

# STATE OF NEW HAMPSHIRE DEPARTMENT OF HEALTH AND HUMAN SERVICES DIVISION OF COMMUNITY BASED CARE SERVICES

108

Nicholas A. Toumpas Commissioner

Nancy L. Rollins Associate Commissioner BUREAU OF BEHAVIORAL HEALTH

105 PLEASANT STREET, CONCORD, NH 03301 603-271-5000 1-800-852-3345 Ext. 5000 Fax: 603-271-5058 TDD Access: 1-800-735-2964

April 15, 2013

Her Excellency, Governor Margaret Wood Hassan and the Honorable Council State House Concord, NH 03301 74% General 20% Federal Betroactuie

#### Requested Action

Authorize the Department of Health and Human Services, Division of Community Based Care Services, Bureau of Behavioral Health, to **amend** an agreement (purchase order 1023837) **retroactive** to April 1, 2013 with Riverbend Community Mental Health, Inc., 3 North State Street, Concord, New Hampshire 03302-2032, vendor number 177192, to use federal Balancing Incentive Program funds to fund training for workforce development in the community mental health system by increasing the price limitation by \$42,264 from \$623,444 to an amount not to exceed \$665,708, effective April 1, 2013, through June 30, 2013. The Governor and Council approved the original agreement on June 20, 2012, Item Number 89E.

Funds to support this request are available in the following accounts in Fiscal Year 2013:

05-95-40-403010-5855 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVCS, HHS: CHILDREN AND YOUTH, SERV FOR CHILD AND FAMILIES, CHILD FAMILY SERVICES

			Current Me	odified	<b>Increase</b>		Revised Mo	dified
Class/Object	Class Title	Activity Code	Budge	<u>et</u>	(Decrease	_	<u>Budge</u>	<u>et</u>
550-0398	Assessment and Counseling	40150001	\$	1,770	<u>Amount</u> \$	0	\$	1,770

05-95-92-920010-5945 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVCS, HHS: BEHAVIORAL HEALTH-DIV OF, DIV OF BEHAVIORAL HEALTH, CMH PROGRAM SUPPORT

Class/Object	Class Title	Activity Code	Current Modified Budget	Increase (Decrease)		Revised Modified Budget
Class/Object	Class Title	Activity Code	Duuget			Budget
		1		<u>Amount</u>		
102-0731	Contracts for Program Services	92205945	\$ 482,586	\$	0	\$ 482,586

05-95-92-920010-7010 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVCS, HHS: BEHAVIORAL HEALTH-DIV OF, DIV OF BEHAVIORAL HEALTH, COMMTY MENTAL HEALTH SVCS

Class/Object	Class Title	Activity Code	Current M Budge		Increase (Decreas	-	Revised M Budg	
502-0891	Payments to Providers	92207010	\$	7,708	Amount \$	<u>t</u> 0	\$	7,708

05-95-92-920010-2087 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVCS, HHS: BEHAVIORAL HEALTH-DIV OF, DIV OF BEHAVIORAL HEALTH, MIPCD GRANT

Class/Object	Class Title	Activity Code	Cur	rent Modified Budget	<u>Increase</u> (Decrease)	Revised Modified Budget
102-0731	Contracts for Program Svs	92202087		\$ 101,380	Amount \$	0 \$ 101,380

05-95-928310-7150 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVCS, HHS: COMMISSIONER, DCBCS BHHS, PATH GRANT

Class/Object	Class Title	Activity Code	<u>C</u> 1	urrent Mo Budge		(Decrease)		Revised M Budg	
102-0731	Contracts for Program Svs	95807150	' .  -	\$	30,000	<u>Amount</u> \$	0	\$	30,000

05-95-958010-3316 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVCS, HHS: COMMISSIONER-COMMUNITY BASED CARE SERVICES, BALANCING INCENTIVE PROGRAM

Class/Object	Class Title	Activity Code	Current Modified Budget	Increase (Decrease) Amount	Revised Modified Budget
102-0731	Contracts for Program Svs	95803316	<u>\$0</u>	\$ 42,264	\$ 42,264
		Total	\$ 623,444	\$ 42,264	\$ 665,708

#### Explanation

The purpose of this request is to use federal Balancing Incentive Program funds to provide training to staff within the community mental health system that treat adults with serious mental illness and children with serious emotional disturbance. The Bureau requests that this amendment be retroactive. The approval to spend these federal funds occurred late in the fiscal year. In order to take advantage of the appropriation of these funds in SFY13, the Bureau decided to proceed with the trainings despite the time crunch. The Bureau requests the amendment be retroactive to allow the contractor the time needed to plan and advertise the trainings, and secure trainers and facilities.

The purpose of the Balancing Incentive Program grant that was awarded to the New Hampshire Department of Health and Human Services was to rebalance Medicaid spending between institutional and non-institutional long-term care and to improve access to and offerings of home and community-based long-term services and supports to allow those needing long-term care through Medicaid to remain in their homes and communities to the greatest extent possible rather than in nursing homes and hospitals.

The training to be provided to community mental health center staff ties into priority initiatives identified in the Bureau of Behavioral Health's 10-Year Olmstead Plan. Examples of training include Cognitive Behavioral Therapy, Dialectical Behavior Therapy, Trauma-informed Psychotherapy, Integrated treatment of co-occurring disorders, and Illness Management and Recovery. A better-trained workforce within the community mental health system will be better able to treat clients and prevent them from needing hospitalization.

Her Excellency, Governor Margaret Wood Hassan and the Honorable Council
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Should the Governor and Council not approve this request, the state will be foregoing the opportunity to use federal funds to improve the clinical expertise of the community mental health system workforce with an end toward treating people in their communities and preventing the need for hospitalizations and other forms of institutional care. In addition, this would hamper the Department's progress towards achievement of the Balancing Incentive Program goals of spending at least 50% of all Medicaid long-term care funds on non-institutional long-term supports and services, a requirement by the end of September 2015.

Area served: For the catchment area served, please see the attached list of communities.

Source of funds: 74% General Funds and 26% Federal Funds.

In the event that the Federal Funds become no longer available, General Funds shall not be requested to support these programs.

