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STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION FOR BEHAVIORAL HEALTH

Jeffrey A. Meyers
Commissioner

Katja S. Fox
Director

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December 28, 2017

His Excellency, Governor Christopher T. Sununu
And the Honorable Council
State House
Concord, New Hampshire 03301

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division for Behavioral Health, Bureau of Mental Health Services, to **retroactively** amend a **sole source** contract with JSI Research & Training Institute, Inc. 44 Farnsworth Street, Boston, Massachusetts, 02210, (Vendor # 161611-B001), by increasing the Price Limitation by \$74,969 from \$150,000 to an amount not to exceed \$224,969 to continue to conduct, analyze, and report on the New Hampshire Public Mental Health Consumer Survey, and by extending the completion date from December 31, 2017 to December 31, 2018, effective upon approval of Governor and Council. This agreement was originally approved by Governor and Executive Council on January 13, 2016, Item #11. 100% Federal Funds.

Funds are available in the following accounts for SFY 2018 and SFY 2019, with authority to adjust amounts within the price limitation and adjust State Fiscal Years through the Budget Office, without approval from Governor and Executive Council, if needed and justified.

05-95-92-9220010-7851-102-500731, HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF BEHAVIORAL HEALTH, BUREAU OF MENTAL HEALTH SERVICES, MENTAL HEALTH DATA COLLECTION.

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2016	102-500731	Contracts for Prog Svc	92204121	\$40,364	\$0	\$40,364
SFY 2017	102-500731	Contracts for Prog Svc	92204121	\$75,000	\$0	\$75,000
SFY 2018	102-500731	Contracts for Prog Svc	92204121	\$34,636	\$0	\$34,636
			Sub-Total	\$150,000	\$0	\$150,000

05-95-92-9220010-4121-102-500731, HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF BEHAVIORAL HEALTH, BUREAU OF MENTAL HEALTH SERVICES, MENTAL HEALTH DATA COLLECTION.

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2018	102-500731	Contracts for Prog Svc	92204121	\$0	\$24,691	\$24,691
SFY 2019	102-500731	Contracts for Prog Svc	92204121	\$0	\$50,278	\$50,278
			Sub-Total	\$0	\$74,969	\$74,969
			TOTAL	\$150,000	\$74,969	\$224,969

EXPLANATION

The purpose of this **sole source, retroactive** amendment is to renew contract services in order to allow the Contractor to continue conducting the annual New Hampshire Public Mental Health Consumer Survey, known as the Consumer Survey, as required by the Center for Mental Health Services, Substance Abuse and Mental Health Services Administration of the United States Department of Health and Human Services, which ended December 31, 2017. The Consumer Survey is an annual statewide survey of individuals who receive services from New Hampshire's public community mental health system. Continued funding of the Mental Health Block Grant is in part predicated on the successful completion of the survey and the resulting reports.

The Consumer Survey provides data that informs the federal Uniform Reporting System. The Uniform Reporting System tables represent data on the behavioral health of service recipients and the quality of services received. Results from the surveys are used by the Department to complete annual federal reports, and to guide Division of Behavioral Health efforts in monitoring the community mental health system.

JSI Research & Training Institute, Inc. was selected for this project through a competitive bid process. As referenced in the Request for Proposals and in the Exhibit C-1 of this contract, this Agreement has the option to extend for up to three (3) additional years, contingent upon satisfactory services, available funding, agreement of the parties and approval of the Governor and Executive Council. The Division is exercising this renewal to extend contract services for the one (1) additional year. Prior to the contract period ending, an RFP will be published to re-procure these services.

Should the Governor and Executive Council not approve this request, the Department will not meet the federal requirement to complete the annual Community Mental Health satisfaction survey. Additionally, the results from the survey will not be available to the Department for completion of federal reports, and monitor the community mental health system. These reports are a requirement for recipients of the Substance Abuse and Mental Health Services Administration (SAMHSA) NH Mental Health Block Grant.

Area to be served: Statewide.

Source of Funds: 100% Federal Fund from the Behavioral Health Services Information Systems (BHSIS) State Agreements with Eagle Technologies, Inc. This agreement is funded by the Center for Behavioral Health Statistics and Quality (CBHSQ), Substance Abuse and Mental Health Services Administration (SAMHSA).

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

Respectfully submitted,



Katja S. Fox
Director

Approved by:


Jeffrey A. Meyers
Commissioner



State of New Hampshire
Department of Health and Human Services

Amendment #1 to the
New Hampshire Public Mental Health Consumer Survey

This 1st Amendment to the New Hampshire Public Mental Health Consumer Survey contract (hereinafter referred to as "Amendment One") dated this 18th day of December, 2017, is by and between the State of New Hampshire, Department of Health and Human Services (hereinafter referred to as the "State" or "Department") and JSI Research & Training Institute, Inc., (hereinafter referred to as "the Contractor"), a corporation with a place of business at 44 Farnsworth Street, Boston, Massachusetts, 02210.

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on January 13, 2016, Item # 11, the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract as amended and in consideration of certain sums specified; and

WHEREAS, the State and the Contractor have agreed to make changes to the scope of work, payment schedules and terms and conditions of the contract; and

WHEREAS, pursuant to the P-37 General Provisions, Paragraph 18, the State may modify the scope of work and the payment schedule of the contract by written agreement of the parties; and

WHEREAS, the parties agree to extend the term of the agreement, increase the price limitation, and modify the scope of services to support continued delivery of these services; and

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

1. Amend Form P-37, Block 1.6, to add Account Number: 05-95-92-922010-4121-102-500731.
2. Amend Form P-37, Block 1.7, to read December 31, 2018.
3. Amend Form P-37, Block 1.8, to increase Price Limitation by \$74,969 from \$150,000 to read: \$224,969
4. Amend Form P-37, Block 1.9, to read E. Maria Reinemann, Esq., Director of Contracts and Procurement.
5. Amend Form P-37, Block 1.10 to read 603-271-9330.
6. Delete Exhibit A in its entirety and replace with Exhibit A - Amendment #1.
7. Delete Exhibit B in its entirety and replace with Exhibit B - Amendment #1.
8. Add Exhibit K – Amendment #1.

New Hampshire Department of Health and Human Services
New Hampshire Public Mental Health Consumer Survey



This amendment shall be effective upon the date of Governor and Executive Council approval.
IN WITNESS WHEREOF, the parties have set their hands as of the date written below,

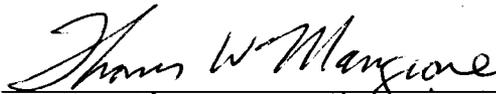
12-28-17
Date

State of New Hampshire
Department of Health and Human Services

For Katja S. Fox
Director

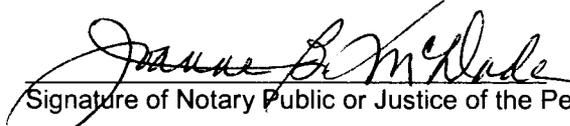
CONTRACTOR NAME

12/26/2017
Date


Name: Thomas W. Mangione
Title: Senior Research Scientist

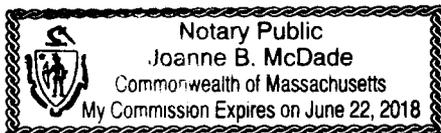
Acknowledgement of Contractor's signature:

State of Massachusetts County of Suffolk on 12/26/17, before the undersigned officer, personally appeared the person identified directly above, or satisfactorily proven to be the person whose name is signed above, and acknowledged that s/he executed this document in the capacity indicated above.


Signature of Notary Public or Justice of the Peace

JOANNE B. MCDADE, NOTARY PUBLIC
Name and Title of Notary or Justice of the Peace

My Commission Expires: JUNE 22, 2018



New Hampshire Department of Health and Human Services
New Hampshire Public Mental Health Consumer Survey



The preceding Amendment, having been reviewed by this office, is approved as to form, substance, and execution.

OFFICE OF THE ATTORNEY GENERAL

12/29/2017
Date


Name: Nicholas J. Smith
Title: Sr. Asst. Attorney General

I hereby certify that the foregoing Amendment was approved by the Governor and Executive Council of the State of New Hampshire at the Meeting on: _____ (date of meeting)

OFFICE OF THE SECRETARY OF STATE

Date

Name:
Title:



Exhibit A – Amendment #1

Scope of Services

1. **Provisions Applicable to All Services**
 - 1.1. The Contractor shall submit a detailed description of the language assistance services they will provide to persons with limited English proficiency to ensure meaningful access to their programs and/or services within ten (10) days of the contract effective date.
 - 1.2. The Contractor agrees that, to the extent future legislative action by the New Hampshire General Court or federal or state court orders may have an impact on the Services described herein, the State Agency has the right to modify Service priorities and expenditure requirements under this Agreement so as to achieve compliance therewith.
2. **Definitions**
 - 2.1. **CATI:** Computer Assisted Telephone Interviewing.
 - 2.2. **CMHC:** Community Mental Health Center.
 - 2.3. **CMHS:** Center for Mental Health Services
 - 2.4. **Confidence Interval:** Confidence Interval is a range of values that you can be certain contains the true mean of the population.
 - 2.5. **Dilmans' Tailored Design Method:** Dilman's Tailored Design Method is a survey methodology using mailing and phone calls.
 - 2.6. **Mental Health Statistics Improvement Program:** This is the federal name given to the survey. The survey was designed by the National Association of State Mental Health Program Directors Research Institute, Inc. In New Hampshire the survey is referred to as the Consumer Survey.
 - 2.7. **National Outcome Measures (NOMS):** NOMS are a set of measures required by the Substance Abuse and Mental Health Services Administration (SAMHSA) and the federal Mental Health Community Services Block Grant. The measures cover a set of domains defined by the Substance Abuse and Mental Health Services Administration (SAMHSA) and are intended to measure mental health outcomes in a standard and comparable way.
 - 2.8. **NRI:** National Research Institute, Inc.
 - 2.9. **Outcomes:** Outcomes refer to the end results of actions to improve behavioral health. By "behavioral health", SAMHSA refers to mental/emotional well-being and/or actions that affect wellness." Sources: Avedis Donabedian, M.D., and SAMHSA.
 - 2.10. **SAMHSA:** Substance Abuse and Mental Health Services Administration.
 - 2.11. **Survey Methodology:** Survey methodology is the process used to sample individual units from a population and the associated survey data collection techniques, such as questionnaire construction and methods for improving the number and accuracy of responses to surveys. The survey methodology defines how to complete a statically valid survey.



Exhibit A – Amendment #1

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- 2.12. **Survey Sample Size:** Sample size is the number of members of the population that have been selected to participate in completing a survey in order to make a statistically reliable and valid conclusion about the population from the sample.
 - 2.13. **Statistically Valid:** Statistical validity is the extent to which the measurements are well-founded and correspond accurately to the real world. The validity of a measurement tool (for example, a test in education) is considered to be the degree to which the tool measures what it claims to measure.
 - 2.14. **Uniform Reporting System (URS) tables:** URS tables are a series of Excel tables with data that primarily counts mental health consumers by various topics found in the Consumer Survey such as the quality of services they received, participation in treatments, and social connections. Some of the data collected from the Consumer Survey is used to complete the Excel tables and report to SAMHSA. The URS is part of an effort to use data in decision support and planning in public mental health systems and support program accountability.
3. **Scope of Services**
- 3.1. **General Scope**
 - 3.1.1. The Contractor shall conduct, analyze, and report on the New Hampshire Public Mental Health Consumer Survey for each calendar year, during the Agreement period.
 - 3.1.2. The Contractor shall use both a mail and a telephone survey approach.
 - 3.2. **Project Planning and Management**
 - 3.2.1. The Contractor shall complete a project work plan for completing the survey for Calendar year 2018 and submit it to the Department for approval within fifteen (15) days from the contract effective date. The work plan shall include a bulleted list or table containing: Deliverables, Due Dates for Deliverables, firm cost for each Deliverable, and the person responsible for completion of the Deliverable.
 - 3.2.2. The Contractor shall provide a project manager as a single point of contact who shall coordinate all aspects of the project.
 - 3.2.3. The Contractor shall submit monthly progress reports outlining a summary of the key work performed during the monthly period that includes at minimum, encountered and predicted key issues and problems, scheduled work for the upcoming period including progress against the work plan described in Section 3.2.1, and other relevant information. The monthly progress reports shall be submitted no later than seven (7) calendar days after the end of the month.
 - 3.2.4. The Contractor shall participate in conference calls with the Department and other parties as needed to discuss progress, next steps and open items. Calls shall occur more frequently during survey preparation and report preparation times. The schedule and frequency of the calls shall be at the discretion of the Department with specific scheduling subject to the Contractor's availability.



Exhibit A – Amendment #1

3.3. Survey Questionnaire Development

- 3.3.1. The Contractor shall utilize separate paper consumer survey forms previously developed as follows:
 - 3.3.1.1. One (1) module for adults receiving services;
 - 3.3.1.2. One (1) module for the families of children/youth who are receiving services;
 - 3.3.1.3. In 2018, the Contractor shall add and format one (1) additional question to the adult and family questionnaires.
- 3.3.2. The Contractor shall prepare paper surveys in English, in Spanish and in other necessary languages as directed by the Department.
- 3.3.3. The Contractor shall prepare paper surveys in a scannable format to reduce data entry time and error.
- 3.3.4. The Contractor shall program the two (2) survey modules into the Contractor's Computer Assisted Telephone Interviewing (CATI) system and extensively test each module to make sure that the questions and any skip instructions are identical to the paper versions. Contractor shall communicate the testing results to the Department before any telephone interviewing begins.
- 3.3.5. The Contractor shall obtain approval from the Department on the final print-ready paper survey forms, follow up letters, and letters accompanying the questionnaire prior to the Contractor printing the surveys.
- 3.3.6. The Contractor shall obtain approval from the Department on the final CATI interview prior to the Contractor beginning interviews.
- 3.3.7. The Contractor shall print the required number of paper survey forms needed to be distributed to the participants based on the sample size defined in Section 3.4.2.

