\$139,077,033</b>
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**Thank you**  
for your Consideration  
of the Strafford County  
Nursing Home Master Plan



Exhibit B to Delegation Meeting Minutes 12/5/2022

**Overview of Project Budget Budget**

12/5/2022

October 2022

Const Costs	\$	144,000,000
FF&E	\$	3,500,000
Soft Costs	\$	14,000,000
Owners Contingency	\$	2,900,000
Inflation	\$	8,000,000
<b>Totals</b>	<b>\$</b>	<b>172,400,000</b>

December 2022 Revised

Const Costs	\$	112,000,000 (Rounded Up)
FF&E	\$	3,500,000
Soft Costs	\$	14,000,000
Owners Contingency	\$	2,900,000
Inflation	\$	7,000,000
<b>Totals</b>	<b>\$</b>	<b>139,400,000</b>

**How did we Lower the Costs?**

1. Eliminated the 80,000 SF of unfinish basement planned for future expansion.
2. Arbitrarily reduced the overall program by 20,000 SF, will need to consolidate program spaces to achieve this savings.
3. Reduced the loop Road from a two way public street to a 12' One-Way fire Access Lane.
5. Eliminated the large skylight on the third courtyard. All courtyards will be open to atmosphere.
4. Delete the courtyards and Remove the exterior wall.
7. Tighten up construction schedule by 5 months based on reduced bldg size.

	Savings	Adjusted Const Cost	Adjusted Project Cost
1. Eliminated the 80,000 SF of unfinish basement planned for future expansion.	-\$21,661,821	\$122,338,179	\$149,738,179
2. Arbitrarily reduced the overall program by 20,000 SF, will need to consolidate program spaces to achieve this savings.	-\$5,415,455	\$116,922,724	\$144,322,724
3. Reduced the loop Road from a two way public street to a 12' One-Way fire Access Lane.	-\$314,017	\$116,608,707	\$144,008,707
5. Eliminated the large skylight on the third courtyard. All courtyards will be open to atmosphere.	-\$1,575,794	\$115,032,913	\$142,432,913
4. Delete the courtyards and Remove the exterior wall.	-\$1,480,059	\$113,552,854	\$140,952,854
7. Tighten up construction schedule by 5 months based on reduced bldg size.	-\$2,169,720	\$111,383,134	\$138,783,134
<b>Potential Savings:</b>	<b>-\$32,616,866</b>		
<b>Resulting Const.Budget</b>	<b>\$111,383,134</b>	<b>\$112,000,000</b>	<b>\$139,400,000</b>
		Rounded Up	

**Assumptions/Comments**

- > We are not carrying any security system or cameras, and we are not tying any systems into a County wide system. All systems are stand alone.
- > No provisions are being made for any future expansion, focusing soley on todays needs.
- > Noone can predict the economy. We are assuming the entire project will be bought in 2025. Inflation is currently running 10% annually.
- > Noone can predict material availability or labor shortages, all subject to change over time.

Exhibit C to Delegation Meeting Minutes 12/5/2022

# December 05, 2022

Brianna Haskins-Belanger, RN, BSN

Master Plan, it's a Great Concept!

**BUT WAIT!!**

What is the \$139 million for?

Why so much?

Where is the money going to come from?

How much will that cost me, the Strafford County Tax Payer?

# Averages of 2015-2019 Riverside Rest Home

215 Beds

Average occupancy 92.91% = 199.75 residents/day

RRH Resident Payer Source	Number of residents/day by payer source	% of actual occupancy	Avg. Daily Reimb. Rate	Yearly Reimbursement
Medicaid	157.59	78.90%	\$ 152.87	\$ 8,793,587.65
Medicare A (Skilled)	0.81	0.40%	\$ 363.72	\$ 107,225.25
Private Pay	21.42	10.72%	\$ 275.00	\$ 2,150,280.00
Respite Private Pay	0.00	0.00%	\$ 170.00	\$ 170.00
SBU Medicaid	17.91	8.97%	\$ 216.20	\$ 1,413,558.84
SBU Private Pay	0.65	0.33%	\$ 275.00	\$ 65,285.00
Other Insurances	1.36	0.68%	\$ 185.00	\$ 91,538.00
<b>Total</b>	<b>199.75</b>	<b>100.00%</b>		<b>\$ 12,621,644.74</b>
RRH Revenue Not represented in above Resident Payer Sources				\$ 7,259,802.80
<b>Average Total of Yearly RRH Revenue</b>				<b>\$ 19,881,447.54</b>

