



Nicholas A. Toumpas Commissioner

José Thier Montero Director

STATE OF NEW HAMPSHIRE

DEPARTMENT OF HEALTH AND HUMAN SERVICES

29 HAZEN DRIVE, CONCORD, NH 03301-6527 603-271-4517 1-800-852-3345 Ext. 4517 Fax: 603-271-4519 TDD Access: 1-800-735-2964



March 29, 2013

Her Excellency, Governor Margaret Wood Hassan and the Honorable Council State House Concord, New Hampshire 03301

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division of Public Health Services, Bureau of Population Health and Community Services, Maternal and Child Health Section to exercise a contract renew and amend option with Child and Family Services of New Hampshire, Purchase Order #1020799, Vendor #177166-B002, 464 Chestnut Street, Manchester, New Hampshire 03105, by increasing the Price Limitation by \$377,652.00 from \$377,652.00 to \$755,304.00 to provide home visiting services to pregnant women in accordance with the Healthy Families America model, and extend the Completion Date from June 30, 2013 to June 30, 2015, effective July 1, 2013 or the date of Governor and Executive Council approval, whichever is later. This Agreement was originally approved by Governor and Executive Council on January 11, 2012 item #57. Funds are anticipated to be available in SFY 2014 and SFY 2015 upon the availability and continued appropriation of funds in the future operating budget, with authority to adjust amounts within the price limitation and amend the related terms of the contract without further approval from Governor and Executive Council.

05-95-90-902010-5896 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF POPULATION HEALTH AND COMMUNITY SERVICES, ACA HOME VISITING

Fiscal Year	Class/Object	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2012	102-500731	Contracts for Prog Svc	90004104	\$188,826	\$0	\$188,826
SFY 2013	102-500731	Contracts for Prog Svc	90004104	\$188,826	\$0	\$188,826
SFY 2014	102-500731	Contracts for Prog Svc	90004104	\$0	\$188,826	\$188,826
SFY 2015	102-500731	Contracts for Prog Svc	90004104	\$0	\$188,826	\$188,826
			Total	\$377,652	\$377,652	\$755,304

EXPLANATION

Funds in this agreement will be used to support home visiting services in the city of Manchester for families at risk for poor health outcomes and child maltreatment. This voluntary home visiting program will follow an evidence-based model and curriculum, proven through research to improve outcomes for health, reduce child maltreatment and improve family economic self-sufficiency. Home visitors provide support and education to families in their homes. Each family receives an assessment of their strengths and needs, and home-visiting

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services are provided in accordance with those individual assessments. Families and home visitors discuss prenatal health, child development, positive parenting practices, health and safety concerns, family planning and smoking cessation.

The City of Manchester was identified as an at risk community during the 2010 Home Visiting Needs Assessment. By targeting the delivery of Home Visiting New Hampshire – Healthy Families America in communities that were identified as having the highest risk population, the program will reduce differences in health outcomes. The following information concerning the city of Manchester was used to make this determination. Most of this data is from 2008, the most recent year for which data was available.

- Nearly 17% of children in Hillsborough County are Hispanic and/or non-white, compared to 11% statewide. The City of Manchester recorded 1572 live births in 2010.
- 45% of children live in single-parent families
- Infants born at Highest Risk: 9% (% of infants born to NH teens ages 14 19 who were unmarried and who had not completed high school at the time of their infant's birth; 3 yr average, 07-09)
- School Children with Limited English Proficiency (2009): *6.25% city; 2.5% county
- Child Poverty Rate: *20.2% in Manchester (birth-18)
- *40% of children eligible for free and reduced-priced lunch
- Low Birth Weight Infants: 67.6 per 1,000 (LBW< 5.5 lbs)
- Court-Involved Youth ages 7-17: 10.9 (cases/1,000; 3-year average)
- 1.6% of students are homeless
- Juvenile Arrests for Serious Crimes: 107 per 10,000 youth (ages 10-16)
- 10.2% of live births were premature
- 1.5 cases of sexual assault per 1,000

Should Governor and Executive Council not authorize this Request, families will not receive home visiting services that have been shown to improve conditions for young families leading to healthy and productive communities. In addition, New Hampshire will not fulfill its requirement to provide services as outlined in federal legislation.

Child and Family Services of New Hampshire was selected for this project through a competitive bid process. The Request for Proposals was posted on the Department of Health and Human Services web site on June 30, 2011 soliciting proposals from the following geographic areas: Carroll County, Coos County, the city of Manchester, Stafford County and Sullivan County. In addition, emails were sent to community agencies and various listservs, which provided broad distribution throughout the state.

Six proposals were received, in response to the Request for Proposals to provide Home Visiting New Hampshire-Healthy Families America services in five geographic areas. A committee of seven reviewers evaluated the proposals, including four Department of Health and Human Services personnel and three external reviewers. Each reviewer had between two and seventeen years experience providing direct services in the community and/or managing programs that serve children and families. Areas of specific expertise include Maternal and Child Health; Law; Injury Prevention; Child Abuse Prevention; and Women, Infants and Children Nutrition. Proposals were scored taking an average of all reviewers' scores. Reviewers recommended funding four proposals, including the proposal from Child and Family Services of New Hampshire to serve the city of Manchester. Two proposals scored poorly and were not recommended for funding. As a result, the Request for Proposals has been released again to provide these services in Strafford County. The Request for Proposals scoring summary is attached.

As referenced in the original letter approved by Governor and Executive Council on January 11, 2012, item #57, and in the Request for Proposal, Renewals Section, this competitively procured Agreement has the

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option to renew for two (2) additional years, contingent upon satisfactory delivery of services, available funding, agreement of the parties and approval of the Governor and Executive Council. The Division is exercising this renewal option. These services were contracted previously with this agency in SFY 2012 and SFY 2013 in the amount of \$377,652. This represents level funding.

As with any start up program, it's difficult for new agencies to meet all targets in the first year of seeing families. This agency didn't meet all targets in SFY 2012. However, Child and Family Services of New Hampshire is on track to reach these targets in SFY 2013, and become a nationally accredited Healthy Families America program in year 3, as required in the scope of this agreement.

The following performance measures will be used to measure the effectiveness of the agreement.

Performance Measure #1: 100% of women enrolled in Home Visiting New Hampshire -

Healthy Families America will receive at least one Edinburgh Post Natal Depression Scale screening between six and eight weeks after

giving birth.

Performance Measure #2: 100% percent of families will receive a Healthy Homes One-Touch

assessment by the birth of their child.

Performance Measure #3: 100% of children will receive further evaluation after scoring below

the "cutoff" on the Ages & Stages Questionnaire, 3rd ed., which is a

developmental screening tool.

Area served: City of Manchester.

Source of Funds: Source of Funds is 100% Federal Funds from United States Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau.

In the event that the Federal Funds become no longer available, General Funds will not be requested to support this program.

Respectfully submitted,

José Thier Montero, MD

Director

Approved by:

Nicholas A. Toumpas

Commissioner

JTM/DDT/sc

Program Name Contract Purpose RFP Score Summary

Home Visiting NH - Health Families America To provide home visiting services with fidelity to the HFA Model to families in identified at-risk communities.

		Benavioral				I he HUB			
		Health and				Family			
		Developmental	The Family		Central New	Support Center Child and	Child and		
		Services of	Resource		Hampshire	- (Healthy	Family		
		Strafford	Center at	Good Beginnings	VNA &	Universal	Services, 464		
		County, 113	Gorham, 123	of Sullivan	Hospice, 780	Beginnings),	Chestnut		
		Crosby Road	Main Street,	County, 169 Main North Main			Street,		
		Suite 1, Dover,	Gorham, NH	Street, Claremont, Street, Laconia, Street, Dover, Manchester,	Street, Laconia,	Street, Dover,		Bidder Name, Bidder Name,	Bidder Name,
RFA/RFP CRITERIA	Max Pts	NH 03820	03581	NH 03743	NH 03246	NH 03820	NH 03105	Town, St	Town, St
Agy Capacity	30	20.00	30.00	26.00	21.00	21.00	25.00	00.0	00.0
Program Structure	20	34.00	49.00	46.00	39.00	32.00	43.00	0.00	00.0
Budget & Justification	15	7.00	14.00	14.00	11.00	11.00	13.00	00.0	00'0
Format	5	4.00	4.00	4.00	5.00	4.00	4.00	00.00	00.00
Total	100	65.00	97.00	00'06	76.00	00.89	85.00	0.00	00.0

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	175,320.00	175,320.00		350,640.00		\$188,826.00	\$188,826.00	\$0.00	\$377,652.00
	143,098.00	143,098.00		286,196.00		•			'
	64,286.00	64,286.00		128,572.00		\$70,956.00	\$70,956.00	\$0.00	\$141,912.00
	78,403.00	78,403.00		156,806.00		\$85,690.00	\$85,690.00	\$0.00	\$171,380.00
	71,344.00	71,344.00		142,688.00		\$78,323.00	\$78,323.00	\$0.00	\$156,646.00
	143,098.00	143,098.00		286,196.00		-	•	•	•
BUDGET REQUEST	Year 01	Year 02	Year 03	TOTAL BUDGET REQUEST	BUDGET AWARDED	Year 01	Year 02	Year 03	TOTAL BUDGET AWARDED

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Name	Job Title	Dept/Agency	Qualifications
1 Anna Thomas	Deputy Public Health Director	Manchester Health Dept	The reviewers have between two and seventeen years
2 Lissa Sirois	Breastfeeding Promotion Coord.	DHHS/DPHS/WIC	of experience in public health and/or family support
3 Rhonda Siegel	IP Program Manager	DHHS/DPHS/MCH	programs. Areas of expertise include Maternal and
4 Laura Milliken	Director	Early Childhood Adv.Council	Child Health; Injury Frevention; Women, Infants and Children Nutrition: Child Abuse Prevention and
S Kim Firth	Program Director	Endowment for Health	Law.
6 Andrea Goldberg	Prevention & Community Support Spec DHHS/DCYF	DHHS/DCYF	
7 Jessica Locke	Credentialling Specialist	DHHS/DCYF/CDB	

EXERCISE OF OPTION TO RENEW AND AMEND ONE

This Agreement (hereinafter called the "Renew and Amend One") dated this 22 day of January, 2013 by and between the State of New Hampshire acting by and through its Division of Public Health Services of the Department of Health and Human Services, (hereinafter referred to as the "Division") and the Child and Family Services of New Hampshire, Purchase Order Number 1020799, a corporation organized under the laws of the State of New Hampshire, with a place of business at 464 Chestnut Street, Manchester, New Hampshire 03105 (hereinafter referred to as the "Contractor").

