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Nicholas A. Toumpas
Commissioner

José Thier Montero
Director

STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES

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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 The Family Resource Center at Gorham, Purchase Order #1020798, Vendor #162412-B001, 123 Main Street, Gorham, New Hampshire 03581, by increasing the Price Limitation by \$156,646.00 from \$156,646.00 to \$313,292.00 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 #56. Funds are anticipated to be available in the following account 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

100% FED

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	\$78,323	\$0	\$78,323
SFY 2013	102-500731	Contracts for Prog Svc	90004104	\$78,323	\$0	\$78,323
SFY 2014	102-500731	Contracts for Prog Svc	90004104	\$0	\$78,323	\$78,323
SFY 2015	102-500731	Contracts for Prog Svc	90004104	\$0	\$78,323	\$78,323
			Total	\$156,646	\$156,646	\$313,292

EXPLANATION

Funds in this agreement will be used to support home visiting services in Coos County 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.

Coos County 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 Coos County was used to make this determination. Most of this data is from 2008, the most recent year for which data was available.

- 27.2% of children live in single-parent families
- Infants born at Highest Risk: 6.3% (% of infants born to New Hampshire 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).
- Average Weekly Wage of \$610. Percentage of jobs paying a livable wage for two parents working: 50%, and 1 parent working: 21%
- Child Poverty Rate tied for highest county-wide rate: 15.3% (ages birth-18)
- Highest % of children receiving food stamps Supplemental Nutrition Assistance Program in the state: 31.7%
- 42.3% of children eligible for free and reduced-priced lunch (highest in the state)
- Annual Unemployment Rate: 8.1% (Highest in the state)
- 29.1% of infants and children (birth - 4) participating in Women, Infants and Children Nutrition Program
- 50% of children enrolled in Medicaid or Children's Health Insurance Program (highest in the state)
- Infant Mortality Rate: 5.4 per thousand
- Low Birth Weight Infants: 77.6 per 1000 (LBW < 5.5 lbs) (highest in the state)
- 5.5% of children receive Community Mental Health Services
- Children in Out-of-Home Placements: 6.5 per thousand (highest in the state)
- Court-involved youth ages 7-17: 10.6 (cases/1,000; 3-year average)
- Highest average annual number of substantiated child maltreatment victims in New Hampshire: 9.3 per 1,000 children age 0 to 17
- 10.7% of live births were premature
- Teen birth rate (per 1,000 live births): 32
- 9.5 cases of domestic violence per 1,000
- 1.3 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.

The Family Resource Center at Gorham 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 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 list serves, which provided broad distribution throughout the state.

In response to the Request for Proposals for Home Visiting New Hampshire-Healthy Families America services to be provided 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 The Family Resource Center at Gorham was selected to serve Coos County. 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 original letter approved by Governor and Executive Council on January 11, 2012, item #56, and in the Request for Proposal, Renewals Section, this competitively procured Agreement has the 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 \$156,646. 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, The Family Resource Center at Gorham 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: 95% 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: 95% of families will receive a Healthy Homes One-Touch assessment by the birth of their child.

Performance Measure #3: 95% of children will receive further evaluation after scoring below the “cutoff” on the Ages & Stages Questionnaire, 3rd ed., which is a developmental screening tool.

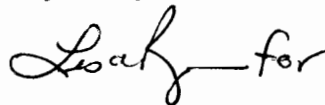
Area served: Coos County.

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.

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March 29, 2013
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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 Home Visiting NH - Health Families America
Contract Purpose To provide home visiting services with fidelity to the HFA Model to families in identified at-risk communities.
RFP Score Summary

	Max Pts	Behavioral Health and Developmental Services of Strafford County, 113 Crosby Road Suite 1, Dover, NH 03820	The Family Resource Center at Gorham, 123 Main Street, Gorham, NH 03581	Good Beginnings of Sullivan County, 169 Main Street, Claremont, NH 03743	Central New Hampshire VNA & Hospice, 780 North Main Street, Laconia, NH 03246	The HUB Family Support Center - (Healthy Universal Beginnings), 23 Atkinson Street, Dover, NH 03820	Child and Family Services, 464 Chestnut Street, Manchester, NH 03105	Bidder Name, Town, St	Bidder Name, Town, St
RFA/RFP CRITERIA									
Agy Capacity	30	20.00	30.00	26.00	21.00	21.00	25.00	0.00	0.00
Program Structure	50	34.00	49.00	46.00	39.00	32.00	43.00	0.00	0.00
Budget & Justification	15	7.00	14.00	14.00	11.00	11.00	13.00	0.00	0.00
Format	5	4.00	4.00	4.00	5.00	4.00	4.00	0.00	0.00
Total	100	65.00	97.00	90.00	76.00	68.00	85.00	0.00	0.00