Average Total of Yearly RRH Operating Expenditures
<b>\$ 25,274,194.50</b>

SBU= Specialized Behavioral Unit

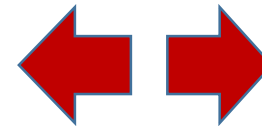
# RRH Revenue

Revenue NOT itemized in the prior table totaling the \$7,259,802.80:

- Miscellaneous Revenue
- Hospice House Revenue
- Meal Agreement – SENH
- Electricity Agreement – SENH, Daycare
- RRH Employee Contribution/Health Care
- PSP Reimbursement (Medicaid not in Medicaid Patient daily Reimbursement)
- Provider “Bed” Tax
- Medicare Part B

# National Skilled Nursing Facility (SNF) Occupancy and Daily Reimbursement vs RRH Occupancy and Daily Reimbursement by Payer Source.

Resident Payer Source	2015-2019 RRH Occupancy	2015-2019 National Occupancy
Medicaid	78.90%	63.96%
Medicare A (Skilled)	0.40%	13.96%
Private Pay	10.72%	9.78%
Respite Private Pay	0.00%	n/a
SBU Medicaid	8.97%	n/a
SBU Private Pay	0.33%	n/a
Other Insurances	0.68%	6.50%
Other forms not applicable to RRH	n/a	5.80%
<b>Overall Facility occupancy rate</b>	<b>92.91%</b>	<b>86.92%</b>



2022 RRH Rate	2017-2021 avg. National Rate
\$ 199.51	\$237.60
*\$ 486.81	\$558.80
\$ 280.00	\$295.00
\$ 170.00	variable
\$ 229.81	n/a
\$ 280.00	n/a
n/a	n/a
n/a	\$477.20



# Estimated Changes

## LOW

RRH Resident Payer Source	Number of residents /day by payer source	% of actual occupancy	Avg. Daily Reimb. Rate	Yearly Reimbursement
Medicaid Bed Days	124.22	68.25%	\$ 237.60	\$ 10,772,421.66
Medicare A	19.62	10.78%	\$ 558.80	\$ 4,001,652.86
Private Pay Days	19.51	10.72%	\$ 450.00	\$ 3,204,583.20
Respite Pay Days	0.00			\$ -
SBU Medicaid	18.66	10.25%	\$ 229.81	\$ 1,564,793.53
SBU Private	0.00			\$ -
Other Insurance	0.00			\$ -
<b>Total</b>	<b>182.00</b>			<b>\$ 19,543,451.24</b>
RRH Other Revenue (not adjusted from 2015-19)				\$7,259,802.80
		<b>Potential RRH Rev.</b>	<b>\$ 26,803,254.04</b>	
		Difference	\$ 6,921,806.50	
		Additional Offsets	\$ 3,401,192.00	
		<b>Difference + Offset</b>	<b>\$ 10,322,998.50</b>	

182 Daily Census =  
84.65% occupancy

## Still LOW but more realistic end result

RRH Resident Payer Source	Number of residents/day by payer source	% of actual occupancy	Avg. Daily Reimb. Rate	Yearly Reimbursement
Medicaid Bed Days	147.51	70.58%	\$ 237.60	\$ 12,792,848.03
Medicare A	20.06	9.60%	\$ 558.80	\$ 4,092,293.57
Private Pay Days	22.40	10.72%	\$ 450.00	\$ 3,679,988.40
Respite Pay Days	0.00			\$ -
SBU Medicaid	19.02	9.10%	\$ 229.81	\$ 1,595,326.08
SBU Private	0.00			\$ -
Other Insurance	0.00			\$ -
<b>Total</b>	<b>209.00</b>			<b>\$ 22,160,456.08</b>
RRH Other Revenue (not adjusted from 2015-19)				\$7,259,802.80
		<b>Potential RRH Rev.</b>	<b>\$ 29,420,258.88</b>	
		Difference	\$ 9,538,811.34	
		Additional Offsets	\$ 3,401,192.00	
		<b>Difference + Offset</b>	<b>\$ 12,940,003.34</b>	