WHEREAS, pursuant to an agreement (hereinafter called the "Agreement") dated January 11, 2012, Item #57, the Contractor agreed to perform certain services upon the terms and conditions specified in the Agreement and in consideration of payment by the Division of certain sums as specified therein;

WHEREAS, pursuant to the provision of Exhibit C, #17 of the Agreement, the Agreement may be renewed for a period of two additional years, pending availability of funding, the agreement of the parties, and approval by Governor and Council;

WHEREAS, pursuant to the provision of Section 18 of the Agreement, the Agreement may be modified or amended only by a written instrument executed by the parties thereto and only after approval of such modification or amendment by the Governor and Council;

WHEREAS, the Provider and the Division have agreed to Exercise the Option to Renew and Amend the Agreement in certain respects;

NOW THEREFORE, in consideration of the foregoing, and the covenants and conditions contained in the Agreement and set forth herein, the parties hereto do hereby agree as follows:

Contractor Initials: MU

Date: 1/22/13

Page 1 of 11

1. Exercise Of Option To Renew and Amend For Two Additional Years:

The Agreement is hereby amended as follows:

Amend Section 1.7 of the General Provisions by extending the completion date to June 30, 2015.

Amend Section 1.8 of the General Provisions by increasing the Price Limitation by \$377,652 from \$377,652 to \$755,304.

Exhibit A – Scope of Services

The attached Exhibit A-1 revokes and replaces the original Exhibit A.

Exhibit B – Contract Price

Exhibit B of the Agreement, including any amendments thereto, is hereby amended as follows:

The contract price shall increase by \$188,826 for SFY 2014 and \$188,826 for SFY 2015. The contract shall total \$755,304 for the contract term.

Funding in the amount of \$377,652 is available from 010-090-5896-102-500731, 100% Federal Funds from the US Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau, CFDA #93.505.

2. Effective Date of Renew and Amend:

This Renew and Amend shall take effect on July 1, 2013 or the date of Governor and Council approval, whichever is later.

3. Continuance of Renewal Agreement:

Except as specifically amended and modified by the terms and conditions of this Renew and Amend, the Agreement and the obligations of the parties hereunder, shall remain in full force and effect in accordance with the terms and conditions set forth therein.

Contractor Initials:

Date: 1/22/13

IN WITNESS WHEREOF, the parties have hereunto set their hands as of the day and year first above written.

STATE OF NEW HAMPSHIRE Division of Public Health Services

Lisa L. Buino, APR

Bureau Chief

By: Marilyn Mahoney, Chair, Board of Trustees
Name and Title of Contractor Signator

Child and Family Services of New Hampshire

STATE OF <u>NEW HAMPSHIRE</u> COUNTY OF <u>HILLSBOROUGH</u>

On this the <u>22nd</u> day of <u>Jan</u>	uary 2013, before me,Elizabeth A. Allen,
	(name of notary)
the undersigned officer, Marilyn Mahor	personally appeared who acknowledged him/herself
(contract signs	ntory)
to be the Chair, Board of Trustees	of the Child and Family Services of NH ,
(signatory's title)	(legal name of agency)
a corporation, and that he/she, as such	<u>Chair, Board of Trustees</u> , being authorized so to do,
	(signatory's title)
executed the foregoing instrument for the	e purposes therein contained, by signing the name of the
corporation by him/herself as _Chair, Bo	ard of Trustees of the Child and Family Services of NH. (legal name of agency)
In witness whereof I hereunto se	
in withess whereof i hereunte se	t my hand and official seal.
My Commission expires: Approved as to form, ex	Notary Public/Justice of the Peace
	OFFICE OF THE ATTORNEY GENERAL
	OFFICE OF THE ATTORNET GENERAL
	VIA 1 PAUDO L
	Jerry Horn
	By: Jeanne P. Herrich
	By: Jeane P. Herrick. Assistant Attorney General.
	Date: 17 April 2013
, ,	ng contract was approved by the Governor and Council of the State of
New Hampshire at the Meeting on:	·
	OFFICE OF THE SECRETARY OF STATE
	Ву:
	Title:
	Tiuo.

NH Department of Health and Human Services

Exhibit A-1 **Scope of Services**

Home Visiting New Hampshire - Healthy Families America

CONTRACT PERIOD: July 1, 2013 or date of G&C approval, whichever is later, through June 30, 2015

CONTRACTOR NAME: Child and Family Services of New Hampshire

ADDRESS: 464 Chestnut Street

Manchester, New Hampshire 03105

Program Director: JoAnn Cobb **TELEPHONE: 603-518-4000**

The Contractor shall:

I. **General Provisions**

Eligibility and Income Determination A.

- 1. The Contractor shall provide home visiting services to pregnant and parenting women with children up to age three according to the priorities described in the Healthy Families America Home Visiting Model.
- 2. Priority shall be given to participants who:
 - Are first time mothers:
 - Have low incomes:
 - Are pregnant women who have not attained age 21;
 - Have a history of child abuse or neglect or have had interactions with child welfare services:
 - Have a history of substance abuse or need substance abuse treatment;

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- Are users of tobacco products in the home;
- Have, or have children with, low student achievement;
- Have children with developmental delays or disabilities;
- Are in families that include individuals who are serving or have formerly served in the armed forces, including such families that have members of the armed forces who have had multiple deployments outside of the United States.
- The Contractor shall provide documentation of income determination and need to inform clients of Medicaid and/or to assist with applications.
- 4. The Contractor shall bill all other payers including private insurance and Medicaid for all reimbursable services rendered.

Contractor Initials: Date: 1/22/12

В. Numbers Served

Services are to be provided to a minimum number of individuals, as outlined in the table below, throughout the contract term.

Area to be served:	Minimum
Carroll County	15
Coos County	17
Manchester, City of	46
Strafford County	37
Sullivan County	19

C. Culturally and Linguistically Appropriate Standards of Care

The Department of Health and Human Services (DHHS) recognizes that culture and language have considerable impact on how consumers access and respond to public health services. Culturally and linguistically diverse populations experience barriers in efforts to access health services. To ensure equal access to quality health services, the Division of Public Health Services (DPHS) expects that Contractors shall provide culturally and linguistically appropriate services according to the following guidelines:

- Assess the ethnic/cultural needs, resources and assets of their community.
- Promote the knowledge and skills necessary for staff to work effectively with consumers with respect to their culturally and linguistically diverse environment.
- When feasible and appropriate, provide clients of limited English proficiency (LEP) with interpretation services. Persons of LEP are defined as those who do not speak English as their primary language and whose skills in listening to, speaking, or reading English are such that they are unable to adequately understand and participate in the care or in the services provided to them without language assistance.
- 4. Offer consumers a forum through which clients have the opportunity to provide feedback to providers and organizations regarding cultural and linguistic issues that may deserve response.
- 5. The Contractor shall maintain a program policy that sets forth compliance with Title VI, Language Efficiency and Proficiency. The policy shall describe the way in which the items listed above were addressed and shall indicate the circumstances in which interpretation services are provided and the method of providing service (e.g. trained interpreter, staff person who speaks the language of the client or language line).

D. State and Federal Laws

The Contractor is responsible for compliance with all relevant state and federal laws. Special attention is called to the following statutory responsibilities:

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Contractor Initials:

Date: 1/22/13

- 1. The Contractor shall report all cases of communicable diseases according to New Hampshire RSA 141-C and He-P 30, effective 01/05.
- Persons employed by the Contractor shall comply with the reporting requirements of New Hampshire RSA 169:C, Child Protection Act; RSA 161:F46, Protective Services to Adults and RSA 631:6, Assault and Related Offenses.

E. Relevant Policies and Guidelines

- 1. The contractor shall maintain the confidentiality of public assistance clients and use the information only for program administration purposes.
 - a) All staff must understand that the receipt of this information is confidential and cannot be disclosed except in direct administration of the program.
 - All staff must adhere to the Division of Family Assistance confidentiality policy in the General Manual and sign a statement saying that they agree to uphold the confidentiality standards. Failure to maintain confidentiality shall result in disciplinary actions.
- 2. Receipt of public assistance and other confidential information may be shared as a part of the medical record only with the properly signed release of information from the client.

F. **Publications Funded Under Contract**

- The DHHS and/or its funders will retain COPYRIGHT ownership for any and all original materials produced with DHHS contract funding, including, but not limited to, brochures, resource directories, protocols or guidelines, posters, or reports.
- All documents (written, video, audio) produced, reproduced or purchased under the contract shall have prior approval from DPHS before printing, production, distribution, or use.
- The Contractor shall credit DHHS on all materials produced under this contract following the instructions outlined in Exhibit C-1 (5).

G. **Subcontractors**

If services required to comply with this Exhibit are provided by a subcontracted agency or provider, the DPHS, Maternal and Child Health Section (MCHS) must be notified in writing prior to initiation of the subcontract. In addition, subcontractors must be held responsible to fulfill all relevant requirements included in this Exhibit.

II. Minimal Standards of Core Services

Service Requirements A.

1. Implement Healthy Families America home visiting model with fidelity using the 12 Critical Elements:

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- Service Initiation
 - i. Initiate services prenatally.
 - ii. Use the standardized screening tool and the Parent Survey, to systematically identify families who are most in need of services.

Contractor Initials:

Date: //aa//8

iii. Offer services voluntarily and use positive outreach efforts to build family trust.

b. Service Content

- i. Offer services to participating families until the child's third birthday, using welldefined criteria for increasing or decreasing frequency of services.
- ii. Services should be culturally competent; materials used should reflect the diversity of the population served.
- iii. Services are comprehensive, focusing on supporting the parent as well as supporting parent-child interaction and child development.
- iv. All families should be linked to a medical provider; they may also be linked to additional services.
- v. Staff members should have limited caseloads. The Healthy Families America national office requires that "one home visitor (FSW) serve no more than 15 families receiving weekly visits or 25 families receiving less frequent visits. In some instances, the caseload may need to be reduced to accommodate families with multiple needs or to accommodate communities in which there are long distances between home visits."