	Year 01	Year 02	Year 03	TOTAL BUDGET REQUEST	TOTAL BUDGET AWARDED
BUDGET REQUEST					
Year 01	143,098.00	71,344.00	78,403.00	78,403.00	64,286.00
Year 02	143,098.00	71,344.00	78,403.00	78,403.00	64,286.00
Year 03	-	-	-	-	-
TOTAL BUDGET REQUEST	286,196.00	142,688.00	156,806.00	156,806.00	128,572.00
BUDGET AWARDED					
Year 01	-	\$78,323.00	\$85,690.00	\$85,690.00	\$70,956.00
Year 02	-	\$78,323.00	\$85,690.00	\$85,690.00	\$70,956.00
Year 03	-	\$0.00	\$0.00	\$0.00	\$0.00
TOTAL BUDGET AWARDED		\$156,646.00	\$171,380.00	\$171,380.00	\$141,912.00

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

EXERCISE OF OPTION TO RENEW AND AMEND ONE

This Agreement (hereinafter called the "Renew and Amend One") dated this 29th 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 Family Resource Center at Gorham, Purchase Order Number 1020798, a corporation organized under the laws of the State of New Hampshire, with a place of business at 123 Main Street, Gorham, New Hampshire 03581 (hereinafter referred to as the "Contractor").

WHEREAS, pursuant to an agreement (hereinafter called the "Agreement") dated January 11, 2012, Item #56, 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:

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 \$156,646 from \$156,646 to \$313,292.

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 \$78,323 for SFY 2014 and \$78,323 for SFY 2015. The contract shall total \$313,292 for the contract term.

Funding in the amount of \$156,646 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:**

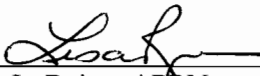
This Renew and Amend shall take effect on July 1, 2013 or the date of Governor and Council approval, whichever is later.

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.

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

By:  4/23/13 Date
Lisa L. Bujno, APRN
Bureau Chief

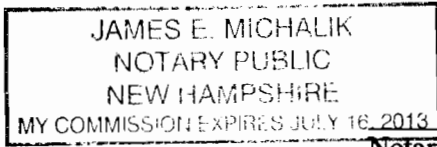
By:  1/29/13 Date
Patricia Stolte, Board Vice President

The Family Resource Center at Gorham
Legal Name of Agency

STATE OF NEW HAMPSHIRE
COUNTY OF COOS

On this the 29th day of January 2013, before me, James E. Michalik, (name of notary)
the undersigned officer, Patricia Stolte personally appeared who acknowledged him/herself (contract signatory)
to be the Vice President of the Family Resource Center at Gorham, (signatory's title) (legal name of agency)
a corporation, and that he/she, as such Vice President, being authorized so to do, (signatory's title)
executed the foregoing instrument for the purposes therein contained, by signing the name of the
corporation by him/herself as Vice President of the Family Resource Center at Gorham. (signatory's title) (legal name of agency)

In witness whereof I hereunto set my hand and official seal.



Notary Public/Justice of the Peace

My Commission expires:

Approved as to form, execution and substance:

OFFICE OF THE ATTORNEY GENERAL

By: Jeanne P. Hevick
Assistant Attorney General

Date: 22 April 2013

I hereby certify that the foregoing contract was approved by the Governor and Council of the State of New Hampshire at the Meeting on: _____.

OFFICE OF THE SECRETARY OF STATE

By: _____

Title: _____

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: The Family Resource Center at Gorham

ADDRESS: 123 Main Street
Gorham, New Hampshire 03581

Executive Director: James Michalik

TELEPHONE: 603-466-5190

The Contractor shall:

I. General Provisions

A. Eligibility and Income Determination

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;
 - 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.
3. 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.*

B. 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:

1. Assess the ethnic/cultural needs, resources and assets of their community.
2. Promote the knowledge and skills necessary for staff to work effectively with consumers with respect to their culturally and linguistically diverse environment.
3. 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:

1. The Contractor shall report all cases of communicable diseases according to New Hampshire RSA 141-C and He-P 30, effective 01/05.
2. 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.
 - b) 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

1. 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.
2. All documents (written, video, audio) produced, reproduced or purchased under the contract shall have prior approval from DPHS before printing, production, distribution, or use.
3. 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

A. Service Requirements

1. Implement Healthy Families America home visiting model with fidelity using the 12 Critical Elements:
 - a. 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.*
 - 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 well-defined 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."*
 - c. 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, drug-exposed 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.

B. Staffing Provisions

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 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 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

1. 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.*

III. 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 QI/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.

B. 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.
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.
5. 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

1. 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,

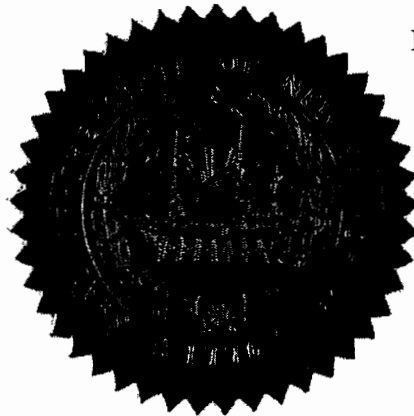
clinical, and financial management in order to assure systems are adequate to provide the contracted services.