3.4. Survey Design and Administration

- 3.4.1. Survey Methodology
 - 3.4.1.1. The Contractor shall utilize the existing survey methodology developed in 2017.
 - 3.4.1.2. The Contractor shall ensure survey response rates achieved for each module are at least fifty (50) percent. Response rates shall be defined as the number of completed telephone and paper questionnaires divided by the number of selected respondents with valid contact information.
- 3.4.2. Sample Size
 - 3.4.2.1. The Contractor shall submit for Department approval, by the date defined in the work plan, and prior to the start of sample selection, the sample size table that at a minimum contains the:
 - 1.1.1.1. Name of each Community Mental Health Center (CMHC);



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- 1.1.1.1.2. Estimated service population for each CMHC;
 - 1.1.1.1.3. Number of respondents to be selected from each CMHC;
 - 1.1.1.1.4. Number of final respondents expected; and
 - 1.1.1.1.5. Expected confidence interval as defined in Section 3.4.2.3.
- 3.4.2.2. The Contractor shall calculate the appropriate sample size and sample design to produce statistically valid survey results for each CMHC and for the system as a whole so that the survey adequately represents the Department's eligible population during the period of July 1 through December 31 of the preceding year.
- 3.4.2.3. The final responding sample size should be adequate to provide a 95% confidence interval of plus or minus 7% when the proportion of respondents who agree or strongly agree is 75%.
- 3.4.2.4. The Contractor shall contact the ten (10) CMHCs by the date established in the work plan, to provide instructions on their role in the survey and the time line for the survey.
- 3.4.3. Drawing the Sample
- 3.4.3.1. The Contractor shall utilize the methodology for drawing the sample that was developed and approved by the Department in 2017.
 - 3.4.3.2. After drawing the sample described in Section 3.4.2 and 3.4.3, the Contractor shall provide identifying information to the CMHC's necessary for the CMHC's to identify the member in their systems, and obtain the information needed to contact selected respondents including: mailing addresses; phone numbers; housing status; literacy level; primary language spoken; and parent or guardians' names and contact information for the family survey. A minimum of two (2) weeks will be allowed for CMHC review and submission of the client lists.
 - 3.4.3.3. The Contractor shall work with the Department and the CMHC's to identify selected respondents who may be homeless, ethnic/racial minorities, or persons with low literacy or whose primary language is not English and identify the best methods for reaching these respondents.
 - 3.4.3.4. Throughout the survey process, the Contractor shall work with the Department and the CMHCs to identify and remove deceased clients from the survey sample.
 - 3.4.3.5. The Contractor shall conduct the survey between January 1 and June 30, 2018.
- 3.5. **Training and Protocol For Working With Mental Health Clients**
- 3.5.1. The Contractor shall utilize and use a written protocol developed and approved by the Department in 2016 for working with respondents who are



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mental health clients and for making appropriate referrals to a Departmental Behavioral Health staff member or other Department approved resource as needed.

- 3.5.2. The Contractor shall ensure that all staff interacting with survey respondents are trained in working with mental health clients and are aware of the protocol for handling clients that may be agitated and for making appropriate referrals of these clients to a Departmental Behavioral Health staff member.

3.6. Mail Protocol

- 3.6.1. The Contractor shall mail the surveys to the selected consumers in their primary language. The mailing shall include the following items:

3.6.1.1. A Department-approved cover letter to the consumer explaining:

- a. the purpose of the survey;
- b. their choice to consent to completing the survey;
- c. a guarantee of confidentiality;
- d. how to contact a staff member if they do not wish to participate;
- e. how to complete the survey;
- f. when and how to return the survey;
- g. a phone number for the consumer to contact if they have questions.

3.6.1.2. A prepaid addressed envelope for the consumer to mail the completed survey back to the Contractor;

3.6.1.3. A five dollar (\$5.00) cash, up front incentive; and

3.6.1.4. The paper survey instrument appropriate for the household.

- 3.6.2. The Contractor shall follow up with consumers who have yet to respond within the timeframes established in the project work plan by sending a Department-approved reminder to complete the survey.

- 3.6.3. The Contractor shall scan returned, completed paper surveys using Teleform scanning software, or other system, approved by the Department, with Contractor staff resolving issues of light marks, double marks and scratched out/erased marks.

- 3.6.4. The Contractor shall program parameters for each survey item into the scanning software to prevent key stroke errors and out of range responses.

3.7. Telephone Protocol

- 3.7.1. The Contractor shall utilize the telephone protocol developed in 2017 and approved by the Department.

- 3.7.2. The Contractor shall identify consumers who have not responded to the paper survey within the timeframes defined in the project work plan.

- 3.7.3. The Contractor shall call consumers not responding by mail a minimum of six (6) times or until interview or refusal, and encourage consumers reached by telephone to complete questionnaire at that time using the Contractor's CATI system and the approved telephone methodology and questionnaire.



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- 3.7.4. The Contractor shall employ only experienced interviewers trained in non-directive interviewing methods, in maintaining respondent confidentiality, and in interviewing survey respondents who are mental health clients.
 - 3.7.5. The Contractor shall provide CATI questionnaires and qualified interviewers to conduct the interview in the respondent's primary language.
 - 3.7.6. The Contractor shall maintain phone logs that include, at a minimum, the telephone number, the date and time of call, the name of the person making the call, the reason for the call and the outcome of the call.

3.8. Data Collection and Data File Development

- 3.8.1. The Contractor shall collect the survey data from each survey, keeping all potentially identifying consumer information confidential, and shall prepare an electronic data file with respondent-level response data for all survey questions, along with a document indicating the file layout of this data file.
- 3.8.2. The Contractor shall ensure process integrity at all times and at all levels (state and CMHC), following the approved survey protocol.
- 3.8.3. The Contractor shall establish Department approved guidelines to determine if a returned survey is complete or unusable.
- 3.8.4. The Contractor shall supervise the collection process to ensure that all data is gathered according to the specific protocol for this survey as approved by the Department.
- 3.8.5. The Contractor shall compile and maintain data from completed surveys in order to complete statistical analysis for reporting as described in Section 3.10, Analysis and Reporting Requirements.
- 3.8.6. The Contractor shall provide final electronic survey data to the Department upon completion of the survey results report. Data files shall include:
 - 3.8.6.1. A file in .csv format containing individual respondent level responses for each question, any weighting and sample design variables needed for analysis, the CMHC the respondent was selected from; and demographic characteristics obtained from the survey questions or the CHMCs.
 - 3.8.6.2. A file in Microsoft Excel format with tabular weighted frequencies and 95% confidence intervals for each question and for any composite or calculated measures.
 - 3.8.6.3. A file in Microsoft Excel for each CMHC containing the number of respondents selected, the final number of respondents with completed surveys, the number of selected respondents with unusable contact information, number of surveys that were incomplete or unusable, and the response rate.

3.9. Data Confidentiality and Retention

- 3.9.1. The Contractor shall utilize the plan for data security and confidentiality, disaster recovery and remote back up procedures developed in 2016 and approved by the Department.



Exhibit A – Amendment #1

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- 3.9.2. The Contractor shall keep all data secure and confidential using methods that include, but are not limited to:
 - 3.9.2.1. maintaining paper records in locked rooms and cabinets;
 - 3.9.2.2. password protection of work stations and servers;
 - 3.9.2.3. encrypting any portable devices; and limiting access using the precept of “least privilege”, and
 - 3.9.2.4. limiting access of staff to only that necessary for their functions.
 - 3.9.3. The Contractor shall securely store the completed paper surveys and the results of the CATI interviews for up to one (1) year after the survey is completed, and then after receiving Department approval shall properly destroy the paper surveys and the files containing the CATI results.
 - 3.9.4. The Contractor shall use a secure encrypted process to receive and send data securely and to allow the Department and CMHCs to transfer information to the Contractor. The Contractor must encrypt any personally identifiable information that is in transit and at rest.

3.10. Analysis and Reporting Requirements

- 3.10.1. For each module, the Contractor shall provide survey results to the Department in the timeframe established in the project work plan.
- 3.10.2. The Contractor shall submit an analysis plan for review and approval by the Department.
- 3.10.3. The Contractor shall complete statistical analysis of the survey data including, but not limited to:
 - 3.10.3.1. Demographics of the population;
 - 3.10.3.2. Service Provision;
 - 3.10.3.3. Participation with Treatment Team;
 - 3.10.3.4. General Satisfaction;
 - 3.10.3.5. Quality of Services;
 - 3.10.3.6. Social Connectedness;
 - 3.10.3.7. Function and Outcomes ;
 - 3.10.3.8. Any standard measures required by SAMHSA.
- 3.10.4. As part of the statistical analysis, the Contractor shall calculate and display confidence intervals for survey estimates and perform significance testing comparing CMHC current performance to prior years’ performance and to state average performance and state average performance to prior years’ performance. Confidence intervals and statistical testing must be adjusted for sample design and weighing as statistically appropriate.
- 3.10.5. The Contractor shall submit for Department approval, by the date defined in the work plan, one (1) report that, at a minimum, summarizes the statistical



Exhibit A – Amendment #1

analysis containing sections for each domain area described in 3.10.3 above and for the populations being surveyed.

- 3.10.6. The Contractor shall complete the Uniform Reporting System (URS) tables 9, 11, 11A, 19A, and 19B on the required reports, as established by the National Research Institute, Inc. (NRI) or the Center for Mental Health Services/Substance Abuse and Mental Health Services Administration (CMHS/SAMHSA);
- 3.10.7. The Contractor shall prepare other reports and files as may be requested by the Department.
- 3.10.8. The Contractor shall design the reports to document and describe, in common English, beyond statistical tables, the interpretation of the results in a way that makes them easy to understand by CMHC staff, DHHS program staff and the general public with no knowledge in research, program or evaluation.
- 3.10.9. The Contractor shall develop a statewide report of survey results based on the statistical analysis plan defined in Section 3.10.2 and 3.10.3 and shall include reports for each of the ten (10) CMHCs. The reports shall include trending data for the current year and the past three (3) years.
- 3.10.10. The Contractor shall release survey data, reports, or any other information regarding the survey only to the Department.
- 3.10.11. The Contractor shall submit report drafts for Department review, in consultation with the Contractor writer/researcher by October 1.
- 3.10.12. By November 1 of the survey year, the Contractor shall provide to the Department for approval, the final reports as PDFs and assure thorough proofreading, including all graphics formatted for consistency, adequate spacing, legibility, and attractive presentation. Reports must include color charts.

3.11. In-Person Presentations of Survey Results

- 3.11.1. The Contractor shall provide two (2) formal presentations in New Hampshire as directed by the Department for each statewide report. The Contractor shall present the survey results and provide answers to any questions during the presentations. The presentations shall be in person.
- 3.11.2. The Contractor may, at their discretion, provide additional presentations to other stakeholders as directed by the Department.

3.12. Data and Documents Requirements

- 3.12.1. The Contractor agrees that ownership of all documents, data collected, and analysis resulting from this survey belong exclusively to the Department.
- 3.12.2. The Contractor shall include “Credits” on all documents, notices, press releases, research reports and other materials, in accordance with Exhibit C, Paragraph 13.
- 3.12.3. The Contractor agrees to “Prior Approval and Copyright Ownership”, in accordance with Exhibit C Paragraph 14.

TMM

12/26/17



Exhibit A – Amendment #1

4. Staffing

- 4.1. The Contractor shall maintain a level of staffing necessary to perform and carry out all of the functions, requirements, roles, and duties defined in this Agreement.
- 4.2. The Contractor shall ensure that all personnel have appropriate training, education, experience, and orientation to fulfill the requirements of the positions they hold.