209 Daily Census =  
97.21% occupancy

# Estimated 1<sup>st</sup> 5 years of a 30 year Bond Payment

	Max Price Assumption \$ 170,431,160.00	Max Price Assumption \$139,077,033	Difference in payment amount between the two max price assumption proposals
Year	Payment	Payment	Difference
2025	\$ 11,646,129.27	\$ 9,503,597.26	\$ 2,142,532.01
2026	\$ 11,447,292.91	\$ 9,341,340.72	\$ 2,105,952.20
2027	\$ 11,248,456.56	\$ 9,179,084.18	\$ 2,069,372.38
2028	\$ 11,049,620.21	\$ 9,016,827.64	\$ 2,032,792.57
2029	\$ 10,850,783.85	\$ 8,854,571.10	\$ 1,996,212.75
	And so on...	And so on...	

The Revenue and Offsets described do not account for other potential revenue.

These estimates are the conservative and basic approach, to demonstrate the ability to meet bond payments without increasing money to be raised by taxes, beyond inflation.

Low estimate of increased Revenue + Offsets  
\$10,322,998.50

Still Low, more realistic Revenue + Offsets  
\$12,940,003.34

# 2025 Estimated Operating Expenditures vs Estimated Revenue

	2015-2019 Average	2025 \$139M	2025 \$170M
Expenditures	\$ 25,274,194.50	\$ 42,464,569.68	\$ 44,607,101.70
Revenue	\$ 19,881,447.54	\$ 32,821,450.88	\$ 32,821,450.88
% of operating costs	ranged between 73-79%	77.29%	73.58%

# C&A

## Concerns & Answers

C: Won't you be competing with private nursing homes in the area?

A: NO! Finally comparable.

C: Why doesn't the County get out of the nursing home business and lease the land for a private nursing?

A: Increased costs to the individual, private homes are closing because they can't turn a profit, no where for residents to go when they close.

C: How can you increase the amount of residents you care for if you don't have staff?

A: Design a building with staffing efficiency near the top of your priority list.

C: Can't you do it for less?

A: Sure, but there is no built in expansion.

# Closing Remarks

Thank you!

Brianna Haskins-Belanger, RN, BSN

## Exhibit D to Delegation Meeting Minutes 12/5/2022

### Slide 1

Good Evening,

For those of you who don't know who I am. My name is Brianna Haskins-Belanger. I started working at Riverside Rest Home in 2009 as a licensed nursing assistant to be closer to my grandmother and to test the waters of nursing, before sinking 10s of thousands of dollars into school.

I entering nursing school in 2010 during a nursing shortage, in 2012 I received my nursing degree and quite frankly I couldn't find a job anywhere else, we were in a nursing surplus. The ebb and flow of the healthcare work force in our area, tends to follow a 10-year cycle. Many of my coworkers will tell you a similar story from a decade prior. The year prior to the pandemic we started to see this decline in our staffing, which was only exacerbated when schools shut their doors. As we near a year of schools being open, we have started to see an increase in applicants. I anticipate this will continue to rise in the upcoming years.

Over the past nearly 3 years, I've been trusted with the challenge to assist others by directing and coordinating the efforts of the COVID-19 response on this complex while pursuing licensure to become a Nursing Home Administrator myself.

But that's enough about me.

### Slide 2

Over the past 6 months, I have had the opportunity to sit back and listen to the questions, comments, and concerns regarding the Master Plan or more appropriately coined by Commissioner Maglaras, the 3 legged stool concept.

What you have been presented covers a multitude of information from the nursing home build, solar farm, repurposing of the current Riverside Rest Home building, affordable housing efforts, re-zoning of cities, goals to address homelessness, and opportunities to bring services to the aging population in their home.