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.

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 THE FAMILY RESOURCE CENTER AT GORHAM is a New Hampshire nonprofit corporation formed April 3, 1997. 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 9th day of April A.D. 2013

A handwritten signature in cursive script, appearing to read "William M. Gardner".

William M. Gardner
Secretary of State

WITHOUT SEAL

CERTIFICATE OF VOTE

I, Katherine Baublis, of The Family Resource Center at Gorham, do hereby certify that:

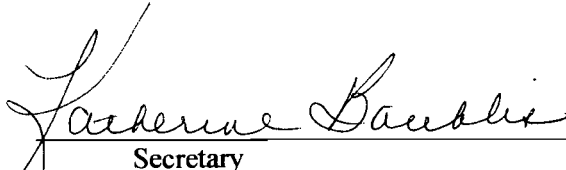
1. I am the duly elected Secretary of the Family Resource Center at Gorham of Directors
2. The following are true copies of two resolutions duly adopted at a meeting of the Board of Directors of the corporation, duly held on January 25, 2013

RESOLVED: That this corporation enters into a contract with the State of New Hampshire, acting through its Department of Health and Human Services, Division of Public Health Services.

RESOLVED: That the Vice President of the Family Resource Center at Gorham Board of Directors 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. Patricia Stolte is the duly elected Vice President of the corporation.

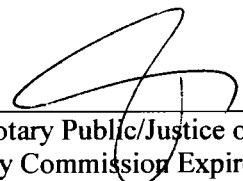
3. The foregoing resolutions have not been amended or revoked and remain in full force and effect as of January 29, 2013

IN WITNESS WHEREOF, I have hereunto set my hand as the Secretary of the corporation this 29th day of January, 2013.


Secretary

STATE OF NEW HAMPSHIRE
COUNTY OF COOS

The foregoing instrument was acknowledged before me this 29th day of January, 2013 by Katherine Baublis


Notary Public/Justice of the Peace
My Commission Expires:

JAMES E. MICHALIK
NOTARY PUBLIC
NEW HAMPSHIRE
MY COMMISSION EXPIRES JULY 16, 2013



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 4/2/2013

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(ies) 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 E & S Insurance Services LLC 21 Meadowbrook Lane P O Box 7425 Gilford NH 03247-7425	CONTACT NAME: Fairley Kenneally	
	PHONE (A/C No. Ext): (603) 293-2791	FAX (A/C No.): (603) 293-7188
E-MAIL ADDRESS: fairley@esinsurance.com		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A: Great American Ins Group		
INSURER B:		
INSURER C:		
INSURER D:		
INSURER E:		
INSURER F:		

COVERAGES **CERTIFICATE NUMBER:**2013-14 **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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY			MAC3793560-07	5/10/2012	5/10/2013	EACH OCCURRENCE \$ 1,000,000	
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000	
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$ 5,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							PERSONAL & ADV INJURY \$ 1,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						GENERAL AGGREGATE \$ 2,000,000	
								PRODUCTS - COMP/OP AGG \$ 2,000,000
								\$
A	AUTOMOBILE LIABILITY			MAC3793560-07	05102013	05102014	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000	
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$	
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident) \$	
	<input checked="" type="checkbox"/> HIRED AUTOS	<input checked="" type="checkbox"/> NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident) \$	
							\$	
	UMBRELLA LIAB						EACH OCCURRENCE \$	
	EXCESS LIAB						AGGREGATE \$	
	DED	RETENTION \$					\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATUTORY LIMITS	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						OTHER	
	If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				E.L. EACH ACCIDENT \$	
							E.L. DISEASE - EA EMPLOYEE \$	
E.L. DISEASE - POLICY LIMIT \$								

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER **CANCELLATION**

Director, Div of Public Health Services NH Dept of Health & Human Services 29 Hazen Drive Concord, NH 03301-6504	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE F Kenneally/FAIRLE <i>Fairley Kenneally</i>



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
1/23/2013

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.

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PRODUCER E & S Insurance Services LLC 21 Meadowbrook Lane P O Box 7425 Gilford NH 03247-7425	CONTACT NAME: Fairley Kenneally PHONE (A/C No. Ext.): (603) 293-2791 FAX (A/C No.): (603) 293-7188 E-MAIL ADDRESS: fairley@esinsurance.com	
	INSURER(S) AFFORDING COVERAGE	
INSURED Family Resource Center at Gorham 123 Main Street Gorham NH 03581	INSURER A: Great American Ins Group	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** 2012 **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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY			MAC3793560-06	5/10/2012	5/10/2013	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$ 5,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY \$ 1,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						GENERAL AGGREGATE \$ 2,000,000
							PRODUCTS - COMP/OP AGG \$ 2,000,000
							\$
A	AUTOMOBILE LIABILITY			MAC3793560-06	5/10/2012	5/10/2013	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS	<input checked="" type="checkbox"/> NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident) \$
							\$
							\$
							\$
	UMBRELLA LIAB						EACH OCCURRENCE \$
	EXCESS LIAB						AGGREGATE \$
	DED						\$
	RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATUTORY LIMITS
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER Director, Division of Public Health Servi NH Department of Health & Human Services 29 Hazen Drive Concord, NH 03301-6504	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE F Kenneally/FAIRLE <i>Fairley Kenneally</i>



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
4/24/2013

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.