Staff Characteristics

- i. Service providers are selected based on their ability to establish a trusting relationship.
- ii. All service providers should receive basic training in areas such as cultural competency, substance abuse, reporting child abuse, domestic violence, drugexposed infants, and services in their community.
- iii. Service providers should receive thorough training specific to their role to understand the essential components of family assessment and home visitation.
- 2. HVNH-HFA will include home visits by nurses as an enhancement to the HFA Model. The schedule of visits should adhere closely to the following:
 - a. In the prenatal period: three nurse visits at home or office, or a minimum of one nurse visit during each trimester in which a woman is enrolled.
 - b. A minimum of one postpartum/newborn home visit by nurse, APRN, physician offered to all families.
 - c. A minimum of 3, maximum of 10 nurse visits per year for the child.
- 3. Contractors considering clinical or sociological research using clients as subjects must adhere to the legal requirements governing human subjects' research. Contractors must inform the DPHS, MCHS prior to initiating any research related to this contract.

Staffing Provisions В.

1. New Hires

The Contractor shall notify the MCHS in writing within one month of hire when a new administrator or coordinator or any staff person essential to carrying out this scope of services is hired to work in the program. A resume of the employee shall accompany this notification.

2. Vacancies

The Contractor must notify the MCHS in writing if the executive director or program coordinator position is vacant for more than three months. This may be done through a

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Contractor Initials: M/M
Date: //83//3

budget revision. In addition, the MCHS must be notified in writing if at any time any site funded under this agreement does not have adequate staffing to perform all required services for more than one month.

3. Staff employed or subcontracted by the contractor shall meet the following qualifications:

The HFA Critical Elements state that direct service staff should not be hired based on their formal education alone. Service providers should be selected because of their personal characteristics (i.e., a non-judgmental attitude, compassion, the ability to establish a trusting relationship, etc.), their willingness to work in or experience working with culturally diverse communities and their skills to do the job.

- a. Family Assessment Workers and Family Support Workers/Home Visitors shall:
 - i. Have a high school diploma or general equivalency diploma
 - ii. Have 2 years' experience working with families in a health care support capacity
 - iii. Work in coordination with a licensed multidisciplinary team, including but not limited to Registered Nurses (RN's), APRNs, licensed clinical social workers (LCSW), licensed marriage and family therapists, and/or other licensed health care professionals.

b. Nurses shall have:

- i. A current license to practice as a registered nurse in accordance with RSA 326-B.
- ii. A minimum of 2 years of experience in maternal and child health nursing.

c. Nutritionists shall have:

- i. A bachelor's degree in foods and nutrition or home economics, or a master's degree in nutrition, nutrition education, or nutrition in public health or current Registered Dietitian status in accordance with the Commission on Dietetic Registration of the American Dietetic Association.
- ii. Individuals who perform functions similar to a nutritionist but do not meet the above qualifications shall not use the title of nutritionist.

d. Social workers shall have:

- i. A bachelor's degree in social work or a master's or bachelor's degree in a related social science or human behavior field, or master's degree in social work (MSW).
- ii. A minimum of 2 years experience working with children or families in a support or counseling capacity.
- iii. Individuals who perform social work functions similar to a social worker but do not meet the above qualifications shall not use the title of social worker.
- 4. Home visitors shall be supervised by a nurse, social worker or other professional with relevant experience with approval from the Division of Public Health Services, and meet with their supervisor individually for no less than 1 hour per week for FTE home visitors. Group meetings with other home visitors to share information and coordinate services are required no less than every two weeks.

All direct service personnel (FSW, FAW, Supervisor) involved in the HFA Program (both paid and in-kind) must attend the HFA CORE training provided by a nationally certified HFA trainer. The required initial training for both a Family Support Worker and a Family Assessment Worker is 4 days. The Supervisor must attend both the Family Support Worker

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Contractor Initials: M./ M. Date: 1/23/12

and Family Assessment Worker training and attend the fifth day, which is for supervisors only (a total of 10 days of training).

C. **Coordination of Services**

- The contractor shall coordinate, where possible, with other service providers within the contractor's community. At a minimum, such collaboration shall include interagency referrals and coordination of care.
- 2. Agencies that deliver services in a community or communities that are part of a Public Health Network (PHN) region should be active participants in the PHN. As appropriate, agencies should participate in community needs assessments, public health performance assessments, and the development of regional public health improvement plans. Agencies should also engage PHN staff as appropriate to enhance the implementation of community-based public health prevention initiatives being implemented by the agency.

D. **Meetings and Trainings**

The Contractor will be responsible to send staff to meetings and training required by the MCHS program, including but not limited to: MCH Coordinators Meetings, Home Visiting Quarterly Meetings, Healthy Families America Core Trainings, and Data System trainings.

П. Quality or Performance Improvement (QI/PI)

A. Workplans

- 1. Performance Workplans are required annually for this program and are used to monitor achievement of standard measures of performance of the services provided under this contract. The workplans are a key component of the MCHS performance- based contracting system and of this contract.
- 2. The Contractor shall incorporate required and developmental performance measures, defined by the MCHS into the agency's QI/PI plan. Reports on Workplan Progress/Outcomes shall detail the OI/PI plans and activities that monitor and evaluate the agency's progress toward performance measure targets.
- 3. The Contractor shall comply with minor modifications and/or additions to the workplan and annual report format as requested by the MCHS. The MCHS will provide the Contractor with advance notice of such changes and the Contractor is not expected to incur any substantial costs relative to such changes.

В. **Data and Reporting Requirements**

In addition to Performance Workplans, the Contractor shall submit to the MCHS the following data used to monitor program performance:

1. Workplans and Workplan Outcome reports according to the schedule and instructions provided by the MCHS. The MCHS shall notify the Contractor at least 30 days in advance of any changes in the submission schedule.

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Contractor Initials:
Date: 1/24/14

- 2. The data required for the federal Maternal, Infant & Early Childhood Home Visiting Program benchmark reporting, reported in the Home Visiting Data System.
- 3. In years when contracts or amendments are not required, the DPHS Budget Form, Budget Justification, Sources of Revenue and Program Staff List forms must be completed according to the relevant instructions and submitted as requested by DPHS and, at minimum, by April 30 of each year.
- 4. The Sources of Revenue report must be resubmitted at any point when changes in revenue threaten the ability of the agency to carry out the planned program.
- The Contractor shall collaborate with the Divisions of Public Health Services and Family
 Assistance to collect client and program data and information for the purpose of program
 evaluation.
- 6. The Contractor shall, for purposes of program evaluation and federal reporting, enter personally identifiable health data, for all clients served under this contract, into the Home Visiting Data System. Contractors shall be responsible for obtaining any authorizations for release of information from the clients that is necessary to comply with federal and state laws and regulations. All forms developed for authorization for release of information must be approved by DPHS prior to their use.

C. On-Site Reviews

- The Contractor shall allow a team or person authorized by the MCHS to periodically review
 the Contractor's systems of governance, administration, data collection and submission,
 clinical, and financial management in order to assure systems are adequate to provide the
 contracted services.
- 2. Reviews shall include client record reviews to measure compliance with this Exhibit.
- 3. The Contractor shall make corrective actions as advised by the review team if contracted services are not found to be provided in accordance with this Exhibit.
- 4. On-Site reviews may be waived or abbreviated at the discretion of the MCHS, upon submission of satisfactory reports of reviews such as Primary Care Effectiveness Reviews (PCER), or reviews from nationally accreditation organizations such as the Joint Commission for the Accreditation of Health Care Organizations (JCAHO), Medicare, or the Community Health Accreditation Program (CHAP). Abbreviated reviews will focus on any deficiencies found in previous reviews, issues of compliance with this Exhibit, and actions to strengthen performance as outlined in the agency Performance Workplan.

Contractor Initials:

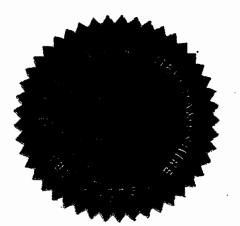
Date:

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State of New Hampshire Department of State

CERTIFICATE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that CHILD AND FAMILY SERVICES OF NEW HAMPSHIRE is a New Hampshire nonprofit corporation formed September 25, 1914. I further certify that it is in good standing as far as this office is concerned, having filed the return(s) and paid the fees required by law.



In TESTIMONY WHEREOF, I hereto set my hand and cause to be affixed the Seal of the State of New Hampshire, this 2nd day of April A.D. 2013

William M. Gardner Secretary of State

CERTIFICATE OF VOTE

I, Michael R. Ostrowski, of Child and Family Services of NH,
do hereby certify that:
1. I am the duly elected <u>Assistant Secretary</u> of the <u>Child and Family Services</u> of NH;
2. The following are true copies of two resolutions duly adopted at a meeting of the Board of Directors of the corporation duly held on <u>December 4</u> , 2012;
RESOLVED: That this corporation may enter into any and all contracts, amendments, renewals, revisions or modifications thereto, with the State of New Hamshire, acting through its Department of Health and Human Services.
RESOLVED: That the <u>Chair, Board of Trustees</u> is hereby authorized on behalf of this corporation to enter into said contract with the State and to execute any and all documents, agreements, and other instruments; and any amendments, revisions, or modifications thereto, as he/she may deem necessary, desirable, or appropriate. <u>Marilyn Mahoney</u> is the duly elected <u>Chair, Board of Trustees</u> of the corporation.
3. The foregoing resolutions have not been amended or revoked and remain in full force and effect as of <u>January 22</u> 2013.
IN WITNESS WHEREOF, I have hereunto set my hand as the <u>Assistant Secretary</u> of the corporation this <u>22nd</u> day of <u>January</u> , 2013 .
STATE OF NEW HAMPSHIRE COUNTY OF HILLSBOROUGH Michael R. Ostrowski, Assistant Secretary
(CORPORATE SEAL)