Respectfully submitted,

Nancy L. Rollins

Associate Commissioner

Approved by:

Nicholas A. Toumpas

Commissioner

NLR/PBR/s1 G&C FY13 Region 4 Amendment #1

Enclosures

# Region IV Riverbend Community Mental Health, Inc.

#### Communities Served:

Allenstown

Andover

Boscawen

Bow

Bradford

Canterbury

Chichester

Concord

Danbury

Deering

Dunbarton

Epsom

Franklin

Henniker

Hill

Hillsborough

Hopkinton

Loudon

New London

Newbury

Northfield

Pembroke

Pittsfield

Salisbury

Sutton

Warner

Weare

Webster

Wilmot

Windsor

# **Amendment to Agreement**

This Amendment to Agreement (hereinafter called the "Amendment") is dated this 13th day of May, 2013, between the State of New Hampshire, Division of Community Based Care Services, Bureau of Behavioral Health of the Department of Health and Human Services (hereinafter called "BBH") and Riverbend Community Mental Health, Inc., a non-profit corporation organized under the laws of the State of New Hampshire with a place of business at 3 North State Street, PO Box 3023, Concord, New Hampshire 03302-2032, New Hampshire 03302-2032 (hereinafter referred to as the "Contractor").

WHEREAS, pursuant to an Agreement dated <u>June 6, 2012</u>, the Contractor has agreed to provide certain services upon the terms and conditions specified in the Agreement, in consideration of payment by BBH of certain sums specified therein; and

WHEREAS, pursuant to Paragraph 17. of the Agreement, the Agreement may be amended, waived or discharged only by an instrument in writing signed by the parties thereto and only after approval of such amendment, waiver, or discharge by the Governor and Executive Council of the State of New Hampshire;

WHEREAS, BBH and the Contractor have agreed to amend the Agreement in certain respects;

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

- 1. Amendment and Modification of Agreement.
  - 1.1. The Agreement is hereby amended as follows:

By deleting, in Subparagraph 1.8. of the General Provisions \$623,444. and substituting therefore the number \$665,708.

- 2. Amendment and Modification to Exhibit A, Scope of Work
  - 2.1. Add Section XVI. BALANCING INCENTIVE PROGRAM (BIP)

#### XVI. BALANCING INCENTIVE PROGRAM (BIP)

- A. The Balancing Incentive Program (BIP) federal funds are available to enhance the capacity of the Community Mental Health Centers through trainings to serve adults with Serious Mental Illness and children with Serious Emotional Disturbance. The trainings supported by this agreement involve unique specialized service models and tools that will improve the core competencies of provider staff to utilize practices that are proven successful in improving outcomes for individuals served and keeping those in need of behavioral health long-term services and supports in their communities and out of institutions.
- **B.** Payment Method: The Contractor shall draw down these funds by submitting monthly invoices ("green sheets") to BBH.



- 3. Amendment and Modification to Exhibit B, Methods of Payment.
  - 3.1. By changing Paragraph 7. to read, "The following Program funds shall only be expended by the Contractor as directed by BBH. Failure to expend Program funds as directed may, at the discretion of BBH, result in financial penalties not greater than the amount of the directed expenditure:

Homeless & Housing Federal Grant	\$ 30,000
Division for Children, Youth & Families Consultation	1,770
Refugee Interpreter Services	5,000
Assertive Community Treatment Team	477,586
Emergency Services	7,708
Medicaid Incentive for the Prevention of Chronic Disease	101,380
Balancing Incentive Program	42,264
Total	\$665,708

- 3.2. By deleting Paragraph 13. and replacing it with the following:
  - 13. This Agreement is funded by the New Hampshire General Fund and by federal funds made available under the Catalog of Federal Domestic Assistance (CFDA), as follows:

NH General Fund:

\$492,065

#### Federal Funds:

CFDA #:

93.150

Federal Agency:

U.S. Department of Health and Human Services

Program Title:

Projects for Assistance in Transition from Homelessness (PATH) P.L.

101-645

Amount:

\$ 30,000

CFDA #:

93.536

Federal Agency:

U.S. Department of Health and Human Services

Program Title:

Medicaid Incentives for Prevention of Chronic Diseases (MIPCD)

Amount:

\$101,380

CFDA #:

93 778

Federal Agency:

U.S. Department of Health and Human Services

Program Title:

Balancing Incentive Program (BIP)

Amount:

\$42,264

- 4. <u>Effective Date of Amendment:</u> The Effective Date of this action is retroactive to April 1, 2013 through June 30, 2013.
- 5. <u>Continuance of Agreement:</u> Except as specifically amended and modified by the terms and conditions of this Agreement, the Agreement and the obligations of the parties there under 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 written above.

Approved as to form, execution and substance:

DHHS - Division of Community Based Care Services

OFFICE OF THE ATTORNEY GENERAL

Commission Expires: 8/13/2013

By: Jan E serne

Attorney Jeanne P. Herrick

Riverbend Community Mental Health, Inc.

Date: 27 May 2013

# CERTIFICATE OF VOTE

- I, Mary Lee Carley, do hereby certify that:
- 1. I am the duly elected Assistant Board Secretary of **Riverbend Community Mental Health, Inc.**
- 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 **February 23, 2012**.

**RESOLVED**: That this Corporation enter into a contract with the State of New Hampshire, acting through its Department of Health and Human Services, Division of Community Based Care Services, Bureau of Behavioral Health, concerning the following matter:

To Provide: Mental Health Services, and Projects for Assistance in Transition from Homelessness (PATH) Services.

**RESOLVED:** That the <u>President and or Treasurer</u> hereby is authorized on behalf of this Corporation to enter into the said contract with the State and to execute any and all documents, agreements and other instruments, and any amendments, revisions, or modifications thereto, as (s)he may deem necessary, desirable or appropriate.