Exhibit B – Amendment #1

Method and Conditions Precedent to Payment

1. The State shall pay the Contractor an amount not to exceed the Price Limitation, Block 1.8, of the General Provisions of this Agreement, Form P-37, for the services provided by the Contractor pursuant to Exhibit A, Scope of Services.
2. This Agreement is funded by:
 - 2.1. The Behavioral Health Services Information Systems (BHSIS) State Agreements with Eagle Technologies, Inc., funded by the Center for Behavioral Health Statistics and Quality (CBHSQ), Substance Abuse and Mental Health Services Administration (SAMHSA). 100% Federal Funds
 - 2.2. The Contractor agrees to provide the services in Exhibit A Scope of Services in compliance with funding requirements in Section 2.1.
3. The Contractor shall be reimbursed, up to the maximum allowable price, for actual activities provided and approved by the Department according to the Table of Activities as follows:

3.1 Table of Activities	
Public Mental Health Consumer Survey for Calendar Year 2018	
For Scope of Work for the period: January 1, 2018 through December 31, 2018	
Maximum Allowable Price	Survey Activity
\$3,394.00	Written and Approved Work Plan
\$3,394.00	Written and Approved Final Print Ready Paper Survey and Final Approved CATI Interview, and Final Printed Survey Questionnaires
\$3,394.00	Written and Approved Survey Design and Methodology
\$3,394.00	Written and Approved Sample Table and Completed Drawing of the Sample
\$23,394.00	Completed and Approved Mailing of the Surveys, Sent Reminder Cards, and Completed Telephone Survey for those not responding to the Paper Survey
\$3,394.00	Completed and Approved Data Collection and Data Compilation
\$3,394.00	Approved Final Electronic Survey Data delivered to the Department
\$3,394.00	Written and Approved Analysis Plan
\$3,394.00	Draft of Public Mental Health Consumer Survey Report by October 1, 2018
\$17,500.00	Written and Approved Final Public Mental Health Consumer Survey Report Delivered Electronically to DHHS by November 1, 2018
\$3,394.00	Completed and Approved Uniform Reporting System (URS) Tables 9, 11, 11a, 19a, and 19b, on the Required Reports by November 1, 2018
\$135.00	Delivered and Approved twenty-five (25) Printed Reports
\$3,394.00	Completed and Approved Onsite Presentations
\$74,969.00	Total



Exhibit B – Amendment #1

4. Payment for said services shall be made as follows:
 - 4.1. The Contractor will submit an invoice by the tenth working day of each month, which identifies and requests reimbursement for authorized expenses incurred in the prior month. The State shall make payment to the Contractor within thirty (30) days of receipt of each invoice for Contractor services provided pursuant to this Agreement. The invoice must be submitted to:

State Planner or Designee
Department of Health and Human Services
Division for Behavioral Health
Bureau of Mental Health Services
105 Pleasant Street, Main Building
Concord, NH 03301
5. Allowable costs and expenses shall be determined by the Department in accordance with applicable state and federal laws and regulations.
6. All reports required pursuant to this Agreement are due to the Department within timeframes specified by the Department. The Department may withhold, in whole or in part, any of the funding for the ensuing Agreement period until the Contractor submits reports to the Department's satisfaction, unless a waiver has been granted.
7. Notwithstanding anything to the contrary herein, the Contractor agrees that funding under this Contract may be withheld, in whole or in part, in the event of noncompliance with any State or Federal law, rule or regulation applicable to the services provided, or if the said services have not been completed in accordance with the terms and conditions of this Agreement.
8. The Department reserves the right to recover any program funds not used, in whole or in part, for the purposes stated in this Agreement from the Contractor within one hundred and twenty (120) days of the end of the fiscal year.
9. Any expenditure that exceeds the approved services shall be solely the financial responsibility of the Contractor.
10. Final payment request shall be submitted no later than sixty (60) days after the contract ends.
11. When the contract price limitation is reached the program shall continue to operate at full capacity at no charge to the Department for the duration of the contract period.

JWM

12/26/17



Exhibit K

DHHS INFORMATION SECURITY REQUIREMENTS

1. Confidential Information: In addition to Paragraph #9 of the General Provisions (P-37) for the purpose of this SOW, the Department's Confidential information includes any and all information owned or managed by the State of NH - created, received from or on behalf of the Department of Health and Human Services (DHHS) or accessed in the course of performing contracted services - of which collection, disclosure, protection, and disposition is governed by state or federal law or regulation. This information includes, but is not limited to Personal Health Information (PHI), Personally Identifiable Information (PII), Federal Tax Information (FTI), Social Security Numbers (SSN), Payment Card Industry (PCI), and or other sensitive and confidential information.
2. The vendor will maintain proper security controls to protect Department confidential information collected, processed, managed, and/or stored in the delivery of contracted services. Minimum expectations include:
 - 2.1. Contractor shall not store or transfer data collected in connection with the services rendered under this Agreement outside of the United States. This includes backup data and Disaster Recovery locations.
 - 2.2. Maintain policies and procedures to protect Department confidential information throughout the information lifecycle, where applicable, (from creation, transformation, use, storage and secure destruction) regardless of the media used to store the data (i.e., tape, disk, paper, etc.).
 - 2.3. Maintain appropriate authentication and access controls to contractor systems that collect, transmit, or store Department confidential information where applicable.
 - 2.4. Encrypt, at a minimum, any Department confidential data stored on portable media, e.g., laptops, USB drives, as well as when transmitted over public networks like the Internet using current industry standards and best practices for strong encryption.
 - 2.5. Ensure proper security monitoring capabilities are in place to detect potential security events that can impact State of NH systems and/or Department confidential information for contractor provided systems.
 - 2.6. Provide security awareness and education for its employees, contractors and sub-contractors in support of protecting Department confidential information
 - 2.7. Maintain a documented breach notification and incident response process. The vendor will contact the Department within twenty-four 24 hours to the Department's contract manager, and additional email addresses provided in this section, of a confidential information breach, computer security incident, or suspected breach which affects or includes any State of New Hampshire systems that connect to the State of New Hampshire network.
 - 2.7.1. "Breach" shall have the same meaning as the term "Breach" in section 164.402 of Title 45, Code of Federal Regulations. "Computer Security Incident" shall have the same meaning "Computer Security Incident" in section two (2) of NIST Publication 800-61, Computer Security Incident Handling Guide, National Institute of Standards and Technology, U.S. Department of Commerce.

Breach notifications will be sent to the following email addresses:

 - 2.7.1.1. DHHSChiefInformationOfficer@dhhs.nh.gov
 - 2.7.1.2. DHHSInformationSecurityOffice@dhhs.nh.gov
 - 2.8. If the vendor will maintain any Confidential Information on its systems (or its sub-contractor systems), the vendor will maintain a documented process for securely disposing of such data upon request or contract termination; and will obtain written certification for any State of New Hampshire data destroyed



Exhibit K

by the vendor or any subcontractors as a part of ongoing, emergency, and or disaster recovery operations. When no longer in use, electronic media containing State of New Hampshire data shall be rendered unrecoverable via a secure wipe program in accordance with industry-accepted standards for secure deletion, or otherwise physically destroying the media (for example, degaussing). The vendor will document and certify in writing at time of the data destruction, and will provide written certification to the Department upon request. The written certification will include all details necessary to demonstrate data has been properly destroyed and validated. Where applicable, regulatory and professional standards for retention requirements will be jointly evaluated by the State and the vendor prior to destruction.

- 2.9. If the vendor will be sub-contracting any core functions of the engagement supporting the services for State of New Hampshire, the vendor will maintain a program of an internal process or processes that defines specific security expectations, and monitoring compliance to security requirements that at a minimum match those for the vendor, including breach notification requirements.
3. The vendor will work with the Department to sign and comply with all applicable State of New Hampshire and Department system access and authorization policies and procedures, systems access forms, and computer use agreements as part of obtaining and maintaining access to any Department system(s). Agreements will be completed and signed by the vendor and any applicable sub-contractors prior to system access being authorized.
 4. If the Department determines the vendor is a Business Associate pursuant to 45 CFR 160.103, the vendor will work with the Department to sign and execute a HIPAA Business Associate Agreement (BAA) with the Department and is responsible for maintaining compliance with the agreement.
 5. The vendor will work with the Department at its request to complete a survey. The purpose of the survey is to enable the Department and vendor to monitor for any changes in risks, threats, and vulnerabilities that may occur over the life of the vendor engagement. The survey will be completed annually, or an alternate time frame at the Departments discretion with agreement by the vendor, or the Department may request the survey be completed when the scope of the engagement between the Department and the vendor changes. The vendor will not store, knowingly or unknowingly, any State of New Hampshire or Department data offshore or outside the boundaries of the United States unless prior express written consent is obtained from the appropriate authorized data owner or leadership member within the Department.
 6. Data Security Breach Liability. In the event of any security breach Contractor shall make efforts to investigate the causes of the breach, promptly take measures to prevent future breach and minimize any damage or loss resulting from the breach. The State shall recover from the Contractor all costs of response and recovery from the breach, including but not limited to: credit monitoring services, mailing costs and costs associated with website and telephone call center services necessary due to the breach.

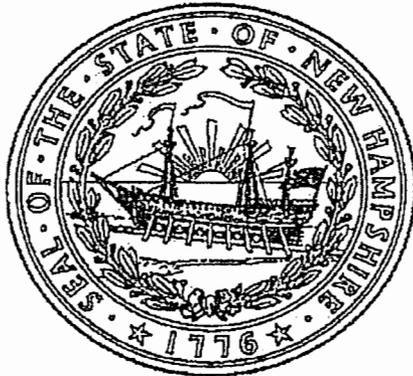
State of New Hampshire

Department of State

CERTIFICATE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that JSI RESEARCH & TRAINING INSTITUTE, INC. is a Massachusetts Nonprofit Corporation registered to transact business in New Hampshire on February 17, 2016. I further certify that all fees and documents required by the Secretary of State's office have been received and is in good standing as far as this office is concerned.

Business ID: 739507



IN TESTIMONY WHEREOF,
I hereto set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 23rd day of May A.D. 2017.

A handwritten signature in black ink, appearing to read "William M. Gardner".

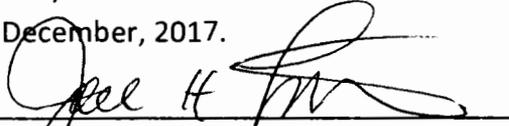
William M. Gardner
Secretary of State

CERTIFICATE OF VOTE/AUTHORITY

I, Joel H. Lamstein, of JSI Research & Training Institute, Inc., do hereby certify that:

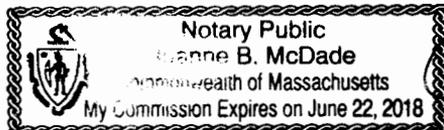
1. I am the duly elected President/Treasurer of JSI Research & Training Institute, Inc.
2. The following are true copies of two resolutions adopted at meetings of the Board of Directors of JSI Research & Training Institute, Inc. duly held on dates noted.
 - a. RESOLVED: That this corporation may enter into any and all contracts, amendments, renewals, revisions or modifications thereto, with the State of New Hampshire, acting through its Department of Health and Human Services dated: July 1, 1995.
 - b. RESOLVED: That Thomas W. Mangione is hereby authorized on behalf of this corporation to enter into said contracts with the State, and to execute any and all documents, agreements, and other instruments, and any amendments, revisions, or modifications thereto, as he may deem necessary, desirable or appropriate. Thomas W. Mangione is a Senior Research Scientist employed full time at JSI Research & Training Institute, Inc. dated: October 1, 2001.
3. The foregoing resolutions have not been amended or revoked and remain in full force and effect as of December 26, 2017.

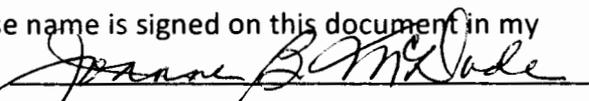
IN WITNESS WHEREOF, I have hereunto set my hand as the Treasurer of JSI Research and Training Institute, Inc. this 26th day of December, 2017.


Joel H. Lamstein, President/Treasurer

State of Massachusetts, County of Suffolk; ss:

On this 26th day of December, 2017, before me, the undersigned notary public, personally appeared, Joel H. Lamstein, proved to me through the satisfactory evidence of identification, which was his U.S. Passport, to be the person whose name is signed on this document in my presence.




Joanne B. McDade, Notary Public

My Commission Expires: June 22, 2018



JOHNSNO-01

KMELCHER

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
11/16/2017

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 have ADDITIONAL INSURED provisions or 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 Mason & Mason Technology Insurance Services, Inc. 458 South Ave. Whitman, MA 02382	CONTACT NAME: Deborah Meaney PHONE (A/C, No, Ext): E-MAIL ADDRESS: dmeaney@masoninsura.com FAX (A/C, No):																		
INSURED John Snow Inc. JSI Research & Training Institute, Inc. World Education, Inc. 44 Farnsworth Street Boston, MA 02210-1206	INSURER(S) AFFORDING COVERAGE <table border="0"> <tr><td>INSURER A:</td><td>Great Northern Insurance Co.</td><td>20303</td></tr> <tr><td>INSURER B:</td><td>Federal Insurance Company</td><td>20281</td></tr> <tr><td>INSURER C:</td><td>Executive Risk Indemnity</td><td>35181</td></tr> <tr><td>INSURER D:</td><td></td><td></td></tr> <tr><td>INSURER E:</td><td></td><td></td></tr> <tr><td>INSURER F:</td><td></td><td></td></tr> </table>	INSURER A:	Great Northern Insurance Co.	20303	INSURER B:	Federal Insurance Company	20281	INSURER C:	Executive Risk Indemnity	35181	INSURER D:			INSURER E:			INSURER F:		
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INSURER D:																			
INSURER E:																			
INSURER F:																			