The plan is wonderful and there is no doubt in my mind that with the years of experience, knowledge, track records, and established relationships that Commissioner Maglaras, Commissioner Watson, Commissioner Rollo, Administrator Bower, and Dr. Jennison all possess, these issues plaguing Strafford County can and will be addressed.

For the sole purpose of what I'm going to present to you tonight, I want you to put 2 of those legs aside, and only focus on the request to be able to bond up to the amount of the provided proposals to build a new nursing home. Yes, roughly 139 million or roughly 170 million are large numbers, the sticker shock alone can prompt people to say no, without truly understanding why this amount is needed, or how it will be paid for.

Many of you have heard about the deficits of the current building, such as: the lack of air conditioning, air exchange deficiencies, asbestos in the walls, the shared rooms, shared toilets, community shared showers and tubs, and how it can no longer serve the needs of the individuals entrusted in our care. I'm not going to talk about the structural deficits in detail. Tonight I'm going to discuss the services we can't provide and subsequently the reimbursement and revenue we are missing due to those structural deficits. I think most everyone here can agree Strafford County needs a new nursing home. If you don't, I happily invite you to come by so I can provide you a tour.

The key concerns I've heard throughout each meeting, workshop, letter to the editor, press release, and side conversation regarding this plan, is what is the 170 million dollars buying, who's paying for it and ultimately what will be the impact on the county tax payers. You've all been told this won't increase the county tax portion of the individuals in Strafford County, beyond inflation. You've been told by the Commissioners and Administrator Bower we will continue to be under the county tax cap. I'm here to explain how, if you approve the request, this will be possible; even if in the worst case scenario none of the other aspects of the plan work.

### **Slide 3**

Let's talk numbers.

Many of you will be familiar with this information, as it has been provided to you over the years, in budgets you have approved.

This slide breaks down the average occupancy, average percent of actual occupancy by payer source, average reimbursement rate, and average operating expenditures of Riverside Rest Home for the years 2015-2019.

I utilized these 5 years as a base comparison for my estimated projections of occupancy for 2025. If I were to include the pandemic years of 2020-2022 it would artificially inflate some of the revenues and significantly decrease actual occupancy numbers.

As you can see by the numbers in Red expenditures, and Green revenue. RRH alone has only generated in revenue roughly 73-79% of its overall operating costs.

Budgets you have seen, and approved, have provided greater explanation of offsetting overall county revenue.

The roughly 7.26 million dollars of revenue not itemized in this table consists of:

### **Slide 4**

- Miscellaneous Revenue
- Hospice House Revenue
- Meal agreements
- Electricity agreements
- Employee Health Care contributions
- PSP Reimbursement
- Provider Bed Tax
- And Medicare Part B Revenue.

Medicare Part B Revenue is important to point out, as this historically has only generated roughly \$300,000 a year at Riverside.

With a new building and the master plan, we have the potential to increase this revenue tenfold.

I don't want to estimate increased Medicare B revenue, my goal is to demonstrate a very conservative estimate of how we will be able to generate increased revenue by simply being able to provide the services that individuals in the community need, and other nursing homes in Strafford County, the state and across the nation provide and are compensated for daily.

### **Slide 5**

On this slide you will see the simplified break down of National Skilled Nursing Facility Occupancy and daily reimbursement rate averages compared to Riverside.

The National Information provided was compiled from the National Investment Center's (NIC) Annual Skilled Nursing Facility (SNF) Data Reports. NIC compares skilled nursing industry data sources to identify and report on SNF occupancy and financial trends with 12 month rolling averages.

I've taken into consideration some of the feedback from last week's meeting. I've utilized years 2017-2021 to show average reimbursement rates, as those have continued to increase yearly. I've also provided you with 2022 RRH specific rates.

I've continued to utilize occupancy rates from 2015-2019 as nationwide occupancy rates saw significant declines due to mandated Covid restrictions on admissions, placement in regards to quarantines, and work force declines.

The need for placement in nursing homes has not decreased with the pandemic, but the ability for facilities to admit individuals was burdened by significant restrictions. As we've previously discussed in this room, the aging population will continue to exceed the current availability for placement in facilities.

There is no doubt in my mind that by 2025 we will be seeing comparable, if not greater occupancy rates than we saw pre-pandemic.