The foregoing resolution May 13, 2013.	ns have not been amended or revoked and remain in full force and effect as of
4. <u>Louis Josephson/Allar</u>	Moses is duly elected President/Treasurer of the Corporation.
(Seal) (Corporation)	Mary Ell Carly (Signature of Assistant Secretary)
State of <u>New Hampshire</u>	
County of <u>Merrimack</u>	
The foregoing instrume	nt was acknowledged before me this 13th day of May 2013
oy <u>Mary Lee Carley.</u>	
	Name: Susan J. Cummings Title: Notary Public/Justice of the Peace
(Seal) (Notary Public)	Commission Expires: <u>08/13/2013</u>



#### INDEPENDENT AUDITOR'S REPORT

To the Board of Directors Riverbend Community Mental Health, Inc. Concord, New Hampshire

We have audited the accompanying statements of financial position of Riverbend Community Mental Health, Inc.(a not-for-profit organization) as of June 30, 2012 and 2011 and the related statements of operations, changes in net assets, and cash flows for the years then ended. 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.

We conducted our audits in accordance with auditing standards 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 examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audit provides a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Riverbend Community Mental Health, Inc. as of June 30, 2012 and 2011, and the results of its operations, 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.

Our audit was made for the purpose of forming an opinion on the basic financial statements of Riverbend Community Mental Health, Inc. taken as a whole. The supplementary information included on pages 13 through 16 are presented for the purposes of additional analysis and are not a required part of the basic financial statements. Such information has been subjected to the auditing procedures applied in the audit of the basic financial statements and, in our opinion, is fairly stated in all material respects in relation to the basic financial statements taken as a whole.

St. Albans, Vermont September 4, 2012

Kittell Branagan + Sujent

#### Riverbend Community Mental Health, Inc. STATEMENTS OF FINANCIAL POSITION June 30,

### **ASSETS**

<u> </u>	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	
	2012	2011
CURRENT ASSETS	, !	
Cash and cash equivalents	\$ 3,214,621	\$ 2,657,889
Client service fees receivable, net	1,658,505	1,532,665
Other receivables	55,555	36,072
Investments	5,554,860	5,557,800
Prepaid expenses	39,731	53,914
Current portion of Mill House receivable	7,497	
Tenant security deposits	3,446	
TOTAL CURRENT ASSETS	10,534,215	9,846,752
PROPERTY & EQUIPMENT, NET	7,265,774	7,506,539
	1	
OTHER ASSETS	•	
Investment in Mill House Partnership	33,791	33,791
Investment in Behavioral Information Systems	74,780	74,780
Software licenses	6,411	
Bond issuance costs	380,249	
TOTAL OTHER ASSETS	495,231	515,592
RESTRICTED CASH, Rural Development Fund	16,262	14,978
	•	•
RESTRICTED CASH, Bond Reserve	52,161	264,009
NOTE RECEIVABLE - Mill House, less current portion	185,121	192,013
	•	
DUE FROM RELATED PARTY - Penacook Assisted Living Facility	17,577	28,979
TOTAL ASSETS	\$ 18,566,341	\$ 18,368,862
LIABILITIES A	ND NET ASSETS	
CURRENT LIABILITIES	•	
Accounts payable	\$ 119,837	\$ 222,181
Accrued expenses	865,280	992,139
Tenant security deposits	3,446	1,350
Accrued compensated absences	472,320	496,173
Current portion of long-term debt	206,658	178,912
Deferred revenue	104,076	147,745
TOTAL CURRENT LIABILITIES	1,771,617	2,038,500
i		
LONG-TERM LIABILITIES		
Long-term debt, less current portion	7,893,501	
Interest rate swap liability	552,641	
TOTAL LONG-TERM LIABILITIES	8,4 <u>46,</u> 142	8,476,994
NET ASSETS	·	
Unrestricted	5,955,303	5,464,724
Temporarily restricted	515,763	414,991
Temporarily restricted - Capital Campaign	1,877,516	1,973,653
TOTAL NET ASSETS	8,348,582	7,853,368
TOTAL LIABILITIES AND NET ASSETS	\$ 18,566,341	\$ 18,368,862

# Riverbend Community Mental Health, Inc. STATEMENTS OF OPERATIONS

For the Years Ended June 30,

•					
			Temporarily		
	#		Restricted		
		Temporarily	Capital		
	Unrestricted	Restricted	Campaign	All Funds	2011
DUDI IC CUDDODT AND DEVENTUE	i	Restricted	Campaign	7th Luids	2011
PUBLIC SUPPORT AND REVENUES	i				
Public support -		•	•		<b>a</b> 212 (01
State of New Hampshire BBH	\$ 530,361	2 -	\$ -	\$ 530,361	•
Federal	30,000	-	-	30,000	30,000
In-kind donations	170,784	•	•	170,784	170,784
Contributions	54,134	213,798	-	267,932	336,116
Other	647,470	135,069	•	782,539	548,792
Total Public Support	1,432,749	348,867		1,781,616	1,399,293
Revenues -	ŀ				
Client service fees, net of provision for bad debts	17,512,695	•	-	17,512,695	16,295,463
Other	2,232,076	-	-	2,232,076	2,199,249
Net assets released from restrictions	273,060	(255,893)	(17,167)		
Total Revenues	20,017,831	(255,893)	(17,167)	19,744,771	18,494,712
#					
TOTAL PUBLIC SUPPORT AND REVENUES	21,450,580	92,974	(17,167)	21,526,387	19,894,005
10111210221000110111121212121	1				
PROGRAM AND ADMINISTRATIVE EXPENSES					
Children and adolescents	4,647,752			4,647,752	4,612,036
Emergency services	1,405,989	_		1,405,989	1,449,808
ACT Team	840,569		-	840,569	201,166
	,	•	-	-	
Outpatient - Concord	2,826,957	•	•	2,826,957	2,923,973
Outpatient - Franklin	1,622,516	•	-	1,622,516	1,486,929
Multi-Service Team - Community Support Program	4,951,383	•	•	4,951,383	4,578,055
Community Residence - Twitchell	925,898	-	•	925,898	773,567
Community Residence - Fellowship	395,474	-	•	395,474	394,490
Family Intensive Team	449,307	-	-	449,307	483,742
Supportive Living - Fellowship	220,148	-	•	220,148	219,619
Supportive Living - Community	1,114,383	-	-	1,114,383	1,249,945
Other Non-BBH	591,058	-	-	591,058	418,093
Restorative Partial Hospitalization	656,808	-	-	656,808	722,299
Administrative	26,103	-	-	26,103	13,168
Temporarily restricted	247,350		•	247,350	207,381
• •					
TOTAL PROGRAM AND ADMINISTRATIVE	F				
EXPENSES	20,921,695	-	-	20,921,695	19,734,271
	-				
EXCESS OF PUBLIC SUPPORT AND REVENUE	1				
OVER EXPENSES FROM OPERATIONS	528,885	92,974	(17,167)	604,692	159,734
OVER EAR ENGLY I ROM OF ERATIONS	320,003	,2,,,,,	(17,207)	00.,072	,
INVESTMENT INCOME (LOSS)	94,590	7,798	(78,970)	23,418	434,518
IIII 25 III 24 III III III III III III III III	.,.,.	.,	(, -,-	,	,
GAIN ON SALE OF ASSETS		-	-	-	_1,500
	1				
TOTAL INCREASE/(DECREASE) IN NET ASSETS	623,475	100,772	(96,137)	628,110	595,752
(2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -	,	,	. , ,	,	•
NET ASSETS, BEGINNING OF YEAR	5,464,724	414,991	1,973,653	7,853,368	7,142,058
THE MODELS, BEGINNING OF TEAK	3,101,727	117,771	1,270,000	,,000,000	.,,000
Change in fair value of interest rate away liability	(132,896)		_	(132,896)	115,558
Change in fair value of interest rate swap liability	(132,690)			(132,070)	- 115,550
AND AGGREGATIVE OF MEAN	0 6 056 303	¢ 615.762	e 1077 517	¢ 0240503	€ 7053 260
NET ASSETS, END OF YEAR	\$ 5,955,303	\$ 515,763	φ 1,0//, <b>3</b> 16	\$ 8,348,582	\$ 7,853,368