COVERAGES	CERTIFICATE NUMBER:	REVISION NUMBER:
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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 INSD	SUBR YTD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS																											
A X	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR			35873320	09/09/2017	09/09/2018	<table border="0" style="width: 100%;"> <tr><td>EACH OCCURRENCE</td><td>\$</td><td>1,000,000</td></tr> <tr><td>DAMAGE TO RENTED PREMISES (Per Occurrence)</td><td>\$</td><td>1,000,000</td></tr> <tr><td>MED EXP (Any one person)</td><td>\$</td><td>10,000</td></tr> <tr><td>PERSONAL & ADV INJURY</td><td>\$</td><td>1,000,000</td></tr> <tr><td>GENERAL AGGREGATE</td><td>\$</td><td>2,000,000</td></tr> <tr><td>PRODUCTS - COMP/OP AGG</td><td>\$</td><td>Included</td></tr> <tr><td colspan="3">GENL AGGREGATE LIMIT APPLIES PER</td></tr> <tr><td>POLICY SUBJECT X LOC</td><td></td><td></td></tr> <tr><td>X OTHER: Combined Agg \$10M</td><td></td><td></td></tr> </table>	EACH OCCURRENCE	\$	1,000,000	DAMAGE TO RENTED PREMISES (Per Occurrence)	\$	1,000,000	MED EXP (Any one person)	\$	10,000	PERSONAL & ADV INJURY	\$	1,000,000	GENERAL AGGREGATE	\$	2,000,000	PRODUCTS - COMP/OP AGG	\$	Included	GENL AGGREGATE LIMIT APPLIES PER			POLICY SUBJECT X LOC			X OTHER: Combined Agg \$10M		
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POLICY SUBJECT X LOC																																		
X OTHER: Combined Agg \$10M																																		
B	AUTOMOBILE LIABILITY			73546634	09/09/2017	09/09/2018	<table border="0" style="width: 100%;"> <tr><td>COMBINED SINGLE LIMIT (Per accident)</td><td>\$</td><td>1,000,000</td></tr> <tr><td>BODILY INJURY (Per person)</td><td>\$</td><td></td></tr> <tr><td>BODILY INJURY (Per accident)</td><td>\$</td><td></td></tr> <tr><td>PROPERTY DAMAGE (Per accident)</td><td>\$</td><td></td></tr> </table>	COMBINED SINGLE LIMIT (Per accident)	\$	1,000,000	BODILY INJURY (Per person)	\$		BODILY INJURY (Per accident)	\$		PROPERTY DAMAGE (Per accident)	\$																
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B X	UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE			79861066	09/09/2017	09/09/2018	<table border="0" style="width: 100%;"> <tr><td>EACH OCCURRENCE</td><td>\$</td><td>20,000,000</td></tr> <tr><td>AGGREGATE</td><td>\$</td><td>20,000,000</td></tr> <tr><td>DED RETENTION \$</td><td></td><td></td></tr> </table>	EACH OCCURRENCE	\$	20,000,000	AGGREGATE	\$	20,000,000	DED RETENTION \$																				
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AGGREGATE	\$	20,000,000																																
DED RETENTION \$																																		
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	71733182	09/09/2017	09/09/2018	<table border="0" style="width: 100%;"> <tr><td>X PER STATUTE</td><td></td><td>OTH-ER</td></tr> <tr><td>E L EACH ACCIDENT</td><td>\$</td><td>1,000,000</td></tr> <tr><td>E L DISEASE - EA EMPLOYEE</td><td>\$</td><td>1,000,000</td></tr> <tr><td>E L DISEASE - POLICY LIMIT</td><td>\$</td><td>1,000,000</td></tr> </table>	X PER STATUTE		OTH-ER	E L EACH ACCIDENT	\$	1,000,000	E L DISEASE - EA EMPLOYEE	\$	1,000,000	E L DISEASE - POLICY LIMIT	\$	1,000,000															
X PER STATUTE		OTH-ER																																
E L EACH ACCIDENT	\$	1,000,000																																
E L DISEASE - EA EMPLOYEE	\$	1,000,000																																
E L DISEASE - POLICY LIMIT	\$	1,000,000																																
C	ERRORS & OMISSIONS			82120859	11/09/2017	11/09/2018	EACH OCC/GEN AGG \$ 1,000,000																											
B	DIRECTORS & OFFICERS			81595534	11/09/2017	11/09/2018	EACH OCC/GEN AGG \$ 3,000,000																											

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
It is understood and agreed that NH Department of Health and Human Services is included as an additional insured as respects general liability as required by written contract per the terms and conditions of form 80-02-2367 (Rev. 5-07).

CERTIFICATE HOLDER

NH Department of Health and Human Services
129 Pleasant Street
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

JSI Research and Training

Mission Statement

JSI Research and Training Institute was incorporated in 1987 as a 501©3 non-profit organization in the Commonwealth of Massachusetts. Our mission is to alleviate public health problems both in the United States and in developing countries around the world through applied research, technical assistance and training. JSI maintains offices in Boston, Massachusetts; Washington, D.C.; Denver, Colorado and Concord, New Hampshire; as well as seven overseas offices in developing nations. Since its inception, JSI has successfully completed more than 400 contracts in the health and human service fields.

Community Health Institute

Mission Statement

The Community Health Institute's mission is to support and strengthen New Hampshire's health care system by providing coordinated information dissemination and technical assistance resources to health care providers, managers, planners, and policy makers, statewide. Our success translates into improved access to quality health and social services for all New Hampshire residents.

**JSI RESEARCH AND TRAINING INSTITUTE, INC.
AND
AFFILIATE**

**Audited Consolidated Financial Statements and Reports
Required by Government Auditing Standards and the Uniform Guidance**

September 30, 2016

**JSI Research and Training Institute, Inc. and Affiliate
September 30, 2016**

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NORMAN R. FOUGERE, JR. CPA
99 HERITAGE LANE
DUXBURY, MA 02332-4334



PHONE: 781-934-0460
FAX: 781-934-0606

INDEPENDENT AUDITOR'S REPORT

To the Board of Directors
JSI Research and Training Institute, Inc. and Affiliate

Report on the Consolidated Financial Statements

We have audited the accompanying consolidated financial statements of JSI Research and Training Institute, Inc. and Affiliate (both non-profit organizations), which comprise the consolidated statement of financial position as of September 30, 2016, and the related consolidated statements of activities, functional expenses, and cash flows for the year then ended, and the related notes to the consolidated financial statements.

Management's Responsibility for the Consolidated Financial Statements

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

Auditor's Responsibility

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

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the consolidated financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the consolidated financial statements, whether due to fraud or error. In making those risk

assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the consolidated financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the consolidated financial statements.

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

Opinion

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of JSI Research and Training Institute, Inc. and Affiliate as of September 30, 2016, and the changes in their net assets and their cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Other Matters

Other Information

Our audit was conducted for the purpose of forming an opinion on the consolidated financial statements as a whole. The accompanying schedule of expenditures of federal awards, as required by Title 2 U.S. *Code of Federal Regulations Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards*, is presented for purposes of additional analysis and is not a required part of the consolidated financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements. The information has been subjected to the auditing procedures applied in the audit of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated, in all material respects, in relation to the consolidated financial statements taken as a whole.

Report on Summarized Comparative Information

We have previously audited the JSI Research and Training Institute, Inc. and Affiliate consolidated financial statements, and we expressed an unmodified opinion on those audited financial statements in our report dated February 10, 2016. In our opinion, the summarized consolidated comparative information presented herein as of and for the year ended September 30, 2015 is consistent, in all material respects, with the audited consolidated financial statements from which it has been derived.

Other Reporting Required by *Government Auditing Standards*

In accordance with *Government Auditing Standards*, we have also issued a report dated April 26, 2017, on our consideration of JSI Research and Training Institute, Inc. and its affiliate's internal control over financial reporting and on our tests of their compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering JSI Research and Training Institute, Inc. and its affiliate's internal control over financial reporting and compliance.



Duxbury, Massachusetts
April 26, 2017

JSI Research and Training Institute, Inc. and Affiliate
CONSOLIDATED STATEMENT OF FINANCIAL POSITION
September 30, 2016
(With Comparative Totals for 2015)

	2016	2015
ASSETS		
Current Assets:		
Cash and cash equivalents	\$ 68,620,315	\$ 32,723,562
Receivables for program work	18,498,218	18,380,102
Loans receivable - related party	-	130,870
Field advances - program	1,670,752	3,831,076
Employee advances	276,013	268,427
Prepaid expenses	-	3,700
Total Current Assets	89,065,298	55,337,737
Property and Equipment:		
Furniture and equipment	636,492	625,913
Leasehold improvements	30,355	30,355
	666,847	656,268
Less: Accumulated depreciation	(634,621)	(619,202)
Net Property and Equipment	32,226	37,066
Other Assets	109,058	83,336
TOTAL ASSETS	\$ 89,206,582	\$ 55,458,139
LIABILITIES AND NET ASSETS		
Current Liabilities:		
Accounts payable and payroll withholdings	\$ 10,873,875	\$ 6,171,223
Accrued vacation	1,824,437	1,581,896
Advances for program work	30,642,424	17,530,808
Loans payable - related party	1,001,492	-
Notes payable	-	-
Contingencies	-	-
Total Current Liabilities	44,342,228	25,283,927
Net Assets:		
Unrestricted	44,706,560	30,169,212
Temporarily restricted	157,794	5,000
Total Net Assets	44,864,354	30,174,212
TOTAL LIABILITIES AND NET ASSETS	\$ 89,206,582	\$ 55,458,139

See notes to consolidated financial statements.

JSI Research and Training Institute, Inc. and Affiliate
CONSOLIDATED STATEMENT OF ACTIVITIES
Year Ended September 30, 2016
(With Comparative Totals for 2015)

	2016	2015
UNRESTRICTED NET ASSETS:		
Public Support and Revenue		
Public Support:		
Government grants and contracts:		
U.S. Government	\$ 243,054,246	\$ 210,063,095
Commonwealth of Massachusetts	6,069,315	4,161,101
Other grants and contracts	53,310,784	50,876,520
Program income	186,344	405,334
Contributions	11,700,204	3,117,911
In-kind project contributions	6,852,099	2,010,273
Interest income	41,432	11,440
Total Unrestricted Support and Revenue	321,214,424	270,645,674
Expenses		
Program Services:		
International programs	256,624,631	224,104,084
Domestic programs	18,826,817	14,498,901
Total Program Services	275,451,448	238,602,985
Supporting Services:		
Management and General	31,053,862	25,808,825
Fundraising	171,766	311,163
Total Supporting Services	31,225,628	26,119,988
Total Expenses	306,677,076	264,722,973
Increase (Decrease) in Unrestricted Net Assets	14,537,348	5,922,701
TEMPORARILY RESTRICTED NET ASSETS		
Program restricted net assets	152,794	-
Increase (decrease) in temporarily restricted net assets	152,794	-
Increase (decrease) in net assets	14,690,142	5,922,701
Net Assets at Beginning of Year	30,174,212	24,251,511
Net Assets at End of Year	\$ 44,864,354	\$ 30,174,212

See notes to consolidated financial statements.

JSI Research and Training Institute, Inc. and Affiliate
CONSOLIDATED STATEMENT OF FUNCTIONAL EXPENSES
Year Ended September 30, 2016
(With Comparative Totals for 2015)

	PROGRAM SERVICES			SUPPORTING SERVICES			TOTAL EXPENSES	
	International Programs	Domestic Programs	Total	Management And General	Fundraising	Total	2016	2015
Salaries	\$ 25,813,343	\$ 7,521,533	\$ 33,334,876	\$ 5,305,002	\$ 91,738	\$ 5,396,740	\$ 38,731,616	\$ 35,096,598
Consultants	16,226,545	4,874,115	21,100,660	1,540,605	14,924	1,555,529	22,656,189	18,726,673
Cooperating National Salaries	38,304,169	-	38,304,169	429,117	-	429,117	38,733,286	33,861,894
Travel	14,789,649	766,886	15,556,535	612,603	1,592	614,195	16,170,730	17,189,438
Allowance & Training	9,804,135	387	9,804,522	358,784	-	358,784	10,163,306	9,092,289
Sub-contracts	90,797,834	2,685,064	93,482,898	24,323	19,537	43,860	93,526,758	74,872,908
Equipment, Material and Supplies	6,491,027	41,325	6,532,352	436,889	679	437,568	6,969,920	5,941,290
Other Costs	47,545,794	2,937,507	50,483,301	22,331,120	43,296	22,374,416	72,857,717	67,915,670
In-kind project expenses	6,852,135	-	6,852,135	-	-	-	6,852,135	2,010,273
Depreciation	-	-	-	15,419	-	15,419	15,419	15,940
TOTAL EXPENSE	\$ 256,624,631	\$ 18,826,817	\$ 275,451,448	\$ 31,053,862	\$ 171,766	\$ 31,225,628	\$ 306,677,076	\$ 264,722,973

See notes to consolidated financial statements.

JSI Research and Training Institute, Inc. and Affiliate
CONSOLIDATED STATEMENT OF CASH FLOWS
Year Ended September 30, 2016
(With Comparative Totals for 2015)

	2016	2015
Cash Flows From Operating Activities:		
Increase (Decrease) in net assets	\$ 14,690,142	\$ 5,922,701
Adjustments to reconcile change in net assets to net cash provided by operating activities:		
Depreciation	15,419	15,940
(Increase) Decrease in receivables for program work	(118,116)	(6,187,030)
(Increase) Decrease in field advances - program	2,160,324	(1,218,496)
(Increase) Decrease in employee advances	(7,586)	(47,156)
(Increase) Decrease in prepaid expenses	3,700	-
(Increase) Decrease in other assets	(25,722)	-
Increase (Decrease) in accounts payable and payroll withholdings	4,702,652	1,144,898
Increase (Decrease) in accrued vacation	242,541	17,946
Increase (Decrease) in advances for program work	13,111,616	3,313,328
Net Cash Provided (Used) By Operating Activities	34,774,970	2,962,131
Cash Flows From Investing Activities:		
Loans made	-	(36,111)
Loans repaid	1,132,362	330,711
Acquisition of property and equipment	(10,579)	-
Net Cash Provided (Used) By Investing Activities	1,121,783	294,600
Net Increase (Decrease) in Cash and Cash Equivalents	35,896,753	3,256,731
Cash and Cash Equivalents at Beginning of Year	32,723,562	29,466,831
Cash and Cash Equivalents at End of Year	\$ 68,620,315	\$ 32,723,562

See notes to consolidated financial statements.