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	INSURER(S) AFFORDING COVERAGE	
INSURED Family Resource Center at Gorham 123 Main Street Gorham NH 03581	INSURER A: Great American Ins Group	NAIC #
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES **CERTIFICATE NUMBER:2013-14** **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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			MAC3793560-07	5/10/2013	5/10/2014	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	GENL AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			MAC3793560-07	05/10/2013	05/10/2014	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						WC STATUTORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER **CANCELLATION**

Director, Div of Public Health Services NH Dept of Health & Human Services 29 Hazen Drive Concord, NH 03301-6504	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE F Kenneally/FAIRLE <i>Fairley Kenneally</i>



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SALLAIN

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/23/2013

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PRODUCER

USI Insurance Services LLC
PO Box 406
Portland, ME 04112

CONTACT NAME:

PHONE (A/C, No, Ext): (800) 723-2877
E-MAIL ADDRESS:

FAX (A/C, No): (877) 775-0110

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A : Travelers Property Casualty Co of America 25674

INSURER B :

INSURER C :

INSURER D :

INSURER E :

INSURER F :

INSURED

The Family Resource Center
123 Main Street
Gorham, NH 03581-0225

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR	WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY						EACH OCCURRENCE \$
	COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$
	CLAIMS-MADE OCCUR						MED EXP (Any one person) \$
							PERSONAL & ADV INJURY \$
							GENERAL AGGREGATE \$
							PRODUCTS - COMP/OP AGG \$
							\$
	GEN'L AGGREGATE LIMIT APPLIES PER:						
	POLICY PROJECT LOC						
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	ANY AUTO						BODILY INJURY (Per person) \$
	ALL OWNED AUTOS	SCHEDULED AUTOS					BODILY INJURY (Per accident) \$
	HIRED AUTOS	NON-OWNED AUTOS					PROPERTY DAMAGE (PER ACCIDENT) \$
							\$
	UMBRELLA LIAB						EACH OCCURRENCE \$
	EXCESS LIAB	OCCUR					AGGREGATE \$
		CLAIMS-MADE					\$
							\$
	DED RETENTION \$						
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						<input checked="" type="checkbox"/> WC STATUTORY LIMITS
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N					OTHER
	If yes, describe under DESCRIPTION OF OPERATIONS below			6KUB9866L683	1/1/2013	1/1/2014	E.L. EACH ACCIDENT \$ 100,000
			N/A				E.L. DISEASE - EA EMPLOYEE \$ 100,000
							E.L. DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Evidence of Insurance is issued as a matter of information only and confers no rights upon the holder and does not amend, extend or alter the coverage afforded by policies designated on the certificate.

CERTIFICATE HOLDER

The Director, Div. of Public Health Services
NH DHHS
29 Hazen Drive
Concord, NH 03301

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

© 1988-2010 ACORD CORPORATION. All rights reserved.

FAMILY RESOURCE CENTER AT GORHAM

**FINANCIAL STATEMENTS
FOR THE YEARS ENDED JUNE 30, 2011 AND 2010
AND
INDEPENDENT AUDITORS' REPORT**

To the Members of the Board of Directors
Family Resource Center at Gorham
Gorham, New Hampshire

INDEPENDENT AUDITORS' REPORT

We have audited the accompanying statements of financial position of Family Resource Center at Gorham, (a nonprofit organization) as of June 30, 2011 and 2010, and the related statements of cash flows for the years then ended and the related statements of activities and functional expenses for the year ended June 30, 2011. These financial statements are the responsibility of the Organization's management. Our responsibility is to express an opinion on these financial statements based on our audits. The prior year summarized comparative information has been derived from the Organization's 2010 financial statements and, in our report dated October 22, 2010, we expressed an unqualified opinion on those financial statements.

We conducted our audits in accordance with auditing standards that are generally accepted in the United States of America. 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 includes consideration of internal control over financial reporting as a basis for designing audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Organization's internal control over financial reporting. Accordingly, we express no such opinion. An audit also includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements, and assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position and cash flows of the Family Resource Center at Gorham, as of and for the year ended June 30, 2011, and the changes in its net assets, and functional expenses for the year ended June 30, 2011, in conformity with accounting principles generally accepted in the United States of America.