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 4/4/2013

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(les) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER CONTACT Linda Dacey	
FIAI/Cross Insurance PHONE (A/C, No. Ext): (603) 669-3218 FAX (A/C, No. Ext): (603)	645-4331
1100 Elm Street E-MAIL ADDRESS: ldacey@crossagency.com	
INSURERIS) AFFORDING COVERAGE	NAIC #
Manchester NH 03101 INSURER A Philadelphia Ins Co	
INSURER B QBE Insurance Corp	39217
Child & Family Services of New Hampshire INSURERC: Travelers Ins. Co.	
Po Box 448	
INSURER E :	
Manchester NH 03105 INSURERF:	

COVERAGES CERTIFICATE NUMBER: 12-13 Pkg, BA, Prof & Umb REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER	POLICY EFF (MWDD/YYYY)	POLICY EXP	LIMITS
Ą	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR			РНРК879641	7/1/2012	7/1/2013	EACH OCCURRENCE 1,000,000
	GENTL AGGREGATE LIMIT APPLIES PER: X POLICY PRO- JECT LOC						PRODUCTS - COMPIOP AGG \$ 2,000,000
A	AUTOMOBILE LIABILITY X ANY AUTO ALL OWNED AUTOS X HIRED AUTOS X AUTOS X AUTOS X AUTOS			PHPK879641	7/1/2012	7/1/2013	COMBINED SINGLE LIMIT \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY (Per accident) \$ PROPERTY (Per accident) \$ Drive other car \$ 1,000,000
A	WINDERLA LIAB OCCUR X EXCESS LIAB CLAIMS-MADE DED X RETENTION \$ 10,000			РНUВ385665	7/1/2012	7/1/2013	EACH CCCURRENCE \$ 4,000,000 AGGREGATE \$ 4,000,000
В	WORKERS COMPENSATION AND EMPLOYERS' LABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	NIA		QWC4001064 (3a.) NH All officers included	4/4/2013	4/4/2014	X WC STATU- OTH-
C A	Fidelity & Forgery Professional Liability			104895803 PHPK879641	1	4/1/2015 7/1/2013	Limit: \$200,000 Aggregate \$2,000,000

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES (Attach ACORD 101, Additional Remarks Schedule, W more space is required)
DHHS: State of NH, Division for Children, Youth & Families are listed as additional insureds with respects to the CGL as per written contract.

CERTIFICATE HOLDER		CANCELLATION	
(603) 271-4729 DHHS: State of	John.H.Harrington@dhhs.sta NH ion for Children, Youth		ESCRIBED POLICIES BE CANCELLED BEFORE REOF, NOTICE WILL BE DELIVERED IN Y PROVISIONS.
& Families	ion for children, roddi	AUTHORIZED REPRESENTATIVE	
129 Pleasant S			
Concord, NH 0		Don Lefebvre/JSC	Donald R. Lefebore

ACORD 25 (2010/05)

INS025 (201005) 01

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FINANCIAL STATEMENTS

DECEMBER 31, 2012

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HESSION & PARE, RC.

CERTIFIED PUBLIC ACCOUNTANTS

62 Stark Street, Manchester, New Hampshire 03101 603-669-5477 FAX 603-669-0197

INDEPENDENT AUDITORS' REPORT

To the Board of Trustees Child and Family Services of New Hampshire Manchester, New Hampshire

Report on the Financial Statements

We have audited the accompanying consolidated statements of Child and Family Services of New Hampshire (a nonprofit organization), which comprise the statement of financial position as of December 31, 2012 and 2011, and the related statements of activities, functional expenses and cash flows for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audits in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in Government Auditing Standards, issued by the Comptroller General of the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

The Board of Trustees
Child and Family Services of New Hampshire

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of Child and Family Services of New Hampshire as of December 31, 2012 and 2011, and the changes in its net assets and its cash flows for the years then ended in conformity with accounting principles generally accepted in the United States of America.

Other Reporting Required by Government Auditing Standards

In accordance with Government Auditing Standards, we have also issued our report dated March 20, 2013, on our consideration of Child and Family Services of New Hampshire's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with Government Auditing Standards in considering Child and Family Services of New Hampshire's internal control over financial reporting and compliance.

March 20, 2013

HESSION PARK, P.C.

STATEMENTS OF FINANCIAL POSITION

As of December 31, 2012 and 2011

ASSETS

2011 465 \$ 203,538 000 25,000 727 980,874 377 62,226 843 42,372 000 - 855 1,646,126 090 7,602,229 171 14,095,239
000 25,000 727 980,874 377 62,226 843 42,372 000 - 855 1,646,126 090 7,602,229
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171 14,095,239
\$ 24,657,604
- \$ 124,535
627 109,592
070 267,080
289 259,032
487 2,612
953 1,660,401
5,552,679
7,975,931
326 (16,618)
920 11,391,434
851 2,619,139
2,687,718
16,681,673
528 \$ 24,657,604

STATEMENT OF ACTIVITIES

	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
Public support and revenue	Omestricted	Restricted	Kestricted	<u>Total</u>
Public support				
Government and other grants and fees	\$ 8,236,067	\$ -	\$ -	\$ 8,236,067
Contributions	267,930		159,275	427,205
Foundations and trusts	602,049	_	-	602,049
United Way	304,996	_	-	304,996
Special events (net of direct costs of \$103,656)	198,954	-	-	198,954
Net assets released from restriction for	,			
operating activities	276,688	(252,288)	(24,400)	-
Total public support	9,886,684	(252,288)	134,875	9,769,271
		• • •		
Revenue				
Program service fees	1,823,706	-	• -	1,823,706
Endowment transfer to support operations	856,719	-	-	856,719
In-kind donations	147,429	-	-	147,429
Rents	15,207	-	-	15,207
Income from HEFA trust	8,410	-	-	8,410
Total other revenue	2,851,471			2,851,471
Total public support and revenue	12,738,155	(252,288)	134,875	12,620,742
Expenses				
Program services				
Family counseling	1,047,925	-	-	1,047,925
Teen and youth	1,900,608		-	1,900,608
Child abuse treatment	1,984,898		-	1,984,898
Child abuse prevention and family strengthening	3,270,527		-	3,270,527
Early intervention	403,047		-	403,047
Homecare	1,736,040		-	1,736,040
Residential services	556,649		-	556,649
Adoptions and pregnancy counseling	152,139		-	152,139
Child advocacy	129,760		•	129,760
Summer camp	274,385		<u>-</u>	274,385
Total program services	11,455,978		<u>-</u>	11,455,978
Survey and the security of				
Supporting services	450 551			450.551
Public relations and financial development	452,551	-	-	452,551
Management and general	798,942			798,942
Total supporting services	1,251,493			1,251,493
Total expenses	12,707,471	-	-	12,707,471
		<u> </u>		
Increase (decrease) in net assets before	20.42	(050.055)	12 4 22 5	(0.0 000)
non-operating gains and losses	30,684	(252,288)	134,875	(86,729)

STATEMENT OF ACTIVITIES (concluded)

	Unrestricted	Temporarily Restricted	Permanently Restricted	<u>Total</u>
Increase (decrease) in net assets before non-operating gains and losses	\$ 30,684	\$ (252,288)	\$ 134,875	\$ (86,729)
Non-operating gains and losses				
Investment gain reduced by the portion of cumulative				
net appreciation designated for current operations	968,298	-	-	968,298
Unrealized gain on mark to market interest rate swap	101,448	-	·	101,448
Change in beneficial interest in funds held by others			90,730	90,730
Increase (decrease) in net assets	1,100,430	(252,288)	225,605	1,073,747
Net assets, beginning of year	11,374,816	2,619,139	2,687,718	16,681,673
Net assets, end of year	\$ 12,475,246	\$ 2,366,851	\$ 2,913,323	\$ 17,755,420

STATEMENT OF ACTIVITIES

Public support and revenue Public support	Unrestricted	Temporarily Restricted	Permanently Restricted	<u>Total</u>
Government and other grants and fees	\$ 7,986,444	\$ -	\$ -	\$ 7,986,444
Contributions	401,525		211,401	612,926
Foundations and trusts	589,090		211,401	589,090
United Way	343,962	_	_	343,962
Special events (net of direct costs of \$101,186)	159,211	-	_	159,211
Net assets released from restriction for	,			100,011
operating activities	118,762	(118,762)	-	-
Total public support	9,598,994	(118,762)	211,401	9,691,633
Revenue				
Program service fees	1,673,422	-	-	1,673,422
Endowment transfer to support operations	663,354	-	-	663,354
In-kind donations	221,620	-	-	221,620
Rents	3,626	-	-	3,626
Income from HEFA trust	8,145			8,145
Total other revenue	2,570,167			2,570,167
Total public support and revenue	12,169,161	(118,762)	211,401	12,261,800
Expenses				
Program services				
Family counseling	1,117,703	-	-	1,117,703
Teen and youth	2,278,597	-	-	2,278,597
Child abuse treatment	1,644,015	-	-	1,644,015
Child abuse prevention and family strengthening	2,768,202	-	-	2,768,202
Early intervention	408,898	-	-	408,898
Homecare	1,539,865	-	-	1,539,865
Residential services	592,487	-	-	592,487
Adoptions and pregnancy counseling	216,263	-	-	216,263
Child advocacy	211,588	-	-	211,588
Summer camp	227,957		-	227,957
Total program services	11,005,575			11,005,575
Supporting services				
Public relations and financial development	427,405	_	_	427,405
Management and general	785,600		_	785,600
Total supporting services	1,213,005			1,213,005
rotal supporting services	1,213,003			1,215,005
Total expenses	12,218,580			12,218,580
Increase (decrease) in net assets before				
non-operating gains and losses	(49,419)	(118,762)	211,401	43,220

STATEMENT OF ACTIVITIES (concluded)

	Unrestricted	Temporarily Restricted	Permanently Restricted	<u>Total</u>
Increase (decrease) in net assets before non-operating gains and losses	\$ (49,419)	\$ (118,762)	\$ 211,401	\$ 43,220
Non-operating gains and losses				
Investment loss reduced by the portion of cumulative net appreciation designated for current operations Unrealized (loss) on mark to market interest rate swap Change in beneficial interest in funds held by others	(951,952) (748,755)		- - (130,908)	(951,952) (748,755) (130,908)
Increase (decrease) in net assets	(1,750,126)	(118,762)	80,493	(1,788,395)
Net assets, beginning of year	13,124,942	2,737,901	2,607,225	18,470,068
Net assets, end of year	\$ 11,374,816	\$ 2,619,139	\$ 2,687,718	\$ 16,681,673