JSI Research and Training Institute, Inc. and Affiliate
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
September 30, 2016

NOTE 1 – ORGANIZATION AND NATURE OF ACTIVITIES

JSI Research and Training Institute, Inc. was incorporated in the Commonwealth of Massachusetts on April 11, 1979. JSI Research and Training Institute, Inc. provides education and research primarily to non-profit health and human service agencies both in the United States and abroad. Current funding is principally from the United States Agency for International Development and the United States Department of Health and Human Services (HHS).

JSI Research and Training Institute, Inc. is the sole member of World Education, Inc. (Affiliate) with such powers as are typically accorded to a sole member including the power of appointment and removal of the World Education, Inc. board of trustees, the right to approve amendments to the bylaws and certificate of incorporation of World Education, Inc., and the right to approve any merger, consolidation, dissolution or transfer of substantial assets of World Education, Inc.

World Education, Inc. (Affiliate) was founded in 1951 and incorporated in the state of New Jersey. Working in partnership with community, national, and international agencies in Asia, Africa, and the United States, it provides professional assistance in the design and implementation of non-formal adult education programs. These programs integrate functional education with relevant problem-solving aspects of individual growth and national development such as health, nutrition, family planning, childcare, refugee education, agricultural practices, literacy, and income generation.

JSI Research and Training Institute, Inc. and its affiliate are tax exempt organizations under 501 (c) (3) of the Internal Revenue Code and file separate unconsolidated tax returns.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Principles of Consolidation

The consolidated financial statements include the accounts of JSI Research and Training Institute, Inc. and World Education, Inc., its affiliate, (collectively referred to as the Organization). Significant intra-entity accounts and transactions have been eliminated in consolidation.

Basis of Accounting

The consolidated financial statements of the Organization have been prepared utilizing the accrual basis of accounting and include the accounts of JSI Research and Training Institute, Inc. and its affiliate in conformity with accounting principles generally accepted in the United States of America.

JSI Research and Training Institute, Inc. and Affiliate
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS - CONTINUED
September 30, 2016

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES – continued

Use of Estimates

The preparation of consolidated financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Fair Value

The Organization values its qualifying assets and liabilities under a fair value hierarchy that prioritizes the inputs and assumptions used to measure fair value. The hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and liabilities and have the highest priority, Level 2 inputs consist of observable inputs other than quoted prices for identical assets, and Level 3 inputs have the lowest priority. The Organization uses appropriate valuation techniques based on the available inputs to measure the fair value of its assets and liabilities. When available, the Organization measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value.

Cash and Cash Equivalents

The Organization considers all monies in banks and highly liquid investments with maturity dates of three months or less to be cash equivalents. The carrying value of cash and cash equivalents approximates fair value because of the short maturities of those financial instruments.

Investments

Investments in marketable securities with readily determinable fair values and all investments in debt securities (marketable investments) are measured at fair values based on quoted market prices in the consolidated statement of financial position. Unrealized gains and losses are included in the statement of activities.

Property and Equipment

Property and equipment is reported on the basis of cost less accumulated depreciation. Acquisitions of property and equipment in excess of \$5,000 are capitalized. Depreciation is computed using the straight-line method calculated to extinguish the book value of the respective assets over their estimated useful lives (5 - 7 years) of the related assets.

Revenue Recognition

The majority of the Organization's revenues are derived from contracts, cooperative agreements, and grants with U.S. government agencies, primarily the United States Agency for International Development and the United States Department of Health and Human Services. Revenues are recognized when the Organization incurs qualifying expenditures that are reimbursable under the terms of the contracts, agreements or grants, or in accordance with the grantor's restrictions.

JSI Research and Training Institute, Inc. and Affiliate
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS - CONTINUED
September 30, 2016

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES – continued

Revenue Recognition - continued

Unrestricted and restricted contributions are recognized as revenue at the date the pledge is made or the gift is received, whichever is earlier.

Contributions

Contributions received are recorded as unrestricted, temporarily restricted, or permanently restricted support depending on the existence and/or nature of any donor restrictions. Contributions are reported as temporarily restricted support and are then reclassified to unrestricted net assets upon expiration of the time restriction. Temporarily restricted support, whose restrictions are met in the same reporting period, is shown as unrestricted support.

Donated Materials and Services

Donated materials and services are recorded as in kind project contributions at their estimated fair market value as of the date of receipt and as an expense in the accompanying consolidated statement of activities. Donated services are recognized if the services received create or enhance non-financial assets or require specialized skills that are provided by individuals possessing those skills and would typically need to be purchased if not provided by donation.

Income Taxes

The Organization is exempt from income taxes under Section 501(c)(3) of the Internal Revenue Code and is not a private foundation as described in Section 509. Accordingly, no provision for income taxes is included in the accompanying consolidated financial statements.

The Organization has evaluated its tax positions and believes that there would be no material changes to the results of its operations or financial position as a result of an audit by the applicable taxing authorities, federal or state. The Organization has filed all of its known and required returns in a timely manner including as permitted allowed extensions. Following administrative practice of the taxing authorities, the tax years 2013, 2014, 2015 and 2016, remain open years subject to examination and review.

JSI Research and Training Institute, Inc. and World Education, Inc. (Affiliate) file separate unconsolidated tax returns. JSI Research and Training Institute, Inc. files tax returns based on a September 30th year end and its affiliate files tax returns based on a June 30th year end.

Functional Allocation of Expenses

The costs of providing the various programs and other activities have been summarized on a functional basis in the consolidated statement of activities. Accordingly, certain costs have been allocated among the programs and supporting services benefited.

JSI Research and Training Institute, Inc. and Affiliate
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS - CONTINUED
September 30, 2016

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES – continued

Financial Statement Presentation

In accordance with accounting principles generally accepted in the United States of America, the Organization reports information regarding its financial position and activities according to three classes of net assets: unrestricted net assets, temporarily restricted net assets, and permanently restricted net assets based upon the existence or absence of donor imposed restrictions. For the year ended September 30, 2016 there was no activity in permanently restricted net assets.

Prior Year Comparative Totals

The financial statements include prior-year summarized comparative information in total. Such information does not include sufficient detail to constitute a presentation in conformity with accounting principles generally accepted in the United States of America. Accordingly, such information should be read in conjunction with the Company's financial statements for the year ended September 30, 2015, from which the summarized information was derived.

Reclassification

Certain amounts for 2015 have been reclassified to conform to current year presentation.

NOTE 3 – CONCENTRATION OF CREDIT RISK

The Organization maintains demand deposits and money market funds at financial institutions. At times, certain balances held in these accounts may not be fully guaranteed by the United States Government. The uninsured portions of cash and money market accounts are backed solely by the assets of the financial institution. Therefore, the failure of a financial institution could result in a financial loss to the Organization. However, the Organization has not experienced losses on these accounts in the past and management believes the risk of loss, if any, to be minimal.

NOTE 4 – INVESTMENTS

Fair Value

In accordance with accounting principles generally accepted in the United States of America, the Organization values its qualifying assets and liabilities under a fair value hierarchy that prioritizes the inputs and assumptions used to measure fair value. The three levels of the fair value hierarchy are as follows:

JSI Research and Training Institute, Inc. and Affiliate
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS - CONTINUED
September 30, 2016

NOTE 4 – INVESTMENTS - continued

Fair Value - continued

- *Level 1* – Observable inputs that reflect unadjusted quoted prices in active markets for identical assets or liabilities at the measurement date.
- *Level 2* – Inputs other than quoted prices in active markets that are observable for the asset either directly or indirectly, including inputs from markets that are not considered to be active.
- *Level 3* – Unobservable inputs which reflect the Organization’s assessment of the assumptions that market participants would use in pricing the asset or liability including assumptions about risk.

A qualifying asset or liability’s level within the framework is based upon the lowest level of any input that is significant to the fair value measurement.

The following is a summary of fair values of investments which are measured on a recurring basis using Level 1 inputs as recorded in the Consolidated Statement of Financial Position at September 30, 2016:

Current assets:

Cash and cash equivalents (invested)	<u>\$ 53,856,408</u>
	<u>\$ 53,856,408</u>

No assets or liabilities were measured at Level 2 or Level 3.

The following schedule summarizes the investment return and its classification in the Consolidated Statement of Activities for the year ended September 30, 2016:

	<u>Unrestricted</u>
Interest income	<u>\$ 41,432</u>
Total investment return	<u>\$ 41,432</u>

JSI Research and Training Institute, Inc. and Affiliate
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS - CONTINUED
September 30, 2016

NOTE 5 – RECEIVABLES FOR PROGRAM WORK

Receivables for program work are stated at the amount management expects to collect from outstanding balances. Management provides for probable uncollectable amounts through a provision for bad debt expense and an adjustment to a valuation allowance based on its assessment of the current status of individual accounts. Balances that are still outstanding after management has used reasonable collection efforts are written off through a charge to the valuation allowance and a credit to accounts receivable. The allowance for doubtful accounts at September 30, 2016 was \$0.

Receivables for program work consist of the following at September 30, 2016:

U.S. Agency for International Development	\$ 10,734,193
U.S. Department of Health and Human Services	396,595
U.S. Department of State	410,510
U.S. Department of Labor	45,383
Commonwealth of Massachusetts	549,882
Other - non-governmental	<u>6,361,655</u>
	<u>\$ 18,498,218</u>

NOTE 6 – LOANS RECEIVABLE – RELATED PARTY

Loans receivable – related party consist of various unsecured short-term loans, due on demand, from John Snow, Inc., a related party (See NOTE 17). No interest is charged on the loans. The loans receivable balance at September 30, 2016 is \$0.

JSI Research and Training Institute, Inc. and Affiliate
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS - CONTINUED
September 30, 2016

NOTE 7 – PROPERTY AND EQUIPMENT AND ACCUMULATED DEPRECIATION

Property and equipment and accumulated depreciation account balances are as follows:

	Cost	Accumulated Depreciation	Net
Furniture and equipment	\$ 636,492	\$ (604,266)	\$ 32,226
Leasehold improvements	30,355	(30,355)	-
	\$ 666,847	\$ (634,621)	\$ 32,226

Depreciation expense was \$15,419 for the year ended September 30, 2016.

NOTE 8 – OTHER ASSETS

Other assets consist of the following at September 30, 2016:

Deposits	\$ 72,113
Artwork - donated	36,945
	\$ 109,058

Donated artwork is recorded at a discounted appraised value at the date of gift.

NOTE 9 – ACCRUED VACATION

In accordance with formal policies, vacation was accrued at September 30, 2016 as follows:

JSI Research and Training Institute, Inc.	\$ 1,502,607
World Education, Inc. (Affiliate)	321,830
	\$ 1,824,437

JSI Research and Training Institute, Inc. and Affiliate
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS - CONTINUED
September 30, 2016

NOTE 10 – ADVANCES FOR PROGRAM WORK

Advances for program work consist of the following at September 30, 2016:

Other - non-governmental	
Partnership for Supply Chain Management, Inc. (related party)	\$ 6,701,688
Bill & Melinda Gates Foundation	16,905,370
Other	<u>7,035,366</u>
	<u>\$ 30,642,424</u>

NOTE 11 – LOANS PAYABLE – RELATED PARTY

Loans payable – related party consist of various unsecured short-term loans, payable on demand, from John Snow, Inc., a related party (See NOTE 17). No interest is charged on the loans. The loans payable balance at September 30, 2016 is \$1,001,492.

NOTE 12 – NOTES PAYABLE

Citizens Bank

World Education, Inc. (Affiliate) has a revolving line of credit established February 3, 2004 with Citizens Bank of Massachusetts with a borrowing limit of up to \$500,000. The revolving line of credit was renewed on March 18, 2016. The loan is payable on demand. Interest is charged by utilizing a fluctuating rate based on the LIBOR (Advantage) rate plus 2.50%. The line of credit remains in effect until February 28, 2017 and annually thereafter contingent upon performance. The loan is collateralized by a first priority interest in all the assets of World Education, Inc. No funds were borrowed during the year and as a result, as of September 30, 2016, the outstanding balance is \$0 and no interest was incurred on this loan during the year ended September 30, 2016.

JSI Research and Training Institute, Inc. and Affiliate
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS - CONTINUED
September 30, 2016

NOTE 12 – NOTES PAYABLE - continued

John Snow, Inc.

World Education, Inc. (Affiliate) has an unsecured revolving line of credit established September 1, 2007 with John Snow, Inc. (a related party) with a borrowing limit of up to \$1,000,000. The loan was renewed on July 1, 2013. Interest is charged by utilizing a fluctuating rate based on the current prime rate plus 0.25%. The loan is payable on demand and, in any event, on or prior to June 30, 2016. The loan is not collateralized. No funds were borrowed during the year and as a result, as of September 30, 2016, the outstanding balance is \$0. No interest was incurred on this loan during the year ended September 30, 2016. (See NOTE 17)

NOTE 13 – CONTINGENCIES

In accordance with the terms of its federal and state grants and contracts, the records of the Organization are subject to audit. The Organization is, therefore, contingently liable for any disallowed costs. Management believes that any adjustment, which might result from such an audit, would be immaterial.