*Leone, McDonnell & Roberts,
Professional Association*

October 17, 2011
North Conway, New Hampshire

FAMILY RESOURCE CENTER AT GORHAM

**STATEMENTS OF FINANCIAL POSITION
AS OF JUNE 30, 2011 AND 2010**

	<u>2011</u>	<u>2010</u>
<u>ASSETS</u>		
CURRENT ASSETS		
Cash and cash equivalents	\$ 91,508	\$ 70,807
Certificates of deposit	156,428	155,155
Investments	162,648	149,507
Grants receivable	86,577	46,723
Prepaid expenses	7,446	9,356
	<hr/>	<hr/>
Total current assets	504,607	431,548
PROPERTY AND EQUIPMENT, net	<hr/>	<hr/>
	50,181	51,282
	<hr/>	<hr/>
Total assets	<u>\$ 554,788</u>	<u>\$ 482,830</u>
<u>LIABILITIES AND NET ASSETS</u>		
CURRENT LIABILITIES		
Accounts payable	\$ 6,099	\$ 372
Accrued expenses	892	
Agency deposits	22,167	22,156
Refundable advances	82,274	78,380
	<hr/>	<hr/>
Total current liabilities	111,432	100,908
NET ASSETS		
Unrestricted		
Designated for long-term building maintenance	6,643	4,229
Undesignated	253,570	224,640
Permanently restricted - endowment	183,143	153,053
	<hr/>	<hr/>
Total net assets	443,356	381,922
	<hr/>	<hr/>
Total liabilities and net assets	<u>\$ 554,788</u>	<u>\$ 482,830</u>

See Notes to Financial Statements

FAMILY RESOURCE CENTER AT GORHAM

**STATEMENT OF ACTIVITIES
FOR THE YEAR ENDED JUNE 30, 2011
WITH COMPARATIVE TOTALS FOR 2010**

	2011			2010 Total
	Unrestricted	Temporarily Restricted	Permanently Restricted	
REVENUE AND SUPPORT				
Grants		\$ 891,761		\$ 978,994
Donations	\$ 26,122		\$ 3,840	59,291
Agency rents	26,666			21,257
Investment income			3,679	4,051
Interest income	1,933			3,978
Net unrealized investment gain			19,586	12,349
Net realized investment gain			5,535	
Net assets released from restrictions	891,761	(891,761)		
Total revenues, support and net assets released from restrictions	946,482		32,640	1,079,920
EXPENSES				
Program services	769,387			850,832
Management and general	145,751		2,550	151,304
Net realized investment loss				716
Total expenses	915,138		2,550	1,002,852
INCREASE IN NET ASSETS	31,344		30,090	77,068
NET ASSETS - BEGINNING OF YEAR	228,869		153,053	304,854
NET ASSETS - END OF YEAR	\$ 260,213	\$	\$ 183,143	\$ 381,922

See Notes to Financial Statements

FAMILY RESOURCE CENTER AT GORHAM

**STATEMENTS OF CASH FLOWS
FOR THE YEARS ENDED JUNE 30, 2011 AND 2010**

	<u>2011</u>	<u>2010</u>
CASH FLOWS FROM OPERATING ACTIVITIES		
Increase in net assets	\$ 61,434	\$ 77,068
Adjustments to reconcile change in net assets to net cash provided by operating activities:		
Unrealized gain on investments	(19,586)	(12,349)
Depreciation	2,978	2,766
(Increase) decrease in assets		
Grants receivable	(39,854)	(8,050)
Prepaid expenses	1,910	(872)
(Decrease) increase in liabilities		
Accounts payable	5,727	(24)
Accrued expenses	892	
Agency deposits	11	268
Refundable advances	3,894	(175,441)
	<hr/>	<hr/>
NET CASH USED IN (PROVIDED BY) OPERATING ACTIVITIES	17,406	(116,634)
	<hr/>	<hr/>
CASH FLOWS FROM INVESTING ACTIVITIES		
Additions to property and equipment	(1,877)	(48,302)
Purchase of investments and certificates of deposit	(10,316)	(64,511)
Proceeds from sale of investments	15,488	27,658
	<hr/>	<hr/>
NET CASH USED IN (PROVIDED BY) INVESTING ACTIVITIES	3,295	(85,155)
	<hr/>	<hr/>
NET INCREASE (DECREASE) IN CASH AND EQUIVALENTS	20,701	(201,789)
	<hr/>	<hr/>
CASH AND EQUIVALENTS - BEGINNING OF YEAR	70,807	272,596
	<hr/>	<hr/>
CASH AND EQUIVALENTS - END OF YEAR	\$ 91,508	\$ 70,807
	<hr/> <hr/>	<hr/> <hr/>