STATEMENTS OF CASH FLOWS

Year Ended December 31, 2012 and 2011

	<u>2012</u>	<u>2011</u>
Cash flows from operating activities		
Change in net assets	\$ 1,073,747	\$ (1,788,395)
Adjustments to reconcile change to net cash		
provided (used) by operating activities		202 660
Depreciation	369,616	373,667
Reinvested income	(310,652)	(392,867)
Realized (gain) on sale of investments	(102,398)	(356,631)
Unrealized (gain) loss on investments	(1,463,682)	976,443
Unrealized (gain) loss on mark to market interest rate swap	(101,448)	748,755
Amortization of NHHFA notes payable	18,426	17,382
(Increase) in restricted cash	(5,000)	(100.021)
(Increase) decrease in accounts receivable	31,147	(199,831)
(Increase) in prepaid expenses	(20,151)	(41,023)
(Increase) decrease in deferred expenses	17,529	(591)
(Increase) in bequest receivable	(50,000)	65.424
(Increase) decrease in beneficial interests in trusts	(90,729)	65,434
(Decrease) in deferred contract revenue		(74,919)
Increase (decrease) in accounts payable	21,035	(22,578)
Increase (decrease) in accrued vacation and expenses	(4,753)	23,578
Net cash (used in) operating activities	(617,313)	(671,576)
Cash flows used in investing activities		
Cash paid for land, buildings and equipment	(83,477)	(75,122)
Cash flows from financing activities		
Cash flows from financing activities Contribution restricted to endowment	(159,275)	(210,501)
·	1,151,675	749,219
Proceeds from appropriation of endowment Proceeds from release of restricted endowment	24,400	747,217
Net cash advance (payment) on line of credit	(124,535)	124,535
***	(138,423)	(88,962)
Cash payments on long-term debt		(1,125)
Cash paid on annuity	(1,125)	(1,123)
Net cash provided by financing activities	<u>752,717</u>	573,166
Increase (decrease) increase in cash and cash equivalents	51,927	(173,532)
Cash and cash equivalents, beginning of year	203,538	377,070
Cash and cash equivalents, end of year	\$ 255,465	\$ 203,538
Supplemental disclosure of cash flow information		
Interest paid in cash	\$ 332,900	\$ 337,341
Amortization of 2007 NHHFA note payable	\$ 9,786	\$ 9,232
Amortization of 2005 NHHFA note payable	\$ 8,640	\$ 8,150
See notes to financial statements.		

STATEMENT OF FUNCTIONAL EXPENSES

t <u>Total</u>	\$ 7,359,195	763,879	637,912	479,902 417,649	359,393	208,612	124,068	88,153	85,193	63,626	52,781	51,940	15,453	12,190,426	369,616	\$ 12,707,471
Management and <u>General</u>	\$ 567,760 64,858	45,821	981	3,778	2,264	1,649	36,211	3,977	1,233	5,442	2,921	6,835	3,431	775,486	18,174 5,282	\$ 798,942
Financial Development	\$ 226,793 30,140	18,632	3,446	9,412 8,430	•	13,447	357	3,212	34,547	1,679	1,687	2,986	1,015	450,883	1,668	\$ 452,551
Summer Camp	\$ 90,924 6,471	11,192	4,451	20,588	8,299	4,463	2,842	9,948	4,884	544	1,377	4,027	152	261,082	11,377	\$ 274,385
Child Advocacy	\$ 90,880	7,506	758	376 2,496	4,176	2,429	1,180	390	1,522	535	308	3,280	1,146	125,519	4,241	\$ 129,760
Adoptions and Pregnancy Counseling	\$ 86,153	7,405	2,666	9,972	4,685	5,184	2,257	677	2,111	790	251	246	98	146,989	5,150	\$ 152,139
Residential Services	\$ 324,070 55,452	35,232	10,100	19,001	16,575	7,302	4,175	8,046	909	4,264	2,903	2,105	1,972	529,307	21,530 5,812	\$ 556,649
Homecare	\$ 1,263,462 55,487	142,134	50,256	17,640 39,261	56,106	17,712	3,117	8,731	5,753	6,979	12,628	913	941	1,685,698	50,342	\$ 1,736,040
Early Intervention	\$ 223,647 38,382	21,182	20,320	46,216 10,716	12,732	7,981	2,474	1,275	1,070	2,367	1,499	672	269	390,813	12,234	\$ 403,047
Child Abuse Prevention and Family Strengthening Intervention	\$ 1,850,539	204,609	388,858	24,117	53,916	61,441	13,277	17,635	18,551	15,874	6,862	5,721	1,865	3,211,852	51,970 6,705	\$ 1,047,925 \$1,900,608 \$1,984,898 \$3,270,527 \$ 403,047 \$1,736,040 \$ 556,649 \$ 152,139 \$ 129,760 \$ 274,385 \$ 452,551 \$ 798,942
Child Abuse Treatment	\$ 1,018,969	106,101	79,841	43,816	111,426	30,509	30,641	6,917	8,812	9,200	10,688	12,963	2,737	1,815,564	103,499 65,835	\$ 1,984,898
Teen and Youth	\$ 980,976 154,674	98,404	52,934	60,976 82,619	56,590	41,282	19,195	23,377	2,365	11,741	8,353	9,334	1,507	1,781,784	58,623 60,201	\$ 1,900,608
Family Counseling	\$ 635,022 62,019	65,661 29,206	24,096	81,389 43,459	32,624	15,213	8,342	3,968	3,745	4,211	3,304	2,858	332	1,015,449	32,476	1,047,925
	Salaries Employee benefits	Payroll related costs Assistance to individuals	Travel and transportation	Professional fees Occupancy	Interest	Communications	Rental and equipment maintenance	Supplies	Printing and publications	Insurance	Miscellaneous	Conferences and meetings	Membership dues	Total expenses before depreciation and in-kind donations	Depreciation In-kind donations	Total functional expenses

STATEMENT OF FUNCTIONAL EXPENSES

Total	7,036,082	676,896	649,274	548,000	446,845	408,285	363,307	216,087	97,341	92,893	79,396	60,572	56,231	42,390	19,995	11,623,293	373 667	221,620	08 816 61
	S																		v
Management and <u>General</u>	544,150		38,514	165	36,872	25,537	2,193	2,521	30,605	6,971	1,223	12,221	4,609	2,291	5,248	764,997	16.030	4,573	785.600
Financial Development	225,280 S	72,465	18,495	2,914	13,172	7,849		17,668		3,169	31,523	2,266	1,274	831	1,392	427,393	,	12	427.405 S
Summer Camp D	S 73,392 S	36,982	6,416	6,372	15,237	49,799	7,062	3,867	1,553	2,509	4,542	3,307	376	089	277	216,448	10.307	1,202	\$ 227,957 \$
Child Advocacy	\$ 119,515	(C)	10,248	4,773	26,899	3,327	7,070	3,511	1,137	622	852	1,782	640	6,684	1,161	204,680	806'9		S 2,768,202 S 408,898 S 1,539,865 S 592,487 S 216,263 S 211,588 S
Adoptions and Pregnancy Counseling	S 122,574															209,003	7,260		\$ 216,263
Residential Services	\$ 341,041	34,632	31,378	10,903	21,431	22,510	18,107	8,008	6,214	8,020	2,991	1,634	4,434	1,624	1,778	566,277	21.419	4,791	\$ 592,487
Homecare	\$ 1,131,447	11,333	111,478	38,296	19,304	27,681	50,508	16,838	3,054	7,100	9,917	169	4,831	5,105	931	1,493,469	46.396	•	\$ 1,539,865
Early Intervention	\$ 235,855	(5)	20,673	21,259	31,700	9,646	13,548	7,557	3,971	2,018	1,266	673	1,286	692	217	395,757	13,141		\$ 408,898
Child Abuse Prevention and Family Strengthening	S 1,453,036	198,213	142,947	301,668	40,191	95,526	51,737	59,657	11,149	14,253	4,365	5,248	14,575	10,690	3,033	2,586,815	50,671	130,716	\$ 2,768,202
Child Abusc <u>Treatmenl</u>	\$ 918,542 97.008	77,431	84,241	862'09	76,426	52,194	95,914	28,859	11,256	14,747	9,653	10,227	6,952	6,518	1,666	1,552,432	91,082	201	\$ 1,644,015
Teen and Youth	\$ 1,212,882	198,916	112,312	59,117	59,390	80,945	74,595	45,197	17,378	26,186	2,288	13,428	11,771	4,631	3,474	2,124,295	75,066	79,236	\$1,117,703 \$ 2,278,597 \$ 1,644,015
Family Counseling	\$ 658,368	36,252	62,571	37,610	97,102	28,251	35,501	16,346	8,031	6,222	10,786	6,663	4,565	1,448	859	1,081,727	35,387	589	\$ 1,117,703
	Salaries Employee henefits	Assistance to individuals	Payroll related costs	Travel and transportation	Professional fees	Occupancy	Interest	Communications	Rental and equipment maintenance	Supplies	Printing and publications	Conferences and meetings	Insurance	Miscellaneous	Membership dues	Total expenses before depreciation and in-kind donations	Depreciation	In-kind donations	Total functional expenses





Our Mission.....

Child and Family Services of New Hampshire is an independent, nonprofit agency dedicated to advancing the well-being of children by providing an array of social services to strengthen family life and by promoting community commitment to the needs of children.