JSI Research and Training Institute, Inc. is a co-borrower (with a related party) of a demand loan with no balance due at September 30, 2016. Management believes that the co-borrower is current on the loan and that its collateral exceeds the balance due. (See NOTE 17)

Provisional indirect cost rates are negotiated with the United States Agency for International Development (AID) on an annual basis. As of September 30, 2016, actual indirect cost rates have been approved by AID for JSI Research and Training Institute, Inc. through December 31, 2010 and World Education, Inc. through June 30, 2015. Based on favorable past experience, management believes the effects of changes to the overhead rates, if any, would not be material to the financial statements.

The Organization has Commonwealth Surplus Revenue Retention Net Assets in excess of 20% of the Organization's prior year's total support and revenue received from Commonwealth of Massachusetts purchasing agencies of \$346,021 and is contingently liable for this amount. (See Note 15)

JSI Research and Training Institute, Inc. and Affiliate
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS - CONTINUED
September 30, 2016

NOTE 14 – TEMPORARILY RESTRICTED NET ASSETS

Temporarily restricted net assets are restricted by donors as follows at September 30, 2016:

	2016
Program Services	\$ 152,794
Time Restrictions	5,000
	\$ 157,794

No assets were released from donor restriction by occurrence of events specified by the donor during the year ended September 30, 2016.

NOTE 15 – SURPLUS REVENUE RETENTION

In accordance with the Massachusetts Division of Purchased Services (DPS) Regulation, 808 CMR 1.19 (3), a nonprofit provider of services is allowed to retain a portion of its excess of support and revenue over expenses in a fiscal year (the “surplus”). A nonprofit provider may retain as its surplus up to 5% of its total revenue from Commonwealth of Massachusetts purchasing agencies during any fiscal year. In addition, a nonprofit provider may retain a cumulative amount of surplus over a period of years not to exceed 20% of the prior year’s total support and revenue from Commonwealth of Massachusetts purchasing agencies and the cumulative surplus must be segregated as surplus retention net assets. A current year surplus which exceeds the 5% level or a cumulative surplus exceeding the 20% amount may be: 1) reinvested in program services as stipulated by the purchasing agencies; 2) recouped or; 3) used by the Commonwealth to reduce the price of future contracts.

The following summarizes the Organization’s calculation of the surplus for fiscal year 2016 and on a cumulative basis:

	Commonwealth Surplus Retention Net Assets	Other Net Assets	Total Net Assets
Beginning of Year	\$ 959,267	\$ 29,214,945	\$ 30,174,212
Current Year	184,550	14,505,592	14,690,142
End of Year	\$ 1,143,817	\$ 43,720,537	\$ 44,864,354

At year end, the Organization’s Commonwealth Surplus Retention Net Assets exceed 20% of the prior year’s total support and revenue received from Commonwealth of Massachusetts purchasing agencies by \$346,021. The Organization is contingently liable for this amount.

JSI Research and Training Institute, Inc. and Affiliate
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS - CONTINUED
September 30, 2016

NOTE 16 – COMMONWEALTH OF MASSACHUSETTS

The following is a schedule of expenditures with the Commonwealth of Massachusetts:

Receivables from program work at October 1, 2015	\$ 316,750
Receipts	(5,836,183)
Disbursements/expenditures	<u>6,069,315</u>
Receivables from program work at September 30, 2016	<u>\$ 549,882</u>

NOTE 17 – RELATED PARTY TRANSACTIONS

John Snow, Inc.

JSI Research and Training Institute, Inc. (an exempt organization) and John Snow, Inc. (a non-exempt corporation) purchase consulting services from each other. Mr. Joel Lamstein is President and Director of both organizations, and is the sole stockholder of John Snow, Inc. The two companies bill each other at the same rates that they bill the federal and state governments.

During the year ended September 30, 2016, John Snow, Inc. billed JSI Research and Training Institute, Inc. \$30,636,861 for consulting services (technical support). This amount is reflected under the program services - consulting line item (\$16,638,442) and program services - other costs line item (\$13,998,419) on the statement of functional expenses. In addition, JSI Research and Training Institute, Inc. performed consulting services (technical support) for John Snow, Inc. totaling \$9,765,835.

The two companies also share facilities and pool various overhead expenses. For the year ended September 30, 2016, JSI Research and Training Institute, Inc. incurred \$24,163,566 of overhead expenses (supporting services), of which \$10,254,970 was its share of John Snow, Inc. incurred costs.

JSI Research and Training Institute, Inc. is a co-borrower with John Snow, Inc. on a commercial demand loan-revolving line of credit with an expiration date of February 28, 2017, which allows for borrowings up to \$6,500,000. The loan is collateralized by a security agreement with a first position lien on all corporate assets of JSI Research and Training Institute, Inc. and John Snow, Inc. including assignment of promissory notes and security documents between the two companies. Interest is charged by utilizing a fluctuating rate based on LIBOR (Advantage) plus two percent (2.00%) payable monthly in arrears, which at September 30, 2016 was 2.525%. At September 30, 2016, a balance of \$0 was outstanding on the loan. Management believes the loan payable will be extended, when due, under similar terms and conditions.

JSI Research and Training Institute, Inc. and Affiliate
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS - CONTINUED
September 30, 2016

NOTE 17 – RELATED PARTY TRANSACTIONS - continued

John Snow, Inc. – continued

During the year, the Company had various loans receivable due from, and various loans payable due to John Snow, Inc. At September 30, 2016, the loan receivable balance is \$0 and the loan payable balance is \$1,001,492.

World Education, Inc. (Affiliate) has an agreement with John Snow, Inc. whereby John Snow, Inc. will provide administrative and technical support as deemed necessary by World Education, Inc.'s Board of Trustees. Transactions with John Snow, Inc. for the year ended September 30, 2016 are summarized as follows:

Administrative and technical support	\$ 858,990
Other direct charges (including rent of \$799,294)	<u>1,275,374</u>
	<u>\$ 2,134,364</u>

The agreement is on a year-to-year basis and can be terminated by either party upon ninety days written notice to the other.

World Education, Inc. provided services to John Snow, Inc. during the year ended September 30, 2016 totaling \$2,554 and was recorded as revenue in the consolidated statement of activities.

World Education, Inc. has an unsecured line of credit with John Snow, Inc. with a borrowing limit of up to \$1,000,000. (See NOTE 12)

Partnership for Supply Chain Management, Inc.

Partnership for Supply Chain Management, Inc. (PSCM) (an exempt organization) was incorporated on February 14, 2005 by JSI Research and Training Institute, Inc. and Management Sciences for Health, Inc. Each organization has 50% control.

PSCM has been awarded a U.S. government contract to procure and deliver life-saving medicines and medical supplies to treat HIV/AIDS patients worldwide. The contract for the Supply Chain Management System project was awarded through the U.S. Agency for the International Development as part of the U.S. government's \$15 billion President's Emergency Plan for AIDS Relief.

Mr. Joel Lamstein, President and Director of JSI Research and Training Institute, Inc., is President and Director of PSCM.

JSI Research and Training Institute, Inc. and Affiliate
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS - CONTINUED
September 30, 2016

NOTE 17 – RELATED PARTY TRANSACTIONS - continued

Partnership for Supply Chain Management, Inc. - continued

During the year ended September 30, 2016, JSI Research and Training Institute, Inc. billed PSCM \$54,724,705 for services performed with a cost of \$51,816,340 and a fee of \$2,908,365. At September 30, 2016, PSCM advanced the Organization \$6,701,688 for program work.

During the year ended September 30, 2016, PSCM made an unrestricted contribution of \$11,000,000 to the Company.

Other

The Organization has an agreement with a certain related company to purchase services. Transactions with this company were charged to sub-contracts expense and are as follows:

The Manoff Group, Inc. (a non-exempt corporation; 40% owned by John Snow, Inc.)	<u>\$ 1,383,980</u>
	<u>\$ 1,383,980</u>

NOTE 18 – RETIREMENT PLANS

JSI Research and Training Institute, Inc. has a defined contribution profit sharing/401(K) plan covering substantially all its employees. Employee contributions are voluntary. Employer contributions are based on a percentage (10% - 15% depending on length of service) of salary. The Plan was effective April 11, 1979. Pension expense was \$3,095,199 for the year ended September 30, 2016.

World Education, Inc. (Affiliate) provides retirement benefits to substantially all employees under a plan. World Education, Inc.'s contributions of 7 percent of employee salaries are used to purchase individual annuities. Additional voluntary contributions may be made by the employees. Participants of the plan are fully and immediately vested when contributions are made. Pension costs incurred by World Education, Inc. were \$325,300 in the year ended September 30, 2016.

JSI Research and Training Institute, Inc. and Affiliate
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS - CONTINUED
September 30, 2016

NOTE 19 – COMMITMENTS

Operating Leases

The JSI Research and Training Institute, Inc. leases space for general offices under operating leases expiring from 2016 through 2019. The leases contain renewal options for periods of up to 5 years.

During the year ended September 30, 2016, rentals under long-term lease obligations were \$513,736. Future obligations over the primary terms of the Company's long-term leases as of September 30, 2016 are:

<u>Year Ended</u> <u>September 30,</u>	
2017	\$ 471,461
2018	386,434
2019	127,139
Thereafter	<u>-</u>
	<u>\$ 985,034</u>

World Education, Inc. (Affiliate) leases space for general offices on a year-to-year basis. Rent expense for the year ended September 30, 2016 was \$799,294.

NOTE 20 – CONCENTRATION OF FUNDING

The Organization receives a majority of its funding through contracts and grants with various departments and agencies of the Federal government.

The Organization received 10% or more of its revenues and support from the following sources for the year ended September 30, 2016:

	<u>Income</u> <u>Received</u>	<u>% of</u> <u>Total Income</u>
U.S. Agency for International Development	\$ 171,745,868	53.47%
Partnership for Supply Chain Management, Inc. - (Related Party)	<u>54,724,705</u>	<u>17.04%</u>
	<u>\$ 226,470,573</u>	<u>70.51%</u>

JSI Research and Training Institute, Inc. and Affiliate
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS - CONTINUED
September 30, 2016

NOTE 21 – IN KIND PROJECT CONTRIBUTIONS

The Organization receives donated materials and services consisting of commodities, facilities and equipment, and services for use in its programs from overseas collaborative private voluntary organizations and from foundations providing grants directly to a project. Donated materials and services totaled \$6,852,099 for the year ended September 30, 2016, and are reflected as In Kind Project Contributions on the Consolidated Statement of Activities and In Kind Project Expenses on the Consolidated Statement of Functional Expenses.

These contributions satisfy part of the matching requirements needed to obtain full funding on certain U.S. Agency for International Development grants. During the year ended September 30, 2016, the following donated materials and services received by the Organization have been used to fulfill matching requirements on active grants:

36532	Turkmenistan YC	\$ 14,765
36662	Madagascar CBIHP	21,844
36697	SPRING	2,039,263
36800	Advancing Partners	94,866
36895	Mozambique M-SIP	11,992
36991	AIDS Free	4,115,133
37024	Tanzania CHSS	13,950
63101	Senegal/Journalism	95,312
63114	Uganda	122,036
63139	Benin FFE	61,453
64024	Tanzania	96,039
64026	Uganda STAR-EC	(36)
64057	Zimbabwe	31,238
64062	Uganda	87,838
64071	OUTCOMES	46,406
		<u>\$ 6,852,099</u>

NOTE 22 – SUBSEQUENT EVENTS

The Organization has evaluated subsequent events through April 26, 2017, the date on which the consolidated financial statements were available to be issued. During this period, there were no subsequent events that require adjustment to the consolidated financial statements.