### Riverbend Community Mental Health, Inc. STATEMENTS OF CASH FLOWS For the Years Ended June 30,

		2012		<u>2011</u>
CASH FLOWS FROM OPERATING ACTIVITIES				
Changes in net assets	\$	628,110	\$	595,752
Adjustments to reconcile change in net assets to net				
cash provided by operating activities:				
Depreciation and amortization		552,157		573,937
Gain on sale of fixed assets		<b>-</b> '		(1,500)
Unrealized (gain) loss on investments		120,272		(131,694)
Changes in:				
Client service fee receivables		(125,840)		(97,436)
Other receivables		(19,483)		50,620
Prepaid expenses		14,183		10,205
Restricted cash		(1,284)		(1,286)
Pledges receivable		-		2,000
Accounts payable and accrued expenses		(253,056)		207,390
Deferred revenue		(43,669)	_	50,010
NET CASH PROVIDED BY OPERATING ACTIVITIES		871,390		1,257,998
CASH FLOWS FROM INVESTING ACTIVITIES				
Proceeds from sale of fixed assets		-		1,500
Purchase of fixed assets		(289,512)		(272,799)
Purchase of software licenses		-		(12,821)
Investment activity, net		(118,851)		(277,182)
NET CASH USED BY INVESTING ACTIVITIES	_	(408,363)	_	(561,302)
CASH FLOWS FROM FINANCING ACTIVITIES				
Undisbursed bond trust funds		211,848		385,731
Repayment from affiliates		11,402		25,200
Mill House borrowings, net		6,457		6,652
Proceeds from issuance of debt		74,371		-
Principal payments on long-term debt		(210,373)		(174,711)
NET CASH PROVIDED BY FINANCING ACTIVITIES		93,705		242,872
NDI CROITIRO VIDED DI INVINCINO NOTI VITEDI			-	
NET INCREASE IN CASH		556,732		939,568
CASH AT BEGINNING OF YEAR	_	2,657,889	-	1,718,321
CASH AT END OF YEAR	\$_	3,214,621	<u>\$</u>	2,657,889
SUPPLEMENTAL DISCLOSURES OF CASH FLOW INFORMATION Cash payments for interest	<u>\$</u>	271,641	\$	344, <u>I</u> 36

# Riverbend Community, Mental Health, Inc.

### Mission

We care for the mental health of our community.

### Vision

- We provide responsive, accessible, and effective mental health services.
- We seek to sustain mental health and promote wellness.
- We work as partners with consumers and families.
- We view recovery and resiliency as an on-going process in which choice, education, advocacy, and hope are key elements.
- We are fiscally prudent and work to ensure that necessary resources are available to support our work, now and in the future.

### Values

- We value diversity and see it as essential to our success.
- We value staff and their outstanding commitment and compassion for those we serve.
- We value quality and strive to continuously improve our services by incorporating feedback from consumers, families and community stakeholders.
- We value community partnerships as a way to increase connections and resources that help consumers and families achieve their goals.

# **KEY ADMINISTRATIVE PERSONNEL - FY2013**

## RIVERBEND COMMUNITY MENTAL HEALTH

•			ľ		Sa	lary contributed	% of Salary
Postion	Name	FTEs	,	Salary		from BBH	from BBH
Executive Director	Louis Josephson	1.00	\$	155,944.00	\$	59,598.28	38%
Chief Financial Officer	Allan Moses	1.00	\$	106,256.00	\$	40,608.65	38%
Medical Director	Robert Murray	1.00	\$	230,000.00	\$	87,900.82	38%
Chief Operations Officer	Bret Longood	1.00	\$	102,390.00	\$	39,131.15	38%

#### LOUIS JOSEPHSON, CSW, Ph.D.

#### PROFESSIONAL EXPERIENCE

#### RIVERBEND COMMUNITY MENTAL HEALTH, INC.

Concord, New Hampshire January 2005 to Present

President/CEO

Vice President for Behavioral Health at Concord Hospital

- \* Manage \$20 million mental health agency with 300 employees serving children, families and adults with outpatient, inpatient and residential services.
- \* Manage 15 bed inpatient psychiatric unit and emergency psychiatric services at Concord Hospital.
- \* Board member for Capital Region Health Care.
- \* Program development with the New Hampshire Division of Behavioral Health to design new initiatives to better serve the community.
- \* Work with state and local government committees to advise legislators on the mental health needs of the community.
- \* Member of the legislatively empowered New Hampshire Mental Health Commission devising a long strategic plan for mental health services in the state
- Responsible for developing philanthropy and grant-funded projects.