Board of Trustees

2013				
Position	F. Name	L. Name	Term	Term Expires
At Large	Elaine	Brody	filling unexpired term	2013
At Large	Kirk	Leone	1st term '12	2015
At Large	Bud	Martin	1st term	2013
Treasurer	William	Conrad	3rd as Treasurer, '09	2013
At Large				
At Large	Gail	Garceau	2nd term after officer	2015
At Large	Lou	Kaucic	1st term '12	2013
Asst.Treasurer				
Secretary	Brad	Kuster	4nd term as officer, 08	2013
Chair	Marilyn	Mahoney	4nd term, began'09	2013
UVRO	Samantha	Pause	2nd term	2011
At Large	Suzanne	Boulter MD	1st term '12	2015
At-Large	Kenneth	Sheldon	1st term '12	2016
At-Large				
Second VP	Lynne	Stahler	4th term as officer, '09	2013
First VP	Kerry	Uhler	4th term began, '09	2013
At Large	_			
MRO	Peg	Lambert	2nd term	2013
CRO	Greg	Swope	1st term	2013

KEY ADMINISTRATIVE PERSONNEL

NH Department of Health and Human Services Division of Public Health Services

Agency Name:

Child and Family Services of New Hampshire

Name of Bureau/Section:

BPHCS, Maternal and Child Health, HVNH - HFA

BUDGET PERIOD:	SFY 2014	July 1, 2013 - June	013 - June 30, 2014					
Name & Title Key Administrative Personnel	Annual Salary Of Key Administrative Personnel	Percentage of Salary Paid By Contract	Total Salary Amount Paid By Contract					
Michael Ostrowski, President, CEO	\$138,831	0.00%	\$0.00					
Maria Gagnon, Senior Vice President, Chief								
Operating Officer	\$99,782	0.00%	\$0.00					
Anthony Cheek, Vice President, CFO	\$92,907	0.00%	\$0.00					
JoAnn Cobb, Program Director	\$62,890	10.00%	\$6,289.00					
Cheryl LeBel, Program Manager	\$41,863	25.00%	\$10,465.75					
	\$0	0.00%	\$0.00					
TOTAL SALARIES (Not to exceed Total/Salary Wa	ges, Line Item 1 of Budç	jet request)	\$16,754.75					

BUDGET PERIOD:	SFY 2015	July 1, 2014 - June	e 30, 2015				
Name & Title Key Administrative Personnel	Annual Salary Of Key Administrative Personnel	Percentage of Salary Paid By Contract	Total Salary Amount Paid By Contract				
Michael Ostrowski, President, CEO	\$138,831	0.00%	\$0.0				
Maria Gagnon, Senior Vice President, Chief Operating Officer	\$99,782	0.00%	\$0.0				
Anthony Cheek, Vice President, CFO	\$92,907	0.00%	\$0.0				
JoAnn Cobb, Program Director	\$62,890	10.00%	\$6,289.0				
Cheryl LeBel, Program Manager	\$41,863	25.00%	\$10,465.7				
	\$0	0.00%	\$0.0				
TOTAL SALARIES (Not to exceed Total/Salary Wa	ges, Line Item 1 of Budg	get request)	\$16,754.7				

Key Administrative Personnel are top-level agency leadership (President, Executive Director, CEO, CFO, etc), and individuals directly involved in operating and managing the program (project director, program manager, etc.). These personnel MUST be listed, <u>even if no salary is paid from the contract</u>. Provide their name, title, annual salary and percentage of annual salary paid from agreement.

RESUME

NAME: Michael R. Ostrowski TELEPHONE: (603) 518-4143

ADDRESS: 464 Chestnut St, Manchester NH 03105

EXPERIENCE

1986 - Present: Child and Family Services of New Hampshire-**President CEO**1986 - Present Assistant Secretary, Board of Trustees Child and Family Services

1982 - 1986: Family and Children's Service of Midland Midland, Michigan-Executive Director

1977 - 1982: Family and Children Services of Oakland
Pontiac, Michigan (now called Family Service Oakland)
Substance Abuse Treatment Program Director
Employee Assistance Program Director

1973 - 1977 Caseworker, Family and Children Services of Oakland Family therapy with a general caseload

PROFESSIONAL ACTIVITIES

- President of New Hampshire Center for Nonprofits, present 2005-2010
- President, Leadership New Hampshire, 2003 to 2009
- Vice Chair, National Council on Accreditation, 1996-1999
- Child Welfare League of America, Board of Directors 1993-1997
- Leadership New Hampshire, class of 1993
- Chair, National Conference, Child Welfare League of America, 1990
- President of Manchester Rotary Club 2001
- President, Michigan Chapter National Association of Social Workers, 1982-1984

EDUCATION

- Doctoral Candidate, School of Public Administration, University of Colorado
- M.S.W. Wayne State University, 1973: Social Casework
- B.A. Wayne State University, 1971: Majors: Psychology and Sociology

PROFESSIONAL ORGANIZATIONS

- National Association of Social Workers
- American Humane Association

Maria Gagnon, MSW

464 Chestnut St, Manchester NH 03105, gagnonm@cfsnh.org

PROFILE

Motivated, confident professional with 15 years of NH non-profit experience. Demonstrated success in nonprofit agency operations, staff supervision, strategic planning, fundraising and board development. Success working collaboratively across disciplines and within communities to reach mutual goals. Strategic thinker who uses data to drive work. Collaborative, democratic management style. Relationships with local and national funders including the New Hampshire Charitable Foundation, Endowment for Health, United Way, Open Society Institute and the Robert Wood Johnson Foundation. Relationships with Fortune 500 and other donor companies.

SKILLS SUMMARY

~Project Management ~Non-Profit Operations ~Strategic Planning ~Staff Recruitment ~Project Evaluation ~Budget Development ~Local/Federal Grant Writing ~Data to Manage

~Staff supervision

PROFESSIONAL EXPERIENCE

Child and Family Services – Manchester, New Hampshire (2013 to present) Senior Vice President, Chief Operating Officer

FIRST – Manchester, New Hampshire (2011 to 2013) Director, Corporate & Foundation Relationships CHILD ADVOCACY CENTER - Hillsborough County, New Hampshire (2010 to 2011) **Executive Director**

NEW FUTURES – Exeter, New Hampshire (2005 to 2009) **Director**, Adolescent Treatment Initiative and Closing the Treatment Gap Initiative **RECLAIMING FUTURES** – Concord, New Hampshire (2002 to 2005) **State Director**

ADDITIONAL PROFESSIONAL EXPERIENCE

THE YOUTH COUNCIL - Nashua, New Hampshire (1998-2002) Director of Operations and Program Development/Clinical Social Worker

RIVIER COLLEGE – Nashua, New Hampshire (2009 to 2011) Adjunct Faculty, Communications Department Grant Writing Skills

NATIONAL CONSULTANT & TRAINER – Train on substance abuse assessment tools in various locations across the country consult on adolescent treatment issues in juvenile justice (2005-2011) Completed feasibility study for the NH Dental Association (2011)

EDUCATION

Master's Degree in Social Work (MSW) University of New Hampshire, 1998

Bachelor's Degree in Social Work (BSW) Rivier College, 1991

ANTHONY F. CHEEK, JR.

464 Chestnut St. Manchester, NH 03105 Phone: (603) 518-4113 Email: cheekt@cfsnh.org

EXPERIENCE: Child & Family Services Manchester, NH

01/11- Present Vice President/CFO

2/96-3/07

Oversee finance, human resource and information technology functions for a private non-profit human services agency with 300 employees and a budget of \$12 Million.

Fountains America, Inc., Pittsfield, NH 3/07- 1/11 Vice President/Director of Finance

Overall responsibility for the corporate finance, human resource and information technology functions of a US holding company and its three operating divisions, all subsidiaries of fountains plc headquartered in the UK.

- US budget responsibility \$7 Million, Group budget \$100 Million.
- Prepare and monitor annual budgets.
- Provide monthly financial analysis and forecasts to US President and UK group CFO.
- Manage corporate risk matters including legal, insurance and compliance issues.
- Oversee corporate tax matters and accounting standards compliance.
- Manage accounting department staff of six for maximum efficiency and responsiveness to internal and external stakeholders.
- Manage all human resource and payroll functions.
- Manage IT infrastructure and support needs.
- Work with US President and Division Presidents on strategic issues, company growth initiatives, product and regional cost analysis and acquisition/due diligence projects.

<u>Lakes Region Community Services Council, Inc., Laconia, NH</u> *Director of Finance* (3/98-3/07)

Oversee finance, human resource and information technology functions for a private non-profit human services agency with 300 employees, involving four corporate entities and a budget of \$20 Million.

- Prepare and monitor annual budgets, and report monthly to Board of Directors.
- Negotiate funding with the New Hampshire Department of Health and Human Services.
- Prepare and manage contracts with funding sources and vendors.
- Supervision of 15 staff in finance, human resources and other administrative functions.
- Administer the agency's personnel policies, compensation and benefit plans.
- Ensure compliance with state and federal labor regulations.
- Oversee the installation and support of agency computer systems and networks.
- Implemented new IT network infrastructure for satellite offices to improve

communication and optimize operations.

- Implemented new Medicaid billing and data collection software system.
- Manage all corporate risk management including legal issues, insurance coverage and corporate compliance matters.

Assistant Controller (2/96-3/98)

- Manage Accounting department responsible for five interrelated corporations.
- Oversee general ledgers for all corporations including timely monthly closings and account reconciliations.
- Present financial statements at monthly Board meeting.
- Manage staff of five including A/R, A/P, and G/L staff.
- · Responsible for coordination of annual audits.
- Assist in preparation and maintenance of annual budgets.
- Converted general ledger software from an in-house system to Solomon IV, a Windows based multi-company software system.
- Responsible for the startup of two new corporations.
- Provide Executive Directors with accurate and timely operating statements and financial analysis.
- Responsible for daily cash management and banking relationships.

11/87 - 2/96 Boyd's Potato Chip Co., Inc., Lynn, MA Controller/General Manager

- Prepared and analyzed monthly profit and loss statement.
- Monitored and controlled the flow of cash receipts and disbursements.
- Researched, designed specifications for and implemented a computer system to automate order entry, A/R, A/P, and inventory control, reducing data entry by 25% and improving inventory control.
- · Coordinated annual audits.
- Administered group insurance plans and workers compensation program. Introduced new programs that resulted in savings to company and reduced workplace accidents.
- Renegotiated union contracts with union management.
- Managed all aspects of transportation and distribution, to ensure prompt deliveries and customer satisfaction.
- Supervised a staff of 20 including office, warehouse and transportation personnel.

EDUCATION:

1986

Bachelor of Science in Business Administration University of New Hampshire, Durham, NH

COMPUTER SKILLS:

Advanced computer skills including Microsoft Excel, Word and Access. Solomon Dynamics and Sage Accpac accounting systems. Crystal and FRx report writers.