Supplementary Information

JSI Research and Training Institute, Inc.
SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS
Year Ended September 30, 2016

Federal Grantor/Pass-through Grantor Program Title	Agency or Pass-through Number	Federal CFDA Number	Federal Expenditures
U.S. AGENCY FOR INTERNATIONAL DEVELOPMENT			
Direct Grants:			
36514 - Liberia RBHS	669-A-00-09-00001-00	98.001	\$ 1,584
36521 - Uganda HIV/AIDS/TB	617-A-00-09-00007-00	98.001	8,719,955
36528 - Nigeria TSHIP	620-A-00-09-00014-00	98.001	33,949
36532 - Turkmenistan YC	120-A-00-09-00029-00	98.001	299,985
36662 - Madagascar CBIHP	687-A-00-11-00013-00	98.001	5,332,434
36697 - SPRING	AID-OAA-A-11-00031	98.001	32,193,996
36702 - Nepal CHX Cord Care	AID-OAA-A-11-00073	98.001	802,358
36747 - Ukraine HWUP	AID-121-A-11-00003	98.001	1,341,014
36800 - Advancing Partners	AID-OAA-A-12-00047	98.001	58,438,362
36807 - Live Learn & Play	AID-OAA-L-12-00003	98.001	69,923
36845 - Pakistan HSSP	AID-391-A-13-00002	98.001	5,604,805
36895 - Mozambique M-SIP	AID-656-A-13-00006	98.001	1,188,915
36932 - Senegal I.I.P	AID-685-A-14-00001	98.001	360,611
36991 - AIDSFREE	AID-OAA-A-14-00046	98.001	20,691,793
37024 - Tanzania CHSS	AID-621-A-14-00004	98.001	6,435,946
37129 - Zambia Discover Health	AID-611-A-1600004	98.001	3,546,361
37134 - Timor Leste RBHS	AID-472-A-16-00001	98.001	1,315,633
37162 - Ghana HIV/AIDS	AID-641-A-16-00007	98.001	1,201,746
37186 - Madagascar CCH	AID-687-A-16-00001	98.001	363,051
Total Direct Grants			<u>147,942,421</u>
Pass-through Grants:			
Passed through Partnership for Supply Chain Management, Inc. (PSCM):			
36344/36519/36524/37034/37053/37150/37180 - Supply Chain Management System	GPO-I-00-05-00032-00	98.001	51,816,340
Passed through World Education:			
36591 - Tanzania OVC	621-A-00-10-00024-00	98.001	114,116
36840 - Zimbabwe - Vanc. Bantwana	AID-6133-A-13-00002	98.001	10,479
Passed through International Business Initiatives, Corporation (IBI):			
36826 - Liberia Governance and Economic Management Support Program	669-C-00-11-00050-00	98.001	15,562
Passed through Johns Hopkins University:			
37099 - Ethiopia SBCC	AID-663-A-15-000011	98.001	158,536
Total Pass-through Grants			<u>52,115,033</u>

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SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS
Year Ended September 30, 2016

Federal Grantor/Pass-through Grantor Program Title	Agency or Pass-through Number	Federal CFDA Number	Federal Expenditures
U.S. AGENCY FOR INTERNATIONAL DEVELOPMENT - CONTINUED			
Total - CFDA #98.001 - USAID Foreign Assistance for Programs Overseas			<u>200,057,454</u>
TOTAL - U.S. AGENCY FOR INTERNATIONAL DEVELOPMENT			<u>\$ 200,057,454</u>
U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES			
Pass-through Grant:			
Passed through NACCHO:			
36689 - NH MRC Conferences	2011-041218	93.008	\$ 403
Total CFDA #93.008 - Medical Reserve Corps Small Grant Programs			<u>403</u>
Direct Grant:			
37087 - Adolescent HIV/AIDS Prevention	MAIAH000001	93.057	<u>362,519</u>
Total CFDA #93.057 - National Resource Center for HIV Prevention Among Adolescents			<u>362,519</u>
Direct Grant:			
37128 - Competitive Abstinence Education	Agreement @09/30/15	93.060	<u>17,288</u>
Total CFDA #93.060 - Sexual Risk Avoidance Education			<u>17,288</u>
Direct Grant:			
36901 - CDC - Strategic Assessments for Strategic Action in India:	IU2GGH001132-01	93.067	<u>712,702</u>
Total CFDA #93.067 - Global AIDS			<u>712,702</u>
Pass-through Grants:			
Passed through State of New Hampshire:			
36879 - Public Health Program Services Support	PO# 1031592	93.069	(10,643)
37090 - Public Health Program Services Support	PO# 1031592	93.069	<u>97,171</u>
Total CFDA #93.069 - Public Health Emergency Preparedness			<u>86,528</u>

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Federal Grantor/Pass-through Grantor Program Title	Agency or Pass-through Number	Federal CFDA Number	Federal Expenditures
U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES - CONTINUED			
Pass-through Grants:			
Passed through State of Vermont:			
37096 - Asthma Control Program	29370	93.070	36,877
37206 - VT Climate Change Eval.	31578	93.070	3,004
Passed through State of New Hampshire:			
36880 - Public Health Program Services Support	PO# 1031592	93.070	3,196
37090 - Public Health Program Services Support	PO# 1031592	93.070	74,325
37116 - NIH Asthma Awareness 2016	15-16:JSI-01	93.070	7,073
Passed through State of Connecticut:			
37160 - Asthma Control Program	LOG#2016-0099	93.070	9,725
Total CFDA #93.070 - Environmental Public Health and Emergency Response			<u>134,200</u>
Pass-through Grant:			
Passed through the State of New Hampshire:			
37132 - NH Ebola Readiness	Agreement @ 11/18/15	93.074	108,954
Total CFDA #93.074 - Hospital Preparedness Program			<u>108,954</u>
Pass-through Grant:			
Passed through Planned Parenthood of South, East and North Florida:			
37115 - Cuidate - Training of Facilitators	Agreement @ 12/01/15	93.092	139
37164 - Cuidate - Training of Facilitators	Agreement @ 03/01/16	93.092	50
Total CFDA #93.092 - Affordable Care Act Personal Responsibility Education Program			<u>189</u>
Pass-through Grant:			
Passed through State of New Hampshire:			
37090 - Public Health Program Services Support	PO# 1031592	93.110	46,513
Total CFDA #93.110 - Maternal and Child Health Federal Consolidated Programs			<u>46,513</u>
Direct Grant:			
37103 - HITEQ	U30CS29366	93.129	1,366,423
Pass-through Grants:			
Passed through Michigan Primary Care Association:			
37108 - Michigan Primary Care Association	Agreement @ 09/29/15	93.129	17,861
37157 - MPCA BOD Seminars	Agreement @ 04/21/16	93.129	7,051

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Federal Grantor/Pass-through Grantor Program Title	Agency or Pass-through Number	Federal CFDA Number	Federal Expenditures
U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES - CONTINUED			
Pass-through Grants - continued:			
Passed through National Assoc. of Community Health Centers, Inc.:			
37114 - NACHC	Agreement @ 10/01/15	93.129	16,660
37176 - NACHC Case Study	Agreement @ 04/21/16	93.129	9,011
Passed through Community Health Assoc. of Mountain/Plain States:			
37225 - CHAMPS Planning 2016	APW/CHAMPS/9.1.16	93.129	428
Total CFDA #93.129 - Technical and Non-Financial Assistance to Health Centers			<u>1,417,434</u>
Pass-through Grant:			
Passed through State of Rhode Island:			
36501 - Epidemiology/Public Health Data	3160295	93.130	<u>8,684</u>
Total CFDA #93.130 - Cooperative Agreements to States/ Territories for the Coordination and Development of Primary Care Offices			<u>8,684</u>
Pass-through Grant:			
Passed through State of Rhode Island:			
36501 - Epidemiology/Public Health Data	3160295	93.136	<u>11,328</u>
Total CFDA #93.136 - Injury Prevention and Control Research and State and Community Based Programs			<u>11,328</u>
Direct Grant:			
36904 - Ryan White ACE	UF2HA26520	93.145	1,254,518
Pass-through Grants:			
Passed through Health Research, Inc.:			
37089 - National Quality Center Evaluation Project	Agreement @ 7-01-15	93.145	81,354
37221 - National Quality Center Evaluation Project	Agreement @ 7-01-16	93.145	<u>13,011</u>
Total CFDA #93.145 - AIDS Education and Training Centers			<u>1,348,883</u>
Pass-through Grants:			
Passed through Action for Boston Community Development, Inc.:			
37047 - FamPlan Data Systems		93.217	13,688
37163 - FamPlan Data Systems	Agreement @ 03/01/16	93.217	134,846
Passed through Planned Parenthood of Southern New England:			
37047 - FamPlan Data Systems		93.217	6,023
Passed through Planned Parenthood of Northern New England:			
37047 - FamPlan Data Systems		93.217	17,895

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Federal Grantor/Pass-through Grantor Program Title	Agency or Pass-through Number	Federal CFDA Number	Federal Expenditures
U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES - CONTINUED			
Pass-through Grants - continued:			
Passed through Health Imperatives, Inc.:			
37047 - FamPlan Data Systems		93.217	5,779
Passed through Planned Parenthood League of Massachusetts:			
37047 - FamPlan Data Systems		93.217	2,123
Passed through State of Rhode Island:			
37047 - FamPlan Data Systems		93.217	33,991
Passed through State of New Hampshire:			
37047 - FamPlan Data Systems		93.217	10,127
Passed through Health Quarters, Inc.:			
37047 - FamPlan Data Systems		93.217	4,116
Passed through Family Planning Association of Maine:			
37047 - FamPlan Data Systems		93.217	10,922
Passed through Massachusetts Department of Public Health:			
37047 - FamPlan Data Systems		93.217	4,860
Passed through Vermont Department of Health:			
37047 - FamPlan Data Systems		93.217	2,138
Total CFDA #93.217 - Family Planning Services			<u>246,508</u>
Pass-through Grant:			
Passed through State of Rhode Island:			
36501 - Epidemiology/Public Health Data	3160925	93.236	2,561
Total CFDA #93.236 - Grants to States to Support Oral Health Workforce Activities			<u>2,561</u>
Pass-through Grants:			
Passed through Buildings Bright Futures State Advisory Council, Inc.:			
36850 - Vermont L.A.U.N.C.H. Project	13/7	93.243	3,559
Passed through State of New Hampshire:			
36875 - NH Center for Excellence - Drug and Alcohol	1025785	93.243	550,506
37133 - HCDC Evaluation	Agreement @ 10/01/15	93.243	42,450
37151 - NH DMH Client Survey	Agreement @ 01/13/16	93.243	79,355
Passed through City of Dover, New Hampshire:			
36837 - Dover STOP Evaluation	PO#201307604	93.243	1,899
Passed through County of Cheshire, New Hampshire:			
36889 - Drug Court Program	Agreement @ 8-19-13	93.243	40,512

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Federal Grantor/Pass-through Grantor Program Title	Agency or Pass-through Number	Federal CFDA Number	Federal Expenditures
U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES - CONTINUED			
Pass-through Grants - continued:			
Passed through Action for Boston Community Development, Inc.:			
36903 - Entre Nosotras FY14	Agreement @ 10-19-13	93.243	734
Passed through Community Health Institute and Harbor Homes, Inc.:			
37042 - Harbor Homes Inc.		93.243	5,149
Passed through State of Rhode Island:			
37107 - PFS II	3426881	93.243	<u>47,026</u>
Total CFDA #93.243 - Substance Abuse and Mental Health Services Projects of Regional and National Significance			<u>771,190</u>
Direct Grants:			
36777 - National Training Center - Quality Assurance, Quality Improvement, Evaluation			
	FPTPA006025	93.260	815,756
36787 - Reproductive Health Prevention Training and Technical Assistance			
	FPTPA006015	93.260	253,561
36792 - National Training Center for Management and Systems Improvement			
	FPTPA006023	93.260	760,989
36794 - Region VIII Sexual Health			
	FPTPA006016	93.260	23,902
37223 - Family Planning National Training Center for Service Delivery Improvement			
	FPTPA006028	93.260	<u>71,106</u>
Total - CFDA #93.260 - Family Planning - Personnel Training			<u>1,925,314</u>
Pass-through Grant:			
Passed through State of New Hampshire:			
37090 - Public Health Program Services Support	PO# 1031592	93.268	<u>103,514</u>
Total CFDA #93.268 - Immunization Cooperative Agreements			<u>103,514</u>
Pass-through Grants:			
Passed through Mary Hitchcock Memorial Hospital:			
37036 - Upper Valley Drug Free Communities Grant Evaluation	Agreement @ 1-29-15	93.276	492
Passed through Narragansett Prevention Partnership:			
37148 - NPP Evaluation	Agreement @ 1-01-16	93.276	10,380
Passed through Monadnock Alcohol and Drug Abuse Coalition:			
37184 - Monadnock TAP	Agreement @ 2-01-16	93.276	3,343

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Federal Grantor/Pass-through Grantor Program Title	Agency or Pass-through Number	Federal CFDA Number	Federal Expenditures
U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES - CONTINUED			
Pass-through Grants - continued:			
Passed through Center for Social Innovation:			
37058 - BRSS TACSII	HHSS280201100002C	93.276	16.602
37062 - BRSS TACS	HHSS280201100002C	93.276	75.000
Total CFDA #93.276 - Drug-free Communities Support Program Grants			105,817
Pass-through Grants:			
Passed through Commonwealth of Massachusetts Department of Public Health:			
HIV/AIDS Research, Training and Support	INTF-4111M04500824036	93.283	199.158
Passed through State of Vermont:			
37041 - Vermont Tobacco Control Program	28405	93.283	26.997
37125 - VOHC Planning	30445	93.283	13.408
Total - CFDA #93.283 - Centers for Disease Control and Prevention - Investigations and Technical Assistance			239,563
Direct Grant:			
36891 - PPHF 2013 - OSTI.IT'S Partnerships	IU38OT000188	93.292	97.577
Pass-through Grant:			
Passed through Yale University:			
37070 - CT QI Project	SNP6247797	93.292	5.919
Total - CFDA #93.292 - National Public Health Improvement Initiative			103,496
Pass-through Grants:			
Passed through Black Ministerial Alliance of Greater Boston, Inc.:			
36664 - Healthy Futures	Agreement @ 6-1-11	93.297	35.814
Passed through Massachusetts Alliance on Teen Pregnancy:			
37166 - MATP Consulting	Agreement @ 4-14-16	93.297	6.201
Total - CFDA #93.297 - Teenage Pregnancy Prevention Program			42,015
Pass-through Grants:			
Passed through State of New Hampshire:			
37090 - Public Health Program Services Support	PO# 1031592	93.305	6.000
Passed through New Hampshire Dept. of Health and Human Services:			
37122 - NH Tobacco Helpline	Agreement @ 07-01-15	93.305	207.257
37214 - NH Tobacco Helpline FY17	Agreement @ 07-01-16	93.305	58.760