The highlighted areas on this slide are huge driving factors in my confidence in the ability to generate increased revenue with a new building.

As you can see in this slide national Medicare part a, or skilled care, occupancy rates in nursing facilities is near 14%, this far exceeds our average of 0.4%

Medicare Part A is a variable reimbursement rate based on the services provided to the individual during the stay. The RRH Medicare Part A Rate here is an average of the reimbursement we received for the limited number of skilled patients we've served.

Why haven't we provided more skilled care? You ask.

We simply don't have the building to be able to provide the Skilled Care services that others can. This is why we've had residents that call riverside home, transferred to other facilities after a hospital stay to receive things such as IV antibiotics. Those facilities are reimbursed with federal Medicare A rates. Once they exhaust the benefit, they come back home to Riverside where we receive the Medicaid reimbursement rate. With the new building they would be able to return directly to Riverside where we could provide the services needed in the comfort of the place they already call home, subsequently allowing us to benefit from the Medicare A reimbursement that is currently going to other facilities.

It's not that we don't have qualified staff. We have skilled nurses, and unique to other nursing homes, we even have in house physical therapists and occupational therapists already on staff. We don't have the structure to provide the skilled nursing services required, therefore we don't have the equipment and subsequently we don't provide the training.

Without private rooms, without services on the units, we are missing a giant potential for Skilled Service Reimbursement.

Having private rooms in a new facility, we will be able to provide services such as:

- IV medications



- -drainage tube management and things that all become potential hazards to the patient and their roommate. The more tubes and lines someone needs the greater the risk of tripping, falls, ripping out.

We already provide many of these services at Hyder, where the rooms are private. Those patients are utilizing a Medicare benefit under hospice services, they don't qualify for the reimbursement I'm talking about.

We receive multiple calls a week for individuals seeking placement for short term rehab, but we can't meet their needs so they go elsewhere, or they are forced to stay in the already overcrowded hospitals.

Another aspect to consider is the deficits of semi-private rooms regarding Infection Control. This was brought to the foreground with Covid. Beyond Covid, we are seeing more communicable diseases and infections which require someone to have a private room.

Setting aside the transmission to others and the tireless attempts to mitigate the spread of Covid by shuffling people out of their rooms, the place that has become their home. We missed huge revenue potentials.

Some of you may be aware of the skilled waiver offered during Covid. This didn't require the 3-day qualifying hospital stay. But we couldn't take advantage of that reimbursement. We provided the care the resident needed, but we couldn't provide the isolation required to benefit from the skilled reimbursement. When your residents share a room with someone, a toilet with 3 others as well as a shower with 30-40 other people, it's not isolation.

You've heard about the aging population. But the population is also growing in size. The increase in the Bariatric population has forced us to turn away individuals, as we can't meet their needs. Are doorways don't accommodate wheel chairs for individuals over 500lbs, the size of the mechanical lifts required, can't fit in our rooms, especially when there is a roommate.

The list goes on of the services we can't provide in this building or with all semi-private rooms.

The 139-million-dollar proposal to lower the overall cost eliminating the expandability, also eliminates the opportunity to adjust and expand for services of the future; services and care we can't even think of today. As the acuity level increase so do the advancements in technology and equipment needed. With those continued advancements, the need to expand is inevitable. If it is not built in today, the cost will be exponentially more to expand in the future.

We have a building that isn't able to meet today's needs, never mind the needs of tomorrow. Let's not do that again with this project.

Now that I've shown you the side by side comparison of percent of occupancy by payer source, let me show you what that looks like for potential revenue if we could provide and bill for those services.

## **Slide 6**

These are conservative estimates on what I anticipate to see for daily occupancy rates and a lowball estimate of reimbursement rates in 2025. As pointed out in the workshop last week. My estimated reimbursement rates are wrong. I don't disagree. I don't want to provide you increased reimbursement rates as those are calculated and dependent on the overall acuity level and services provided to all residents in the facility. What I can do is provide you with rates I know today.

Here I've used 2017-2021 national averages with the exception of the private pay rate. NH private pay rates are already roughly 19% higher than the national average listed in the prior slides. Private Pay Rates in other NH County Nursing Homes are roughly \$330-350/day this year, with plans to be around \$380-410/day in 2023.