#### NEW YORK CITY DEPARTMENT OF HEALTH AND MENTAL HYGIENE

93 Worth Street, New York City

Assistant Commissioner, Office of Child and Adolescent Services, June 2001 to December 2004

- Responsible for strategic planning and regulatory review for child and addiescent mental health, substance abuse and mental retardation/developmental disabilities programs in the City. Direct oversight of over 100 contracts totaling \$29 million in services.
- Member of the Division's Senior Management Team.
- \* Interagency liaison/collaboration with other New York City agencies serving children and adolescents such as the Department of Education and the Administration for Children's Services.
- \* Liaison/collaboration with the New York State Office of Mental Health and federal agencies such as HRSA, FEMA, and CMHS/SAMHSA. Created the Post 9/11 mental health response for New York City Schools and helped design overall 9/11 recovery system: "Project Liberty."
- \* Production of RFPs and RFP review for new or expanding programs.
- \* Provided information/leadership to advocacy groups, mental health agency coalitions, and consumer groups.
- \* Public presentations at hearings and other public forums on the work of the department.
- \* Grant development. Principal Investigator of a six-year, \$9.5 million grant from SAMHSA, awarded 2002.
- \* Co-Director, NIMH funded Research Network Development Core on Evidence Based Treatment with Columbia University Dept. of Child Psychiatry.

#### NEW YORK CITY HEALTH AND HOSPITALS CORPORATION

#### Office of Corporate Planning, Community Health & Intergovernmental Relations

60 Lafayette Street, Room 6D, New York City

Director, Family Court Mental Health Services, July 2000 to June 2001

- Managed 4 mental health clinics serving each of the Family Courts in New York City including clinical services, management planning, budget and grant development.
- Member of the Senior Management Team in the Office of Corporate Planning, Community Health and Intergovernmental Relations.
- \* Responsible for the program's interagency collaboration with New York City's Administration for Children's Services, Office of Mental Health, Department of Juvenile Justice, as well as the New York State Family Court system.

#### HARLEM DOWLING-WEST SIDE CENTER FOR CHILDREN AND FAMILY SERVICES

2090 Adam Clayton Powell Jr. Boulevard, New York City

Associate Executive Director - Clinical and Community Based Services, December 1998 to June 2000; Director of Therapeutic Services April 1997 to November 1998

- \* Supervision of and program development for a comprehensive, culturally sensitive mental health service for 900 children in foster care including specialized programs for victims of domestic violence and AIDS.
- Supervision of 22 staff members and 12 mental health consultants.
- Program design and enhancement through grant writing and establishing community collaborations.
- \* Budget development and management for government regulated programs and other grants.
- Development of strategic planning initiatives in response to managed care.
- Supervision of two Preventive Service Programs in Central Harlem and Washington Heights, NYC.
- \* Supervision of two \$300,000 grants for after-school programming from The After-School Corporation (TASC) for 600 children in Harlem.
- \* Presentations to the Board of Directors meetings and in Board/Senior Management Retreats.
- \* Grant writing for federal, state and local funds; 10 grants submitted in 1999-2000.

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#### THE CENTER FOR PREVENTIVE PSYCHIATRY

Yonkers, New York. Assistant Clinic Director, Outpatient Child and Family Therapy Clinic, February 1994 to March 1997.

- Responsible for most clinical and administrative functions of the clinic.
- Clinical supervision of seven psychologists and social workers.
- \* Supervision of the clinic crisis service.
- \* Coordination of Utilization Review and Quality Assurance procedures.
- \* Responsible for clinic budget and its development and monitoring throughout the year.
- \* Grant writing.
- \* Planning and negotiation of community collaboration program for mental health services for homeless families.
- \* Provided in-service training to staff on sexual abuse and other topics.
- \* Co-Chair Westchester County's community "network" of mental health providers who coordinate services and provide strength-based interventions to high-risk families.
- Participation in the agency-wide clinical leadership council creating clinical strategies to respond to the managed care environment.
- \* Psychotherapy with children and families.

#### JEWISH BOARD OF FAMILY AND CHILDREN'S SERVICES

Brooklyn, NY, Senior Social Worker, Madeleine Borg Community Services, Outpatient Mental Health Clinic, June 1988 to January 1994.

- \* Long and short-term individual psychotherapy with children, adolescents, adults.
- \* Led groups for adolescents, senior citizens, parents and toddlers, bereavement groups.
- \* Supervised clinical staff and Master's level social work students.
- \* Consultation to community agencies for mental health needs.

#### NEW YORK UNIVERSITY, SHIRLEY M. EHRENKRANZ SCHOOL OF SOCIAL WORK

New York, NY, Adjunct Associate Professor of Social Work, Fall 1993 to 2004.

- \* Instruct doctoral candidates in the Ph.D. Program. Course: "Psychological and Developmental Disorders of Childhood and Adolescence."
- \* Instruct Post-MSW students in a clinical practice case seminar in NYU's Advanced Certificate Program in Social Work.
- \* Instruct Master's level social work students in the Practice and Human Behavior areas. Courses: "Clinical Practice with Children," "Clinical Practice with Abused and Neglected Children and Their Families," and "Clinical Practice with Individuals and Families," "Human Behavior and the Social Environment II."
- \* Instruct students on New York State's curriculum on the identification and reporting of child abuse and neglect, yearly.

#### FORDHAM UNIVERSITY SCHOOL OF SOCIAL SERVICES

New York, NY, Adjunct Professor, Fall 1996 to 1998.

\* MSW Courses: "Advanced Clinical Assessment and Diagnosis," "Clinical Social Work with Children," and "Seminar in Advanced Clinical Practice."

#### PLYMOUTH STATE UNIVERSITY—Department of Social Work

Plymouth, New Hampshire. Adjunct Professor, Fall 2005 to Present

\* Instructor: Child Welfare Services, Introduction to Social Work, Social Welfare Policy.