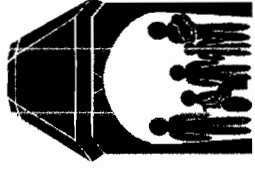
See Notes to Financial Statements

FAMILY RESOURCE CENTER AT GORHAM

**STATEMENT OF FUNCTIONAL EXPENSES
FOR THE YEAR ENDED JUNE 30, 2011
WITH COMPARATIVE TOTALS FOR 2010**

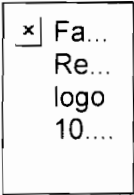
	2011			2010
	Program Services	Management and General	Total	Total
Personnel Costs				
Salaries and wages	\$ 431,232	\$ 101,153	\$ 532,385	\$ 550,271
Payroll taxes	33,922	7,611	41,533	42,122
Employee benefits	37,943	24,258	62,201	55,436
Contractors and consultants	93,487	323	93,810	156,788
Program activities	34,023		34,023	37,835
Program travel	26,675		26,675	37,878
Food and supplies	20,933	3,407	24,340	18,493
Heat and utilities	19,325		19,325	16,769
Conferences and meetings	16,227	1,546	17,773	7,983
Telephone, internet, fax and cable	13,136	130	13,266	15,822
Accounting fees		7,409	7,409	7,600
Office supplies and expenses	6,000	896	6,896	3,705
Liability insurance	6,173	70	6,243	6,190
Cleaning	6,211		6,211	6,243
Maintenance and inspections	6,190		6,190	5,877
Printing	4,000	1,333	5,333	4,768
Technology	3,500		3,500	8,128
Depreciation	2,978		2,978	2,766
Postage and shipping	1,488	165	1,653	1,938
Rent	1,500		1,500	1,093
Training	1,344		1,344	
Property insurance	900		900	880
Advertising and promotion	450		450	
Parking	250		250	2,000
Program materials				6,831
Other	1,500		1,500	4,720
Total	<u>\$ 769,387</u>	<u>\$ 148,301</u>	<u>\$ 917,688</u>	<u>\$ 1,002,136</u>

See Notes to Financial Statements



Family Resource Center Mission Statement

To build healthier families and stronger communities through positive relationships, programs, and collaborations in the North Country.



The Family Resource Center

123 Main Street
Gorham, NH 03581
603-466-5190 (T)
603-466-9022 (F)

Hon. James E. Michalik, *Retired*
Executive Director
www.frc123.org

Satellite Offices in Lancaster, Colebrook and Littleton, NH

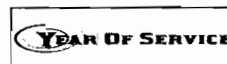
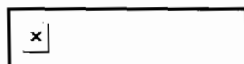
2012-2013

Board of Directors	Title	Term
Francine Gardner-Smith	President	2010
Patti Stolte	Vice President	2011
Andre Caron	Treasurer	2009
Katherine Baublis	Secretary	2009
Scott Gregory		2011
Eric Lapointe		2011
Linda Pivin		2012

Strengthening Families . . . Building Communities
Serving the North Country for 15 years



Selected as 2012 Winner



KEY ADMINISTRATIVE PERSONNEL

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

Agency Name: The Families Resource Center at Gorham

Name of Bureau/Section: BPHCS, Maternal and Child Health, HVNH-HFA

BUDGET PERIOD:	SFY 2014	July 1, 2013 - 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
James Michalik, Executive Director	\$60,004	40.00%	\$24,001.60
Susan Watson, Director Family Support Services	\$37,346	25.00%	\$9,336.50
	\$0	0.00%	\$0.00
	\$0	0.00%	\$0.00
	\$0	0.00%	\$0.00
	\$0	0.00%	\$0.00
TOTAL SALARIES (Not to exceed Total/Salary Wages, Line Item 1 of Budget request)			\$33,338.10

BUDGET PERIOD:	SFY 2015	July 1, 2014 - June 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
James Michalik, Executive Director	\$60,004	40.00%	\$24,001.60
Susan Watson, Director Family Support Services	\$37,346	25.00%	\$9,336.50
	\$0	0.00%	\$0.00
	\$0	0.00%	\$0.00
	\$0	0.00%	\$0.00
	\$0	0.00%	\$0.00
TOTAL SALARIES (Not to exceed Total/Salary Wages, Line Item 1 of Budget request)			\$33,338.10

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, **even if no salary is paid from the contract**. Provide their name, title, annual salary and percentage of annual salary paid from agreement.

Hon. James E. Michalik, Retired
Curriculum Vitae

Professional Experience

Executive Director, Family Resource Center
Gorham, New Hampshire 2010 – Present

Presiding Judge, Coos County Family Division
New Hampshire Judicial Branch 2006 - 2010

Special Justice, District Court
New Hampshire Judicial Branch 1999 - 2010

Practicing Attorney
Berlin, New Hampshire 1988 - Present

Law Clerk, Zuckert, Scoult, Rasenberger & Johnson
Washington, D.C. 1986 - 1987

Legislative Assistant, Office of Congressman Martin A. Russo, (IL)
Washington, D.C. 1983 - 1986

Adjunct Instructor, White Mountains Community College
Berlin, New Hampshire 2002-2006

Adjunct Instructor, Granite State College f/k/a School for Life Long Learning
Berlin, New Hampshire 1997-2004

Adjunct Instructor, National Judicial College
Reno, Nevada 2009

Education

Doctor of Jurisprudence, 1987
The Catholic University of America - Columbus School of Law
Washington, D. C.