Our rate is \$280 and understandably so, how can you charge more money for a half a room, quarter of a toilet, and community shower or tub.

The preliminary Medicaid reimbursement rate in 2023 is already \$210/day for our facility.

These are LOW reimbursement rate and total revenue estimates.

The more specialized services we can provide the greater those rates will become.

Another aspect to consider is our Specialized Behavioral Unit. With NH's plans to close Glenciff, the only state sponsored nursing home, we are in a position to be able to expand our current 20 bed behavior unit. As you can see in this slide the reimbursement rate I've used, is today's SBU Medicaid reimbursement rate. As the standard Medicaid reimbursement rate for the facility increases, this will as well.

Using my low occupancy estimate on the left. This demonstrates that by increasing the skilled care services we provide, along with the roughly 3.4 million dollars in additional offsets we will see, which are comprised of the jail bond maturing in 2023, additional smaller bonds that will mature in 2025, and additional Medicaid capital reimbursement for the new building. We will be able to generate an increase in revenue to offset the cost of the estimated bond payment for the 139-million-dollar project.

Using the still low, but more realistic estimate to the right, you can see the increase in revenue would offset the estimated bond payment for the 170-million-dollar project.

Again, not considered here are the additional revenues we would be able to see with the:

- Increased reimbursement rates
- Increased specialized behavioral unit rate
- Offering Respite Stay's
- Payments from Other Insurances
- But most importantly Medicare Part B reimbursement.

## **Slide 7**

Here you can see the estimated difference between the two cost proposals you have heard for the nursing home project.

The first year payment on a 139-million-dollar project versus the 170-million-dollar project, is the difference of a mere roughly 2.1 million dollars. But with that difference, you eliminate the ability to easily expand and adjust to the needs of the times.

This slide shows the rough estimates of the first 5 years of a 30-year bond. I wanted to demonstrate how each year that bond payment decreases, thus increasing the revenue and offset totals.

## **Slide 8**

The estimated expenditures for 2025 were calculated using a 5.44% yearly increase, as this was the pre-pandemic average identified in the years used to calculate occupancy averages.

I do acknowledge that we are looking at record inflation. However, with record inflation there are significant efforts to review and adjust reimbursement rates both in the state and federally.

Yes, I agree 170 million does sound like a lot. But when you factor in a small portion of the services we will be able to provide, and receive reimbursement for, to generate increased revenue, this will keep us on target with what you have approved in budgets over the previous years 8 years. I'm hopeful that by showing the percentage of estimated revenue to estimated expenditures assists to illustrate how the nursing home project won't increase the tax cap.

### **Slide 9**

I'd like to take an opportunity to address some of the other concerns that have been raised.

C: Won't you be competing with private nursing homes in the area?

A: Simply No, we will finally be comparable. The demand for beds prior to the pandemic and during the pandemic have exceeded the abilities of the current facilities. As the population ages so will the demand on these facilities. Even with the expansion efforts for caring for the aging in their homes by bringing services to them. The need for 24-hour care is an inevitable truth for many people.

C: Why not get out of the nursing home business and lease the land for a private nursing home?

A: Extensive studies and ongoing discussions have occurred with NH legislature and the Department of Health and Human Services since 1970. Commissioner Maglaras has had an active role in those studies and discussions and would be able to provide you the multitude of reasons this is not right for the NH Counties. My simple understanding, county tax dollars and federal monies make up the Medicaid funds. NH manages those funds and allocates them appropriately. Regardless of the county operating a nursing home, county taxes will still be required to help fund the Medicaid reimbursement to those private facilities that do accept Medicaid. By operating the nursing home, not only do we provide the safety net for those in our community, we have the ability to recoup some of those dollars.

For those nursing homes that don't accept Medicaid, they give residents an eviction notice when the money is about to run out, regardless of their condition or ability to find another place to go. Those residents come to Riverside. Just in this past month an individual was kicked out of a facility during the final days of their life, a devastating event for the individual and their family. Sadly, this happens all too often.