#### **PUBLICATIONS**

- \* Engstrom, M., Lee, R., Harrison, M., McVeigh K., Josephson, L., Plapinger, J., Herman, D., King, C., & Sederer, L. (2003) Children's Needs Assessment in the Bronx. New York: New York City Department of Health and Mental Hygiene, Division of Mental Hygiene, Bureau of Planning, Evaluation and Quality Improvement.
- \* In Press: Assessing Trauma Symptoms in Middle and High School Students in the Ground Zero Area, with Dr. Claude Chemtob.

#### **EDUCATION**

#### New York University Shirley M. Ehrenkranz School of Social Work

Ph.D. in Clinical Social Work, October 1996. Dissertation: Clinical Social Work Practice with Sexually Abused Inner-City Children: An Object Relations Approach.

#### Columbia University School of Social Work

MSW, September 1986 to May 1988.

#### **Tufts University**

BA English, September 1979 to June 1983.

# Riverbend Community Mental Health, Inc. BOARD OF DIRECTORS January 2013

<u>CHAIR</u> ACRES, Valerie JOHNSON, Sheila

BASSI, John

LEVCHUK, Karen

BLUME, Peg

MILLER, Meg

ASSISTANT SECRETARY

SAVAGE, Jill

CAWLEY, David

CARLEY, Mary Lee

SHUMWAY, Donald

STAFFORD, Robert

COURET, Michel

SWEET, Sharon

DUVAL, John

Ex Officio

EMMA, Philip

JOSEPHSON, Louis

HASTINGS, John

Ex Officio GREEN, Michael

VICE CHAIR HAYES, Randy Ex Officio FOX, Susan

JOHNSON, Gail

# 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 RIVERBEND COMMUNITY MENTAL HEALTH, INC. is a New Hampshire nonprofit corporation formed March 25, 1966. 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 11<sup>th</sup> day of April A.D. 2013

William M. Gardner Secretary of State



#### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/21/2012

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 À 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 MARSH USA, INC. PHONE (A/C, No. Ext): E-MAIL 99 HIGH STREET BOSTON, MA 02110 ADDRESS: Attn: Boston.certrequest@marsh.com INSURER(S) AFFORDING COVERAGE NAIC# INSURER A : Granite Shield Insurance Exchange 319078-CHS-gener-13-14 INSURED INSURER B : RIVERBEND COMMUNITY MENTAL HEALTH, INC. INSURER C: PO BOX 2032 CONCORD, NH 03302 INSURER D : INSURER E INSURËR F : **COVERAGES CERTIFICATE NUMBER:** NYC-005740277-18 **REVISION NUMBER: 1** 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. ADDL SUBR POLICY EFF POLICY EXP
(MM/DD/YYYY) (MM/DD/YYYY) TYPE OF INSURANCE LIMITS POLICY NUMBER GSIE-PRIM-2013-101 2,000,000 GENERAL LIABILITY 01/01/2013 01/01/2014 EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR MED EXP (Any one person) PERSONAL & ADV INJURY 12,000,000 GENERAL AGGREGATE GEN'L AGGREGATE LIMIT APPLIES PER: PRODUCTS - COMP/OP AGG X POLICY COMBINED SINGLE LIMIT (Ea accident) AUTOMOBILE LIABILITY BODILY INJURY (Per person) ALL OWNED SCHEDULED BODILY INJURY (Per accident) AUTOS NON-OWNED AUTOS PROPERTY DAMAGE (Per accident) HIRED AUTOS \$ UMBRELLA LIAB **EACH OCCURRENCE** OCCUR EXCESS LIAB AGGREGATE CLAIMS-MADE ĐED RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? E.L. EACH ACCIDENT NIA E.L DISEASE - EA EMPLOYEE \$ f yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT \$ SEE ABOVE Professional Liability GSIE-PRIM-2013-101 01/01/2013 01/01/2014 DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) EVIDENCE OF CURRENT LIABILITY COVERAGE FOR THE INSURED GENERAL LIABILITY AND PROFESSIONAL LIABILITY SHARE A COMBINED LIMIT OF 2,000,000/12,000,000. HOSPITAL PROFESSIONAL LIABILITY RETRO ACTIVE-DATE 6/24/1985. **CERTIFICATE HOLDER** CANCELLATION STATE OF NEW HAMPSHIRE SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE 105 PLEASANT ST. THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN CONCORD, NH 03301 ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE of Marsh USA Inc. William No. Cornich William G. Comish

Client#: 29987

RIVER1

ACORD.

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 2/28/2013

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).

CONTACT   CONT	certificate florder in fied of sach endorsement(s).	· [
115 Airport Road P O Box 1260 Concord, NH 03302-1260 INSURED Riverbend Community Mental Health Inc c/o Angela Greene PO Box 2032  (A/C, No, Ext): 903 223-9011 (A/C, No): 003-223-7933  INSURER(S) AFFORDING COVERAGE NAIC # INSURER A : A.I.M. Mutual Insurance Co. INSURER B : INSURER C		CONTACT NAME:
115 Airport Road P O Box 1260 Concord, NH 03302-1260 INSURER A: A.I.M. Mutual Insurance Co.  Riverbend Community Mental Health Inc c/o Angela Greene PO Box 2032 INSURER B: INSURER C: INSURER D: INSURER D: INSURER E:	Davis Towle Morrill & Everett	PHONE (A/C, No. Ext): 603 225-6611 FAX (A/C, No.: 603-225-7935
P O Box 1260  Concord, NH 03302-1260  INSURER A : A.I.M. Mutual Insurance Co.  INSURER B :  INSURER C :  INSURER C :  INSURER D :  INSURER D :  INSURER D :  INSURER E :	115 Airport Road	E-MAIL
Riverbend Community Mental Health Inc  c/o Angela Greene PO Box 2032  INSURER A : ATHAIL MUTUAL INSURER C : INSURER B : INSURER C : INSURER E :		l <sub>2</sub>
Riverbend Community Mental Health Inc  c/o Angela Greene  PO Box 2032  INSURER D:  INSURER D:  INSURER E:	Concord, NH 03302-1260	INSURER A . A.I.M. Mutual Insurance Co.
c/o Angela Greene PO Box 2032 INSURER D: INSURER E:		INSURER B:
PO Box 2032	•	INSURER C:
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Operated All 00000		INSURER E :
Concord, NH 03302	Concord, NH U33U2	INSURER F:

	INSURER F:							
CO	COVERAGES CERTIFICATE NUMBER: 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 (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	S	
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A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	ECC4000127012011	10/01/2012	10/01/2013	X WC STATU- TORY LIMITS OTH- E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE	<b>\$1,000</b>	,000
DES	LICRIPTION OF OPERATIONS / LOCATIONS / VEHIC	:LES (Attach	ACORD 101, Additional Remarks Schedul	e, if more space i	is required)			

**CERTIFICATE HOLDER** 

State of New Hampshire- Dept of Health & Human Services Bureau of Behavioral Health 105 Pleasant St 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

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#### Nicholas A. Toumpas Commissioner

Nancy L. Rollins Associate Commissioner

#### STATE OF NEW HAMPSHIRE

# DEPARTMENT OF HEALTH AND HUMAN SERVICES DIVISION OF COMMUNITY BASED CARE SERVICES

#### BUREAU OF BEHAVIORAL HEALTH

105 PLEASANT STREET, CONCORD, NH 03301 603-271-5000 1-800-852-3345 Ext. 5000 Fax: 603-271-5058 TDD Access; 1-800-735-2964

		June 6, 2012					
His Excellency, Governor Joh and the Honorable Executive		Approved by _	GtC				
State House	e Council	Date					
Concord, NH 03301							
	<b>7</b> 5. 4.1.4	tem No. 80	7 E				
	Requested A	ction					
Authorize the Department of Health and Human Services, Division of Community Based Care Services, Bureau of Behavioral Health, to enter into an agreement with Riverbend Community Mental Health, Inc., 3 North State Street, Concord, New Hampshire 03302-2032, vendor number 177192, to provide mental health services in Region 4 in an amount not to exceed \$623,444.00 effective July 1, 2012, or date of Governor and Executive Council approval, whichever is later, through June 30, 2013. Funds to support this request are available in the following accounts in Fiscal Year 2013:							
		s, DEPT OF HEALTH AND H ILIES, CHILD FAMILY SER\					
Class/Object	Class Title	Activity Code	FY 2013				
550-0398	Assessment & Counseling	40150001	\$ 1,770				
05-95-92-920010-5945 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVCS, HHS: BEHAVIORAL HEALTH-DIV OF, DIV OF BEHAVIORAL HEALTH, CMH PROGRAM SUPPORT							
Class/Object	Class Title	Activity Code	FY 2013				
102-0731	Contracts for Program Service	s 92205945	\$482,586				
05-95-92-920010-7010 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVCS, HHS: BEHAVIORAL HEALTH-DIV OF, DIV OF BEHAVIORAL HEALTH, COMMTY MENTAL HEALTH SVCS							
Class/Object	Class Title	Activity Code	***************************************				
502-0731	Payments to Providers	92207010	\$ 7,708				
05-95-92-920010-2087 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVCS, HHS: BEHAVIORAL HEALTH-DIV OF, DIV OF BEHAVIORAL HEALTH, MIPCD GRANT							
Class/Object	Class Title	Activity Code	FY 2013				
102-0731	Contracts for Program Serv	vices 92202087	\$101,380				

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

05-95-95-928310-7150 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVCS, HHS: COMMISSIONER, DCBCS BHHS, PATH GRANT

102-0731	<u>Class Title</u> Contracts for Program Services	<u>Activity Code</u> 95807150	\$ 30,000
		Total	\$623,444

#### Explanation

This agreement is for community mental health services for approximately 8,300 adults, children and families. The services are specified in NH Administrative Rule He-M 426 and include Emergency Services, Individual and Group Psychotherapy, Targeted Case Management, Medication Services, Functional Support Services, and Evidence Based Practices including Illness Management and Recovery, Evidence Based Supported Employment, Trauma Focused Cognitive Behavioral Therapy, and Community Residential Services. Services to be provided are designed to build resiliency, promote recovery within a person-centered approach, promote successful access to competitive employment, reduce inpatient hospital utilization, improve community tenure, and assist individuals and families in managing the symptoms of mental illness. Included in this agreement are estimates on the number of clients to be served and the projected units of service for each program.

The agreement also provides for the transition to Medicaid Care Management for individuals who are eligible to enroll.

The services provided by this vendor are of two types:

- 1.) services provided to Medicaid clients; and
- 2.) non-Medicaid related services, such as, Emergency Services to adults, children and families without insurance.

For the State Fiscal Year ending June 30, 2013, funding for the vendor is anticipated as follows:

Services provided to Medicaid clients:	\$1	<u>Federal</u> 7,298,687	\$7	<u>General</u> 7,298,687	\$1	<u>Total</u> 4,597,374
Non-Medicaid related services:						
Div for Children, Youth, and Families Mental Health Assessments	\$	0	\$	1,770	\$	1,770
Assertive Community Treatment Teams	\$	0	\$	477,586	\$	477,586
Refugee Interpreter Services	\$	0	\$	5,000	\$	5,000
Emergency Services	\$	0	\$	7,708	\$	7,708
Wellness Incentives Program	\$	101,380	\$	0	\$	101,380
Projects for Assistance in Transition from Homelessness Services	\$	30,000	\$	0	\$	30,000
Total Non-Medicaid	\$	131,380	\$	492,064	\$	623,444

- Division for Children, Youth and Families funds are used to provide mental health consultation related to
  mental health assessments and/or treatment for children served by the Division for Children, Youth and
  Families through local District Offices.
- An Assertive Community Treatment team is a specialized multidisciplinary team designed to provide intensive community-based services for adults with severe mental illness. Assertive Community Treatment services are for individuals who have the most serious and intractable symptoms and who consequently have a history of multiple psychiatric hospitalizations, frequent visits to hospital emergency departments and/or incarcerations. Assertive Community Treatment is considered an Evidence Based Practice, and when

delivered with fidelity to the model, has been shown highly effective in reducing psychiatric hospitalization rates for individuals with severe mental illness and improving other outcomes.