Bachelors Degree, 1982
DePaul University
Chicago, Illinois

Master's of Science Degree - Organizational Management and Leadership
Springfield College - School of Human Services
St. Johnsbury, Vermont (Anticipated Graduation – 2013)

Memberships

Member, United States Supreme Court Bar Association
Member, New Hampshire Bar Association
Member, National Council of Juvenile and Family Court Judges

Susan N. Watson

- OBJECTIVE:** To utilize my education and job experience to service youth and families.
- EDUCATION:** **BS Human Services/ Counseling**
Lyndon State College
Lyndonville, Vermont
May 1997
- CERTIFICATION:** **Center for Credentialing and Education, Inc.**
Human Services Board Practitioner (HS-BCP)
Sept 13, 2010-
Sept 30, 2015
- WORK EXPERIENCE:**
- Family Resource Center **Director Family Support Services**
June 2004- Present
To manage home visiting programs and services to families at risk of abuse and neglect in Coos County. Responsibilities include managing and writing budgets, supervising staff, setting up and providing staff development and training, completing monthly, quarterly and yearly reports, statistics and attending state wide meetings with funders and service providers. Running and coordinating parenting workshops and a toddler play group.
- NFI Davenport School **Assistant Program Director**
Aug. 1999- June 2004
To provided structure to 34 staff and 15 adjudicated youth in a residential school program. Responsibilities includes hiring employees, controlling a budget, petty cash, scheduling for 15 counselors, payroll, direct supervision of line staff, attending juvenile court hearings, providing individual and family counseling/mediation, working with DJJS/DCYF workers, food ordering, menu planning, and schedule weekly transportation to therapy for residents. Participate and facilitate weekly management, staff meeting, treatment team meetings, and on a rotational on call system.
- North Country Shelter **Family Service Worker**
Dec. 1997- Aug. 1999
To provided support and information for families of adjudicated youth. Responsibilities include completing a family assessment, having weekly contact with each family, providing mediation, weekly contact with Juvenile Service Officers, 30 days of after care for each client and family, meeting with clients on a daily basis, completing placement summaries of the clients for court. Participate in the weekly management team meeting and on a rotational on call system

May 1995 –Dec 1997

Residential Counselor/ Team Leader

To provided a therapeutic environment for adjudicated youth. Responsibilities include running groups, behavioral management, implementing goals and objectives, supervising family visits, providing family support visiting day, and developing assessments for clients.

CERTIFICATIONS:

Adventure Experience Challenge Course Instructor

August 1995 – June 2004

Parents as Teacher National Curriculum

January 2005 - Present

American Heart Association

CPR/AED/ FIRST AID Instructor

November 2005 – Present

Triple P accredited Practitioner

Level 4 Standard

August 2010- Present

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: The Family Resource Center at Gorham

Home Visiting New Hampshire - Healthy
Budget Request for: Families America
(Name of RFP)

Budget Period: July 1, 2013 - June 30, 2014

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	\$ 52,183.47	\$ 5,543.92	\$ 57,727.39	Indirect funds are allocated to each department at the FRC based on the overall FRC budget and the amount of money each department has in funds each year.
2. Employee Benefits	\$ 9,645.53	\$ 1,488.08	\$ 11,133.61	
3. Consultants	\$ 1,600.00	-	\$ 1,600.00	
4. Equipment:	\$ -	\$ -	\$ -	
Rental	\$ -	\$ -	\$ -	
Repair and Maintenance	\$ -	\$ -	\$ -	
Purchase/Depreciation	\$ -	\$ -	\$ -	
5. Supplies:	\$ 1,000.00	\$ -	\$ 1,000.00	
Educational	\$ -	\$ -	\$ -	
Lab	\$ -	\$ -	\$ -	
Pharmacy	\$ -	\$ -	\$ -	
Medical	\$ -	\$ -	\$ -	
Office	\$ -	\$ -	\$ -	
6. Travel	\$ 2,000.00	\$ -	\$ 2,000.00	
7. Occupancy	\$ 1,500.00	\$ -	\$ 1,500.00	
8. Current Expenses	\$ -	\$ -	\$ -	
Telephone	\$ 500.00	\$ -	\$ 500.00	
Postage	\$ -	\$ -	\$ -	
Subscriptions	\$ -	\$ -	\$ -	
Audit and Legal	\$ 1,000.00	\$ -	\$ 1,000.00	
Insurance	\$ -	\$ -	\$ -	
Board Expenses	\$ -	\$ -	\$ -	
9. Software	\$ -	\$ -	\$ -	
10. Marketing/Communications	\$ -	\$ -	\$ -	
11. Staff Education and Training	\$ 1,000.00	\$ -	\$ 1,000.00	
12. Subcontracts/Agreements	\$ -	\$ -	\$ -	
13. Other: Printing	\$ 500.00	\$ -	\$ 500.00	
14. HFA Annual Fee	\$ 362.00	\$ -	\$ 362.00	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
TOTAL	\$ 71,291.00	\$ 7,032.00	\$ 78,323.00	

Indirect As A Percent of Direct

9.9%

BUDGET FORM

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

Bidder/Program Name: The Family Resource Center at Gorham

Home Visiting New Hampshire - Healthy
Budget Request for: Families America
(Name of RFP)