Private homes are closing the doors because they can't turn a profit, this also increases the demand on county homes.

C: How can you increase the amount of residents you care for if you don't have staff?

A: You Design a building with staffing efficiency on your priority list of requirements.

As Administrator Bower and the Commissioners have demonstrated with the Current Nursing home budget. You budget for the residents you have the staff to not adequately, but sufficiently care for them and meet their needs.

I was asked to provide current staffing ratios and estimated staffing ratios for the nursing home. I can't provide that number in black and white. What I can tell you is we don't staff based on the

number of individuals, we staff based on the needs of the residents we have. This gives us the opportunity to move staff around to different units to meet the needs of the unit at any given time and we limit the residents if we can't meet the needs. This philosophy is how we continue to provide great care even when the building can't help us expand those service. This would be the case for a future build as well.

There have also been comments made to the effect of "writing a blank check for 170 million", This is an unfortunate ill guided representation of what is being asked of you. We can't explore the feasibility of alternative energy sources without paying for those studies. Anything built today will be more energy efficient than the current building. We can't provide definitive bond payment numbers without exploring the borrowing options in detail with a financial advisor. We can't go to a financial advisor without having a builder to provide building cost breakdowns and timelines. We can't get building cost breakdowns and timelines until we go to bid for construction. We can't go to bid for construction if we can't provide an agreement for the project. We can't provide the agreement for the project if we can't provide delegation approval for the ability to bond the project.

#### **Slide 10**

I know it has been mentioned throughout this presentation. But I want you to think toward the future and recognize the significant loss by eliminating the ability to expand. What you lose is:

- The potential for future beds
- The potential for leased space for community based services
- The potential for outpatient services or an older adult activity or recreation center.
- The potential to use or lease some of the space for a child care center, with lower rates for our employees. Not only would this allow individuals to work, this would allow for coordination with our residents to be able to participate in activities with children. Right now affordable child care is the reason behind why so many are forced to stay home negatively impacting the work force.

Most importantly the expandability offers the ability to adapt with the ever changing needs in the healthcare industry.

The building we have has adequately served Strafford County for nearly half a century, in the past 2 decades the increase in the level of care expected to be provided in nursing homes has surpassed the capability of the building.

The 170-million-dollar project with expandability demonstrates The Commissioners and Administrator Bower's ability to learn from what we have done, what we do, and that there is no limit to what we are capable of achieving. They have provided you with a forward thinking plan. As I hope to be a part of the future of Riverside, I believe it to be unwise to limit this build to something that meet today's demand, without any built in consideration for tomorrow.

To be honest I'm not a dreamer, I'm a realist and quite frankly I could provide you with the downside to every situation. I can't see the downside in the greater of the proposals you

have been given for the Nursing Home Build. But as a wise man once said, and another wise man continues to remind me, at least monthly, Trust but Verify.

The elected officials and the appointed leaders of Strafford County have demonstrated, time and time again over the past 3 plus decades. If you give them your trust, your kept informed and are able to verify throughout the process of any project. They are the first to stop any spending if something isn't going to pan out, but more often than not, they deliver and they deliver more than expected. They won't be here forever. With their combined 100+ years of experience leading this County, these are the individuals that you want in charge of a project and plan of this magnitude. A new nursing home would not only benefit those that need placement. In this plan it provides the base that will allow other entities in Strafford County to contribute, grow, and adapt their services to address all of the items identified in the 3 legged stool concept.

I know for many of you, this is information you didn't need. For others, I hope this information provided you a better understanding of the 1<sup>st</sup> leg, without this leg there is no stool.

Thank you all for your time and attention this evening.