- Refugee Interpreter Services provide language interpreter services to non-English speaking refugees receiving mental health services through the agency.
- Emergency Services funding supports the provision of emergency services to adults, children and families with no insurance.
- The Wellness Incentives Program, also known as "Healthy Choices Healthy Changes Program", is a federally funded health promotion program to reduce the risk of cardiovascular disease in those individuals with mental illness. Persons with serious mental illness have some of the highest per capita health expenditure costs due to high rates of cardiovascular disease, diabetes, chronic lung disease and obesity. As a result, their life expectancy is 25 years less than the rest of the U.S. population. This program will promote healthier lifestyles by providing incentives for exercise, improved nutrition, and smoking cessation.
- Projects for Assistance in Transition from Homelessness Services are federal funds designed to assist homeless persons with serious mental illness or dual-diagnosis. These services include outreach, case management, housing services, treatment and various interventions.

Should Governor and Executive Council determine not to approve this Request, approximately 8,300 adults, children and families in this region will not receive community mental health services, as required by NH RSA 135-C:13. Many of these individuals will experience a relapse of symptoms. They will seek costly services at hospital emergency departments due to the risk of harm to themselves or others and will be at significant risk without treatment or interventions. These individuals will also have increased contact with local law enforcement, county correctional programs and primary care physicians, none of which will have the services or supports available to provide assistance.

This agreement is not subject to the competitive bidding requirement of NH ADM 601.03. The Bureau of Behavioral Health contracts for services through the community mental health center designated by the Bureau to serve the towns and cities within a designated geographic region as outlined in NH RSA 135-C and State regulation NH He-M 403.

In conformance with RSA 135-C:7, performance standards have been included in this contract. Those standards include individual outcome measures and fiscal integrity measures. The effectiveness of services will be measured through the use of the Child and Adolescent Needs and Strengths Assessment and the Adult Needs and Strengths Assessment. The individual level outcomes tools are designed to measure improvement over time, inform the development of the treatment plan, and engage the individual and family in monitoring the effectiveness of services. In addition, follow-up in the community after discharge from New Hampshire Hospital will be measured.

The fiscal integrity measures include generally accepted performance standards to monitor the financial health of non-profit corporations on a monthly basis. The vendor is required to provide a corrective action plan in the event of deviation from a standard. Failure to maintain fiscal integrity, or to make services available, could result in the termination of the contract and the selection of an alternate provider.

All residential and partial hospital programs are licensed/certified when required by State laws and regulations in order to provide for the life safety of the persons served in these programs. Copies of all applicable licenses/certifications are on file with the Department of Health and Human Services.

Area served: For the catchment area served, please see the attached list of communities.

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

Source of funds: 79% General Funds and 21% Federal Funds.

In the event that the Federal Funds become no longer available, General Funds shall not be requested to support these programs.

Respectfully submitted,

Nancy L. Rollins

Associate Commissioner

Approved by:

Nicholas A. Toumpas

Commissioner

NLR/PBR/sl G&C FY13 Region 4

Enclosures

# **Budget Form**

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

RIVERBEND COMMUNITY MENTAL HEALTH,

Bidder/Program Name: INC.

Budget Request for: Region IV contract with NHDHHS-BBH

(Name of RFP)

Budget Period: 07/01/2012 - 06/30/2013

Lineltem		Directi Incremental			Inclicet Fixed		Total	Allocation Method for Indirect/Fixed Cost
Total Salary/Wages	\$	11,595,548.00	\$	: 1	922,891.00	\$	12,518,439.00	Direct charge (DC)
Employee Benefits	\$	3,817,806.00	\$		298,754.00	<b>6</b> \$	4,116,560.00	Direct charge (DC)
3. Consultants	\$	61,000.00	\$	. 1	56,500.00	\$	117,500.00	Direct charge (DC)
4. Equipment:	\$		\$	,	-	\$	-	
Rental	\$	-	\$	Î	-	\$	-	
Repair and Maintenance	\$	20,875.00	\$	1	4,374.00	\$	25,249.00	DC & FTE
Purchase/Depreciation	\$	-	\$		-	\$	-	
5. Supplies:	\$	-	\$		-	\$	-	
Educational	\$	-	\$		-	\$	-	
Lab	\$	•	\$		-	49	-	
Pharmacy	\$	-	\$	ŀ	-	\$	-	
Medical	\$	14,800.00	\$	k	1,500.00	69	16,300.00	Direct charge (DC)
Office	\$	186,198.00	\$		41,402.00	\$		DC & FTE
6. Travel	\$	412,587.00	\$	1	23,330.00	69		Direct charge (DC)
7. Occupancy	\$	753,026.00	\$	:	226,415.00	69	979,441.00	Direct charge (DC)
8. Current Expenses	\$	-	\$	i	-	\$	-	
Telephone	\$	174,457.00	\$		22,311.00	69	196,768.00	Direct charge (DC)
Postage	\$	15,903.00	\$		8,035.00	\$	23,938.00	DC & FTE
Subscriptions	\$	9,575.00	\$		15,940.00	\$	25,515.00	DC & FTE
Audit and Legal	\$	5,000.00	\$		86,568.00	\$	91,568.00	Direct charge (DC)
Insurance	\$	175,940.00	\$	7.175	17,340.00	\$	193,280.00	DC & SQ Footage
Board Expenses	\$	-	\$	<u>.</u>	-	69		
9. Software	\$	75,465.00	\$	3.1.5	39,578.00	\$		DC & FTE
10. Marketing/Communications	\$	108,186.00	\$		22,315.00	\$		Direct charge (DC)
11. Staff Education and Training	\$	78,964.00	\$		9,300.00	65	88,264.00	Direct charge (DC)
12. Subcontracts/Agreements	\$	736,568.00	\$	. !	58,868.00	\$	795,436.00	Direct charge (DC)
13. Other (specific details mandatory):	\$	-	\$		-	\$	-	
Bldg Depreciation/Miscellaneous	\$	526,149.00	\$	k	110,083.00	\$	636,232.00	Sq Footage
Client Subsidies	\$	29,411.00	\$	ļ.	-	\$	29,411.00	n/a
Restricted Expenses	\$	76,562.00	\$		-	\$	76,562.00	n/a
TOTAL	\$	18,874,020.00	\$		1,965,504.00	\$	20,839,524.00	

Indirect As A Percent of Direct

10.4%