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

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
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3. Consultants	\$ 1,600.00	\$ -	\$ 1,600.00	
4. Equipment:	\$ -	\$ -	\$ -	
Rental	\$ -	\$ -	\$ -	
Repair and Maintenance	\$ -	\$ -	\$ -	
Purchase/Depreciation	\$ -	\$ -	\$ -	
5. Supplies:	\$ 1,000.00	\$ -	\$ 1,000.00	
Educational	\$ -	\$ -	\$ -	
Lab	\$ -	\$ -	\$ -	
Pharmacy	\$ -	\$ -	\$ -	
Medical	\$ -	\$ -	\$ -	
Office	\$ -	\$ -	\$ -	
6. Travel	\$ 2,000.00	\$ -	\$ 2,000.00	
7. Occupancy	\$ 1,500.00	\$ -	\$ 1,500.00	
8. Current Expenses	\$ -	\$ -	\$ -	
Telephone	\$ 500.00	\$ -	\$ 500.00	
Postage	\$ -	\$ -	\$ -	
Subscriptions	\$ -	\$ -	\$ -	
Audit and Legal	\$ 1,000.00	\$ -	\$ 1,000.00	
Insurance	\$ -	\$ -	\$ -	
Board Expenses	\$ -	\$ -	\$ -	
9. Software	\$ -	\$ -	\$ -	
10. Marketing/Communications	\$ -	\$ -	\$ -	
11. Staff Education and Training	\$ 1,000.00	\$ -	\$ 1,000.00	
12. Subcontracts/Agreements	\$ -	\$ -	\$ -	
13. Other (printing):	\$ 500.00	\$ -	\$ 500.00	
HFA Annula fee	\$ 362.00	\$ -	\$ 362.00	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
TOTAL	\$ 71,291.00	\$ 7,032.00	\$ 78,323.00	

Indirect As A Percent of Direct

9.9%



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 8, 2011

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

#56
11/11/12

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 The Family Resource Center at Gorham (Vendor #162412-B001), 123 Main Street, Gorham, New Hampshire 03581, in an amount not to exceed \$156,646, 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	\$78,323
SFY 2013	102-500731	Contracts for Program Services	90004104	\$78,323
		Total		\$156,646

EXPLANATION

Funds in this agreement will be used to support home visiting services in Coos County 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.

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 demonstrated by Memorandums of Understanding that were submitted along with applications indicating strong relationships among concurrence partners and other Early Childhood Stakeholders. In addition to home visiting services provided directly to families, this agreement supports infrastructure building services through the coordination of home visiting and other early childhood programs such as early intervention, Head Start and prevention of child abuse and neglect.

Coos County 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 Coos County was used to make this determination. Most of this data is from 2008, the most recent year for which data was available.

- 27.2% of children live in single-parent families
- Infants born at Highest Risk: 6.3% (% of infants born to New Hampshire 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).
- Average Weekly Wage of \$610. Percentage of jobs paying a livable wage for two parents working: 50%, and 1 parent working: 21%
- Child Poverty Rate tied for highest county-wide rate: 15.3% (ages birth-18)
- Highest % of children receiving food stamps Supplemental Nutrition Assistance Program in the state: 31.7%
- 42.3% of children eligible for free and reduced-priced lunch (highest in the state)
- Annual Unemployment Rate: 8.1% (Highest in the state)
- 29.1% of infants and children (birth - 4) participating in Women, Infants and Children Nutrition Program
- 50% of children enrolled in Medicaid or Childrens Health Insurance Program (highest in the state)
- Infant Mortality Rate: 5.4 per thousand
- Low Birth Weight Infants: 77.6 per 1000 (LBW< 5.5 lbs) (highest in the state)
- 5.5% of children receive Community Mental Health Services
- Children in Out-of-Home Placements: 6.5 per thousand (highest in the state)
- Court-involved youth ages 7-17: 10.6 (cases/1,000; 3-year average)
- Highest average annual number of substantiated child maltreatment victims in New Hampshire: 9.3 per 1,000 children age 0 to 17

- 10.7% of live births were premature
- Teen birth rate (per 1,000 live births): 32
- 9.5 cases of domestic violence per 1,000
- 1.3 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.

The Family Resource Center at Gorham 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 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 for Home Visiting New Hampshire-Healthy Families America services to be provided 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 The Family Resource Center at Gorham was selected to serve Coos County. 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 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 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. The 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.

Area served: Coos County.

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.

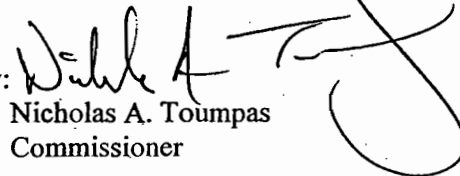
In the event that the Federal Funds become no longer available, General Funds will not be requested to support this program.

Respectfully submitted,



José Thier Montero, MD
Director

Approved by:



Nicholas A. Toumpas
Commissioner

JTM/PT/DD/sc

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 **IS** 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.*

- (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.