JoAnn L. Cobb 464 Chestnut St Manchester NH 03105

EDUCATION AND LICENSURE

LICSW, NH. License #631

MSSW, August 1992: Springfield College, School of Human Services, Springfield MA.

BA, Psychology, 1987: University of Lowell, Lowell MA.

EMPLOYMENT HISTORY

Feb. 2002- Present: Program Director Child and Family Services

Healthy Families Program, Manchester, NH

Early Supports & Services Program

Parenting Plus Program
Parent Aide Program
Partners In Health Program

Fetal Alcohol Spectrum Disorder Prevention Program

June 2001-Feb. 2002: Program Coordinator Child and Family Services

Healthy Families Program Manchester, NH

Jan. 1997 to June 2001: Clinical Social Worker Child and Family Services

Family Counseling Program Manchester, NH

Jan. 1995 to Jan. 1997: Clinical Social Worker Child and Family Services

Infant/Toddler Program Exeter, NH

April 1992 to Jan. 1995: Social Worker Child and Family Services

Crisis Care Program Manchester, NH

Feb. 1990 to March 1992: Teen Counselor Healthworks

Pregnant/Parenting Program Haverhill, MA

MEMBERSHIP

President of NH Association for Infant Mental Health Spark NH board member (Early Childhood Council)

REFERENCES PROVIDED UPON REQUEST

CHERYL (CHERIE) A. LEBEL 464 Chestnut St Manchester NH 03105

EDUCATION

Notre Dame College, M.Ed., School Counseling, 1992

Plymouth State College, MBA, Marketing Concentration, 1989

Saint Anselm College, BA, Psychology, French Minor, 1983

EMPLOYMENT HISTORY

July 2008 – Present	Program Manager Healthy Families Program Parenting Plus Program Fetal Alcohol Spectrum Disorder Preven	Child and Family Services Manchester, NH ntion Program
July 2006 – July 2008	Program Supervisor Healthy Families Program	Child and Family Services Manchester, NH
July 2004 – July 2006	Home Visitor Healthy Families Program	Child and Family Services Manchester, NH
Feb. 2003 – July 2004	Single Family Specialist Home of Your Own Program	The Loan Fund Concord, NH
Feb. 1994 – Feb. 2003	Social Worker The OUR PLACE Program	NH Catholic Charities Manchester, NH
Aug. 1987 – Feb. 1994	Assistant Director Admissions Office	Notre Dame College Manchester, NH
Sept. 1992 – Feb. 1994	Part Time Adjunct Faculty Psychology and Business Departments	Notre Dame College Manchester, NH
Aug. 1983 – Aug. 1987	Coordinator of Support Services Admissions Office	Saint Anselm College Manchester, NH

REFERENCES AVAILABLE UPON REQUEST

BUDGET FORM

New Hampshire Department of Health and Human Services COMPLETE ONE BUDGET FORM FOR EACH BUDGET PERIOD

Bidder/Program Name: Child and Family Services of New Hampshire

Budget Request for: Home Visiting NH - Healthy Families America

(Name of RFP)

Budget Period: <u>July 1, 2013 - June 30, 2014</u>

Line Item		Direct icremental		Indirect Fixed		Total	Allocation Method for Indirect/Fixed Cost
Line item A see and the see an	An America	ICI en lle i italy a)	Lixen	и.		See Staff List for hours
Total Salary/Wages	\$	77,498.11	\$	6,134.54	\$	83,632.65	
Employee Benefits	\$	20,211.68		1,533.64	\$		25% of Salary Cost
Consultants	\$	20,211.00	\$	1,000.04	\$	21,740.02	25% of Salary Cost
Equipment:	\$		\$		\$		
Rental	\$		\$		\$		
	+		₩-		+		Allocated as percent of total
							Agency cost based on total
			l				program expense to total
Repair and Maintenance	\$	1,758.03	\$	1,000.00	\$	2 758 03	Agency expenses
riopan and mantenance	 * 	1,700.00	 	1,000.00		2,700.00	Allocated as percent of total
			ı				Agency cost based on total
			l				program expense to total
Purchase/Depreciation	\$	2,000.00	\$	1,000.00	\$	3 000 00	Agency expenses
5. Supplies:	\$	2,000.00	\$	1,000.00	\$	0,000.00	rigeries experiees
Educational	\$	2,000.00	\$	<u>-</u>	\$	2,000.00	
Lab	\$	2,000.00	\$		\$	2,000.00	
Pharmacy	\$		\$		\$		
Medical	\$	_ _	\$	_ 	\$		
Office	\$	450.00	\$		\$	450.00	
6. Travel	\$	3,700.00	\$		\$	3,700.00	
0. 114401	+*	5,700.00	Ψ-	_	Ψ	3,700.00	Allocated as percent of total
			1				Agency cost based on total
	1		l				program expense to total
7. Occupancy	\$	5,800.00	\$	640.00	\$	6,440.00	Agency expenses
8. Current Expenses	\$	5,000.00	\$	040.00	\$		Agency expenses
Telephone	\$	1,800.00	\$		\$	1,800.00	
Postage	\$	200.00	\$	<u>-</u>	\$	200.00	
Subscriptions	\$	200.00	\$		\$	200.00	
Subscriptions	Ψ –		Ψ		Ψ_		Allocated as percent of total
							Agency cost based on total
			l				program expense to total
Audit and Legal	\$	_	\$	1,000.00	\$	1 000 00	Agency expenses
Addit and Legal	Ψ		Ψ	1,000.00	Ψ	1,000.00	Allocated as percent of total
			l				Agency cost based on total
			l				program expense to total
Insurance	\$	_	\$	800.00	\$	800.00	Agency expenses
Board Expenses	\$		\$	000.00	\$		Agency expenses
Dodid Expenses	Ψ		۳		Ψ		Allocated as percent of total
							Agency cost based on total
							program expense to total
9. Software	\$	_	\$	1,000.00	\$	1 000 00	Agency expenses
10. Marketing/Communications	\$	1,700.00	\$	1,000.00	\$	1,700.00	rigoriog experience
11. Staff Education and Training	\$	1,000.00			\$	1,000.00	
12. Subcontracts/Agreements	\$	57,600.00	\$		\$	57,600.00	
13. Other (specific details mandatory):	\$.07,000.00	\$		\$		
is. Stroi (opcomo detano mandatory).	\$		\$		\$		
	\$		\$	 -	\$		_
	\$		\$		\$	<u>-</u>	_
TOTAL	\$	175,717.82	_	13,108.18		188,826.00	
Indirect As A Percent of Direct	Ψ	113,111.02	Ą	7.5%	Ψ	100,020.00	

Indirect As A Percent of Direct

7.5%

For DPHS use only

BUDGET FORM

New Hampshire Department of Health and Human Services COMPLETE ONE BUDGET FORM FOR EACH BUDGET PERIOD

Bidder/Program Name: Child and Family Services of New Hampshire

Budget Request for: Home Visiting NH - Healthy Families America

(Name of RFP)

Budget Period: July 1, 2014 - June 30, 2015

		,					
Line Item	In	Direct cremental		Indirect Fixed	1	Total	*Allocation Method for Indirect/Fixed Cost
			Γ.				See Staff List for hours
Total Salary/Wages	\$	77,498.11	\$	6,134.54	\$	83,632.65	
2. Employee Benefits	\$	20,211.68	\$	1,533.64	\$	21,745.32	25% of Salary Cost
3. Consultants	\$		\$		\$	<u>-</u> _	
4. Equipment:	\$		\$		\$		
Rental	\$	<u> </u>	\$		\$		
			l				Allocated as percent of tota
			l				Agency cost based on total
			١.		١.		program expense to total
Repair and Maintenance	\$	1,758.03	\$	1,000.00	\$	2,758.03	Agency expenses
							Allocated as percent of total
			1				Agency cost based on total
	١.		١.		١.		program expense to total
Purchase/Depreciation	\$	2,000.00	\$	1,000.00	\$_	3,000.00	Agency expenses
5. Supplies:	\$		\$		\$		
Educational	\$	2,000.00	\$		\$	2,000.00	
Lab	\$		\$		\$		
Pharmacy	\$		\$		\$		
Medical	\$		\$		\$		
Office	\$	450.00	\$		\$_	450.00	
6. Travel	\$	3,700.00	\$		\$	3,700.00	
	ł		ı				Allocated as percent of tota
			l				Agency cost based on total
			l				program expense to total
7. Occupancy	\$	5,800.00	\$	640.00	\$	6,440.00	Agency expenses
Current Expenses	\$	-	\$	•	\$		
Telephone	\$	1,800.00	\$	•	\$	1,800.00	
Postage	\$	200.00	\$	-	\$	200.00	
Subscriptions	\$		\$		\$	-	
			Г				Allocated as percent of total
			l				Agency cost based on total
			l				program expense to total
Audit and Legal	\$	-	\$	1,000.00	\$	1,000.00	Agency expenses
							Allocated as percent of tota
			[Agency cost based on total
	1		l				program expense to total
Insurance	\$	-	\$	800.00	\$	800.00	Agency expenses
Board Expenses	\$		\$	•	\$	-	
, , , , , , , , , , , , , , , , , , , ,			Ĺ				Allocated as percent of tota
							Agency cost based on total
							program expense to total
9. Software	\$	-	\$	1,000.00	\$	1,000.00	Agency expenses
10. Marketing/Communications	\$	1,700.00	\$	-	\$	1,700.00	
11. Staff Education and Training	\$	1,000.00		-	\$	1,000.00	
12. Subcontracts/Agreements	\$	57,600.00	\$	-	\$	57,600.00	
13. Other (specific details mandatory):	\$	-	\$	-	\$	-	
	\$		\$		\$		
	\$		\$		\$		
	\$		\$		\$		
TOTAL	\$	175,717.82	\$	13,108.18	\$	188,826.00	_
TOTAL	<u> </u>	170,111.02	Ψ	10,100.10	_	.00,020.00	

Indirect As A Percent of Direct

For DPHS use only

7.5%





Nicholas A. Toumpas Commissioner

José Thier Montero Director

STATE OF NEW HAMPSHIRE

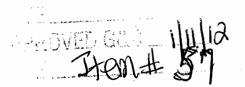
DEPARTMENT OF HEALTH AND HUMAN SERVICES

29 HAZEN DRIVE, CONCORD, NH 03301-6527 603-271-4517 1-800-852-3345 Ext. 4517 Fax: 603-271-4519 TDD Access: 1-800-735-2964



November 7, 2011

His Excellency, Governor John H. Lynch and the Honorable Executive Council State House Concord, New Hampshire 03301



REQUESTED ACTION

Authorize the Department of Health and Human Services, Division of Public Health Services, Bureau of Population Health and Community Services, Maternal and Child Health Section to enter into an agreement with Child and Family Services of New Hampshire (Vendor #177166-B002), 464 Chestnut Street, Manchester, New Hampshire 03105, in an amount not to exceed \$377,652, to provide home visiting services to pregnant women in accordance with the Healthy Families America model, to be effective November 9, 2011 or date of Governor and Council approval, whichever is later, through June 30, 2013. Funds are available in the following account for SFY 2012 and SFY 2013.