December 05, 2022

Brianna Haskins-Belanger, RN, BSN

STRAFFORD COUNTY, NEW HAMPSHIRE

Authorization of Bonds by County Delegation

WHEREAS, Strafford County, New Hampshire (the "County") plans to construct a new 215 bed nursing home of approximately 231,000 square feet (the "Project") and seeks to issue general obligation bonds in the amount of \$150,000,000 (the "Bonds") to finance the Project; and

WHEREAS, the County Delegation (the "Delegation") has approved a supplemental appropriation for the Project in the amount of \$170,000,000; and

WHEREAS, pursuant to the provisions of RSA 28:24, after the Delegation has authorized the issuance of the Bonds, the interest rate, maturity and other terms and conditions of the Bonds will be approved by the County's Board of Commissioners (the "Commissioners") at a publicly noticed meeting after (i) hearing the results of a public sale of the Bonds, (ii) hearing the results of a bidding process for the purchase of the Bonds that will be managed for the County by an independent municipal advisor or (iii) voting to enter into a Loan Agreement with the New Hampshire Municipal Bond Bank.

NOW, THEREFORE, in consideration of the foregoing, it is hereby:

RESOLVED: that the Delegation hereby authorizes the issuance of the Bonds in the amount of One Hundred Fifty Million Dollars (\$150,000,000) for the purpose of financing the Project with such interest rates, maturities and other terms and conditions as may be determined by the Commissioners at a duly noticed public meeting; authorizes the Commissioners to apply for, obtain and accept federal, state or other aid, if any, which may be available for the Project, including but not limited to funding through the State of New Hampshire Governor's Office for Emergency Relief and Recovery ("GOFERR") County Nursing Home Infrastructure Program currently estimated to be available in the amount of Fifty Million Seventy-Five Thousand Dollars (\$50,075,000) in order to reduce the amount of the Bonds to be issued and to comply with all laws applicable to the Project; authorizes the Commissioners to issue, negotiate, sell and deliver the Bonds; and authorizes the Commissioners to take any other action or to pass any other vote relative thereto.

RESOLVED: that the County is hereby authorized to execute and deliver such documents and other materials and to take such other actions as may be required for the closing and delivery of the Bonds.

RESOLVED: that all actions heretofore taken in a manner consistent with the foregoing are hereby ratified and confirmed.

## EXHIBIT F

STRAFFORD COUNTY, NEW HAMPSHIRE

Authorization of Bonds by County Delegation

WHEREAS, Strafford County, New Hampshire (the "County") plans to contract for the planning and design of a new 215 bed nursing home of approximately 231,000 square feet (the "Project") and seeks to issue general obligation bonds in the amount of **\$6,261,184** (the "Bonds") to finance the Project; and

WHEREAS, the County Delegation (the "Delegation") has approved a supplemental appropriation for the Project in the amount of \$170,000,000; and

WHEREAS, pursuant to the provisions of RSA 28:24, after the Delegation has authorized the issuance of the Bonds, the interest rate, maturity and other terms and conditions of the Bonds will be approved by the County's Board of Commissioners (the "Commissioners") at a publicly noticed meeting after (i) hearing the results of a public sale of the Bonds, (ii) hearing the results of a bidding process for the purchase of the Bonds that will be managed for the County by an independent municipal advisor or (iii) voting to enter into a Loan Agreement with the New Hampshire Municipal Bond Bank.

NOW, THEREFORE, in consideration of the foregoing, it is hereby:

RESOLVED: that the Delegation hereby authorizes the issuance of the Bonds in the amount of Six Million, Two Hundred Sixty-One Thousand, One Hundred Eighty Four Dollars (**\$6,261,184**) for the purpose of financing the Project with such interest rates, maturities and other terms and conditions as may be determined by the Commissioners at a duly noticed public meeting; authorizes the Commissioners to apply for, obtain and accept federal, state or other aid, if any, which may be available for the Project, including but not limited to funding through the State of New Hampshire Governor's Office for Emergency Relief and Recovery ("GOFERR") County Nursing Home Infrastructure Program currently estimated to be available in the amount of Fifty Million Seventy-Five Thousand Dollars (\$50,075,000) in order to reduce the amount of the Bonds to be issued and to comply with all laws applicable to the Project; authorizes the Commissioners to issue, negotiate, sell and deliver the Bonds; and authorizes the Commissioners to take any other action or to pass any other vote relative thereto.

RESOLVED: that the County is hereby authorized to execute and deliver such documents and other materials and to take such other actions as may be required for the closing and delivery of the Bonds.

RESOLVED: that all actions heretofore taken in a manner consistent with the foregoing are hereby ratified and confirmed.