05-95-90-902010-5896 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF POPULATION HEALTH AND COMMUNITY SERVICES, ACA HOME VISITING

Fiscal Year	Class/Object	Class Title	Job Number	Total Amount
SFY 2012	102-500731	Contracts for Program Services	90004104	\$188,826
SFY 2013	102-500731	Contracts for Program Services	90004104	\$188,826
			Total	\$377,652

EXPLANATION

Funds in this agreement will be used to support home visiting services in the City of Manchester for families at risk for poor health outcomes and child maltreatment. This voluntary home visiting program will follow an evidence-based model and curriculum, proven through research to improve outcomes for health, reduce child maltreatment and improve family economic self-sufficiency. Home visitors provide support and education to families in their homes. Each family receives an assessment of their strengths and needs, and home-visiting services are provided in accordance with those individual assessments. Families and home visitors discuss prenatal health, child development, positive parenting practices, health and safety concerns, family planning and smoking cessation.

His Excellency, Governor John H. Lynch and the Honorable Executive Council November 7, 2011 Page 2

Services will be provided on a voluntary basis with priority given to pregnant women who:

- Are first time mothers;
- have low incomes;
- are pregnant women who have not attained age 21;
- have a history of child abuse or neglect or have had interactions with child welfare services;
- have a history of substance abuse or need substance abuse treatment;
- are users of tobacco products in the home;
- had low student achievement themselves, or have children with low student achievement;
- have children with developmental delays or disabilities; and/or
- are in families that include individuals who are serving or have formerly served in the armed forces

Agencies may narrow their target populations, based on local needs.

By the nature of this agreement, Home Visiting New Hampshire – Healthy Families America home visiting is a collaborative service designed to avoid duplication. Agencies are required to collaborate with other community agencies providing family-support services in the community. In addition to home visiting services provided directly to families, this agreement supports coordination of home visiting and other early childhood programs such as early intervention, Head Start and prevention of child abuse and neglect.

The City of Manchester was identified as an at risk community during the 2010 Home Visiting Needs Assessment. By targeting the delivery of Home Visiting New Hampshire – Healthy Families America in communities that were identified as having the highest risk population, the program will reduce differences in health outcomes. The following information concerning the City of Manchester was used to make this determination. Most of this data is from 2008, the most recent year for which data was available.

- Nearly 17% of children in Hillsborough County are Hispanic and/or non-white, compared to 11% statewide. The City of Manchester recorded 1572 live births in 2010.
- 45% of children live in single-parent families
- Infants born at Highest Risk: 9% (% of infants born to NH teens ages 14 19 who were unmarried and who had not completed high school at the time of their infant's birth; 3 yr average, 07-09)
- School Children with Limited English Proficiency (2009): 6.25% city; 2.5% county
- Child Poverty Rate: 20.2% in Manchester (birth-18)
- 40% of children eligible for free and reduced-priced lunch
- Low Birth Weight Infants: 67.6 per 1,000 (LBW< 5.5 lbs)
- Court-Involved Youth ages 7-17: 10.9 (cases/1,000; 3-year average)
- 1.6% of students are homeless
- Juvenile Arrests for Serious Crimes: 107 per 10,000 youth (ages 10-16)
- 10.2% of live births were premature
- 1.5 cases of sexual assault per 1,000

Should Governor and Executive Council not authorize this Request, families will not receive home visiting services that have been shown to improve conditions for young families leading to healthy and productive communities. In addition, New Hampshire will not fulfill its requirement to provide services as outlined in federal legislation.

His Excellency, Governor John H. Lynch and the Honorable Executive Council November 7, 2011 Page 3

Child and Family Services of New Hampshire was selected for this project through a competitive bid process. The Request for Proposals was posted on the Department of Health and Human Services web site on June 30, 2011 soliciting proposals from the following geographic areas: Carroll County, Coos County, the City of Manchester, Strafford County and Sullivan County. In addition, emails were sent to community agencies and various listserves, which provided broad distribution throughout the state.

In response to the Request for Proposals to provide Home Visiting New Hampshire-Healthy Families America services in five geographic areas, six proposals were submitted. A committee of seven reviewers evaluated the proposals, including four Department of Health and Human Services personnel and three external reviewers. Each reviewer had between two and seventeen years experience providing direct services in the community and/or managing programs that serve children and families. Areas of specific expertise include Maternal and Child Health; Law; Injury Prevention; Child Abuse Prevention; and Women, Infants and Children Nutrition. Proposals were scored taking an average of all reviewers' scores. Reviewers recommended funding four proposals to serve four of the five geographic areas. The proposal from Child and Family Services of New Hampshire was selected to serve the City of Manchester. Two proposals scored poorly and were not recommended for funding. As a result, a new Request for Proposals has been released to solicit services in Strafford County. The Request for Proposals scoring summary is attached.

As referenced in the Request for Proposals, this competitively procured Agreement includes the option to renew for two (2) additional year(s), contingent upon satisfactory delivery of services, available funding, agreement of the parties and approval of the Governor and Executive Council. This is the initial agreement with this Contractor for these services.

Since the Request for Proposals for this program was released, the federal funding agency has awarded additional funds for these services in the five identified communities. As a result, each of the affected Home Visiting New Hampshire-Healthy Families America contracts reflects a 7%-10% increase from the amounts submitted in their proposal budget requests. This range of increase was based on the population of eligible clients in each region.

The following performance measures will be used to measure the effectiveness of the agreement.

Performance Measure #1: The percent of women enrolled in Home Visiting New Hampshire –
Healthy Families America who receive at least one Edinburgh Post
Natal Depression Scale screening between six and eight weeks after
giving birth.

Performance Measure #2: The percent of families who receive a Healthy Homes One-Touch assessment by the birth of their child.

Performance Measure #3: The percent of children who receive further evaluation after scoring below the "cutoff" on the Ages & Stages Questionnaire, 3rd ed., which is a developmental screening tool.

His Excellency, Governor John H. Lynch and the Honorable Executive Council November 7, 2011 Page 4

Area served: City of Manchester.

Source of Funds: 100% Federal Funds from United States Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau.

In the event that the Federal Funds become no longer available, General Funds will not be requested to support this program.

Respectfully submitted,

José Thier Montero, MD

Director

Approved by:

Nicholas A. Toumpas

Commissioner

JTM/PT/DD/sc

16. Insurance: Select either (1) or (2) below:

As referenced in the Request for Proposal, Comprehensive General Liability Insurance Acknowledgement Form, the Insurance requirement checked under this section is applicable to this contract:

Insurance Requirement for (1) - 501(c) (3) contractors whose annual gross amount of contract work with the State does not exceed \$500,000, per RSA 21-I:13, XIV, (Supp. 2006): The general liability insurance requirements of standard state contracts for contractors that qualify for nonprofit status under section 501(c)(3) of the Internal Revenue Code and whose annual gross amount of contract work with the state does not exceed \$500,000, is comprehensive general liability insurance in amounts of not less than \$1,000,000 per claim or occurrence and \$2,000,000 in the aggregate. These amounts may NOT be modified.

(1) The contractor certifies that it <u>IS</u> a 501(c) (3) contractor whose annual total amount of contract work with the State of New Hampshire does not exceed \$500,000.

Insurance Requirement for (2) - All other contractors who do not qualify for RSA 21-I:13, XIV, (Supp. 2006), Agreement P-37 General Provisions, 14.1 and 14.1.1. Insurance and Bond, shall apply: The Contractor shall, at its sole expense, obtain and maintain in force, and shall require any subcontractor or assignee to obtain and maintain in force, both for the benefits of the State, the following insurance: comprehensive general liability insurance against all claims of bodily injury, death or property damage, in amounts of not less than \$250,000 per claim and \$2,000,000 per incident or occurrence. These amounts MAY be modified if the State of NH determines contract activities are a risk of lower liability.

X (2) The contractor certifies it does NOT qualify for insurance requirements under RSA 21-I:13, XIV (Supp. 2006).

17. Renewal:

As referenced in the Request for Proposals, Renewals Section, this competitively procured Agreement has the option to renew for two (2) additional year(s), contingent upon satisfactory delivery of services, available funding, agreement of the parties and approval of the Governor and Council.

18. Subparagraph 4 of the General Provisions of this contract, Conditional Nature of Agreement, is replaced as follows:

4. CONDITIONAL NATURE OF AGREEMENT.

Notwithstanding any provision of this Agreement to the contrary, all obligations of the State hereunder, including without limitation, the continuance of payments, in whole or in part, under this Agreement are contingent upon continued appropriation or availability of funds, including any subsequent changes to the appropriation or availability of funds affected by any state or federal legislative or executive action that reduces, eliminates, or otherwise modifies the appropriation or availability of funding for this Agreement and the Scope of Services provided in Exhibit A, Scope of Services, in whole or in part. In no event shall the State be liable for any payments hereunder in excess of appropriated or available funds. In the event of a reduction, termination or modification of appropriated or available funds, the State shall have the right to withhold payment until such funds become available, if ever. The State shall have the right to reduce, terminate or modify services under this Agreement immediately upon giving the Contractor notice of such reduction, termination or modification. The State shall not be required to transfer funds from any other source or account into the Account(s) identified in block 1.6 of the General Provisions, Account Number, or any other account, in the event funds are reduced or unavailable.

Contractor Initials: M//(
Date: 10/28///

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