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Federal Grantor/Pass-through Grantor Program Title	Agency or Pass-through Number	Federal CFDA Number	Federal Expenditures
U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES - CONTINUED			
Pass-through Grants - continued:			
Passed through Vermont Department of Health:			
37212 - Vermont Health Evaluation	Contract #31786	93.305	12,598
Total - CFDA #93.305 - Nat. State Based Tobacco Control Prog.			284,615
Pass-through Grant:			
Passed through State of New Hampshire:			
37090 - Public Health Program Services Support	PO# 1031592	93.505	92,343
Total - CFDA #93.505 - Affordable Care Act Maternal, Infant, and Early Childhood Home Visiting Program			92,343
Pass-through Grant:			
Passed through the Association of State and Territorial Health Officials:			
37149 - ASTHO Adult Immunization	Agreement @ 1-01-16	93.524	69,366
Total - CFDA #93.524 - PPHF - Partnerships to Improve Population Health			69,366
Pass-through Grant:			
Passed through Town of Hudson, Massachusetts:			
36754 - MetroWest Moves	Agreement @ 5-9-12	93.531	37,186
Total - CFDA #93.531 - PPHF 2012 - Community Transition Grants			37,186
Direct Grant:			
37015 - Tobacco Use Prevention	U58DP005338	93.735	71,042
Total - CFDA #93.735 - State Public Health Approaches for Ensuring Quitline Capacity			71,042
Pass-through Grant:			
Passed through State of New Hampshire:			
37090 - Public Health Program Services Support	PO# 1031592	93.753	60,799
Total - CFDA #93.753 - Child Lead Poisoning Surveill. (PPHF)			60,799
Pass-through Grants:			
Passed through State of New Hampshire:			
37048 - National Diabetes Prevention Program	161611-B001	93.757	150,531
37068 - Technical Assistance Network for Rural Health Clinics	1043188	93.757	83,362
37200 - Public Health Program Services Support	PO# 1031592	93.757	79,295
Total - CFDA #93.757 - State and Local Public Health Actions to Prevent Obesity, Diabetes, Heart Disease and Stroke (PPHF)			313,188

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Federal Grantor/Pass-through Grantor Program Title	Agency or Pass-through Number	Federal CFDA Number	Federal Expenditures
U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES - CONTINUED			
Pass-through Grants:			
Passed through State of Rhode Island:			
36501 - Epidemiology/Public Health Data	3160295	93.758	7,613
Passed through State of New Hampshire:			
37090 - Public Health Program Services Support	PO# 1031592	93.758	18,686
Passed through Missouri Department of Health and Senior Services:			
37130 - MO HEAL	C315199001	93.758	67,368
Passed through Rhode Island Department of Health:			
37140 - RI Epidemiological Support	7549784	93.758	88,213
Total - CFDA #93.758 - Preventive Health and Health Services Block Grant Funded Solely with Prevention and Public Health Funds (PPHF)			181,880
Pass-through Grant:			
Passed through State of Colorado:			
37080 - Hospital Quality Incentive Payment	PO UHAA 20160000000000000820	93.778	30,024
Total - CFDA #93.778 - Medical Assistance Program			30,024
Pass-through Grant:			
Passed through Mary Hitchcock Memorial Hospital:			
37117 - NH Colorectal Cancer Screening Program	NU58DP006086-01-00	93.800	17,512
Total - CFDA #93.800 - Organized Approaches to Increase Colorectal Cancer Screening			17,512
Pass-through Grant:			
Passed through Commonwealth of Massachusetts Department of Public Health:			
HIV Care	INTF5264M04500824007	93.815	250,001
Total - CFDA #93.815 - ELC - Laboratory for Infectious Diseases			250,001
Pass-through Grant:			
Passed through State of New Hampshire:			
37090 - Public Health Program Services Support	PO# 1031592	93.889	48,146
Total - CFDA #93.889 - National Bioterrorism Hospital Preparedness Program			48,146
Pass-through Grants:			
Passed through State of Rhode Island:			
36501 - Epidemiology/Public Health Data	3160295	93.913	2,773

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Federal Grantor/Pass-through Grantor Program Title	Agency or Pass-through Number	Federal CFDA Number	Federal Expenditures
U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES - CONTINUED			
Pass-through Grants - continued:			
Passed through State of New Hampshire:			
36988 - Rural Health and Primary Care	PO# 1038916	93.913	7,036
37068 - Technical Assistance Network for Rural Health Clinics	1043188	93.913	<u>31,586</u>
Total - CFDA #93.913 - Grants to States for Operation of Offices of Rural Health			<u>41,395</u>
Direct Grants:			
37191 - HIV Integrated Planning	U69HA30144	93.914	55,336
37194 - RWHAP ACE Health Training	U69HA30143	93.914	25,847
Pass-through Grants:			
Passed through Boston Public Health Commission:			
36453 - BPHC Quality Management	6307A	93.914	26,658
37170 - Quality Assurance	Agreement @ 3-01-16	93.914	<u>42,003</u>
Total - CFDA #93.914 - HIV Emergency Relief Project Grants			<u>149,844</u>
Pass-through Grants:			
Passed through State of New Hampshire:			
37090 - Public Health Program Services Support	PO# 1031592	93.917	29,873
Passed through Commonwealth of Massachusetts Department of Public Health:			
HIV Care	INTF-4971-M045008224092	93.917	<u>304,518</u>
Total - CFDA #93.917 - HIV Care Formula Grants			<u>334,391</u>
Direct Grant:			
36967 - Healthy Start Performance Project	UI5MC26845	93.926	<u>3,069,070</u>
Total - CFDA #93.926 - Healthy Start Initiative			<u>3,069,070</u>
Direct Grant:			
36945 - CDC CBA FY15 - FY19	U65PS004406	93.939	<u>906,598</u>
Total - CFDA #93.939 - HIV Prevention Activities - NGO Based			<u>906,598</u>
Pass-through Grant:			
Passed through State of Connecticut Department of Public Health:			
37113 - Connecticut Billing	2016-0085	93.940	<u>38,375</u>
Total - CFDA #93.940 - HIV Prevention Activities - Health Department Based			<u>38,375</u>

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Federal Grantor/Pass-through Grantor Program Title	Agency or Pass-through Number	Federal CFDA Number	Federal Expenditures
U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES - CONTINUED			
Pass-through Grant:			
Passed through Commonwealth of Massachusetts Department of Public Health:			
HIV/AIDS Surveillance	INTF-4971-M04500824092	93.944	32,258
Total - CFDA #93.944 - HIV/AIDS Surveillance			32,258
Pass-through Grant:			
Passed through South County Hospital Healthcare System:			
37091 - South County Health Equity Zone	Agreement @ 5-1-15	93.945	14,391
Total - CFDA #93.945 - Assistance Programs for Chronic Disease Prevention and Control			14,391
Direct Grant:			
36615 - CDC Teen Pregnancy	U58DP002906	93.946	47,202
Total - CFDA #93.946 - Cooperative Agreements to Support State-Based Safe Motherhood and Infant Initiative Programs			47,202
Pass-through Grants:			
Passed through State of Rhode Island:			
36801 - Prevention Resource Center	3316844	93.959	164,424
Passed through State of New Hampshire:			
37090 - Public Health Program Services Support	PO# 1031592	93.959	10,000
Passed through New Hamp. Prevention Certification Board of New Hamp.:			
37168 - NHPCB Workforce		93.959	13,452
Total - CFDA #93.959 - Block Grants for Prevention and Treatment of Substance Abuse			187,876
Pass-through Grant:			
Passed through City of Manchester Health Department:			
37165 - Manchester CHIP	Agreement @ 10-23-15	93.991	4,070
Total - CFDA #93.991 - Preventative Health and Health Services Block Grant			4,070
Pass-through Grant:			
Passed through Tri-County Health Department:			
37106 - Tri-County Health Programming	Agreement @ 9-25-15	93.994	25,320
Total - CFDA #93.994 - Maternal & Child Health Services Block Grant to the States			25,320

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U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES - CONTINUED			
TOTAL - U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES			\$ <u>14,102,495</u>
U.S. DEPARTMENT OF HOMELAND SECURITY			
Direct Grants:			
United States Coast Guard -			
36969 - Nat'l. Estimate of Life Jacket Wear Rate	3314FAN1402.09	97.012	\$ 1,279
37076 - Nat'l. Life Jacket Wear Rate	3315FAN1502.05	97.012	116,787
37196 - Nat'l. Estimate of Life Jacket Wear Rate	3316FAN160206	97.012	<u>117,870</u>
Total CFDA #97.012 - Boating Safety Financial Assistance			<u>235,936</u>
Pass-through Grant:			
Passed through State of New Hampshire:			
37090 - Public Health Program Services Support	PO# 1031592	97.042	<u>48,500</u>
Total CFDA #97.042 - Emergency Management Performance Grants			<u>48,500</u>
TOTAL - U.S. DEPARTMENT OF HOMELAND SECURITY			\$ <u>284,436</u>
U.S. ENVIRONMENTAL PROTECTION AGENCY			
Pass-through Grant:			
Passed through State of New Hampshire:			
37090 - Public Health Program Services Support	PO# 1031592	66.707	\$ <u>51,262</u>
Total CFDA #66.707 - TSCA Title IV State Lead Grants Certification of Lead-Based Paint Professional			<u>51,262</u>
TOTAL - U.S. ENVIRONMENTAL PROTECTION AGENCY			\$ <u>51,262</u>

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Federal Grantor/Pass-through Grantor Program Title	Agency or Pass-through Number	Federal CFDA Number	Federal Expenditures
U.S. DEPARTMENT OF JUSTICE			
Pass-through Grants:			
Passed through State of New Hampshire:			
36931 - Court Diversion	PO# 1035374	16.540	\$ 42,669
37205 - NH Juvenile Court Video	Agreement @ 9-01-15	16.540	<u>1,433</u>
Total - CFDA #16.540 - Juvenile Justice and Delinquency Prevention - Allocation to States			<u>44,102</u>
Pass-through Grants:			
Passed through County of Cheshire, New Hampshire:			
36902 - Cheshire County Drug Court	Agreement @ 9-20-13	16.585	15,236
Passed through State of New Hampshire Admin. Office of the Courts:			
37043 - Rockingham County Adult Drug Court	Agreement @ 1-16-15	16.585	<u>3,565</u>
Total - CFDA #16.858 - Department of Justice, Bureau of Justice Assistance Grant			<u>18,801</u>
TOTAL U.S. DEPARTMENT OF JUSTICE			<u>\$ 62,903</u>
U.S. DEPARTMENT OF AGRICULTURE			
Pass-through Grant:			
Passed through Massachusetts Dept. of Elementary and Secondary Education:			
37167 - ESE Allergies Manual	Agreement @ 3-25-16	10.560	\$ <u>9,288</u>
Total CFDA #10.560 - State Administrative Expenses for Child Nutrition			<u>9,288</u>
Pass-through Grant:			
Passed through State of Vermont:			
37155 - VT SNAP Education Evaluation	30754	10.561	<u>9,478</u>
Total CFDA #10.561 - State Administrative Matching Grants for the Supplemental Nutrition Assistance Program			<u>9,478</u>
TOTAL - U.S. DEPARTMENT OF AGRICULTURE			<u>\$ 18,766</u>

JSI Research and Training Institute, Inc.
SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS
Year Ended September 30, 2016

Federal Grantor/Pass-through Grantor Program Title	Agency or Pass-through Number	Federal CFDA Number	Federal Expenditures
U.S. DEPARTMENT OF STATE			
Pass-through Grants:			
Passed through Dreams Innovation Challenge:			
37188 - DREAMS	S-LMAQM-16-CA-1103	19.029	\$ 341,221
Total CFDA #19.029 - The U.S. President's Emergency Plan for AIDS Relief Programs			<u>341,221</u>
TOTAL - U.S. DEPARTMENT OF STATE			<u>\$ 341,221</u>
TOTAL FEDERAL AWARDS			<u>\$ 214,918,537</u>

JSI Research and Training Institute, Inc.
NOTES TO SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS
September 30, 2016

NOTE 1 – BASIS OF PRESENTATION

The accompanying schedule of expenditures of federal awards (the Schedule) includes the federal grant activity of JSI Research and Training Institute, Inc. under programs of the federal government for the year ended September 30, 2016. The information in this Schedule is presented in accordance with the requirements of Title 2 U.S. *Code of Federal Regulations* Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance). Because the Schedule presents only a selected portion of the operations of JSI Research and Training Institute, Inc., it is not intended to and does not present the financial position, changes in net assets, or cash flows of JSI Research and Training Institute, Inc.

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

- (1) Expenditures reported on the Schedule are reported on the accrual basis of accounting. Such expenditures are recognized following the cost principles contained in the Uniform Guidance, wherein certain types of expenditures are not allowable or are limited as to reimbursement.
- (2) Catalog of Federal Domestic Assistance (CFDA) numbers and pass-through entity identifying numbers are presented when available.

NOTE 3 – INDIRECT COST RATE

JSI Research and Training Institute, Inc. has elected not to use the 10% de minimis indirect cost rate allowed under the Uniform Guidance.

JSI Research and Training Institute, Inc.
NOTES TO SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS
September 30, 2016

NOTE 4 – SUBRECIPIENTS

Of the federal expenditures presented in the schedule, JSI Research and Training Institute, Inc. provided federal awards to subrecipients as follows:

<u>Program</u>	<u>CFDA Number</u>	<u>Amount Provided to Subrecipients</u>
Juvenile Justice and Delinquency Prevention	16.540	\$ 11,990
National Resources Center for HIV Prevention Among Adolescents	93.057	113,062
Technical and Non-Financial Assistance to Health Centers	93.129	667,762
AIDS Education and Training Centers	93.145	244,500
Family Planning Services	93.217	18,221
Family Planning - Personnel Training	93.260	85,000
Centers for Disease Control and Prevention - Investigations and Technical Assistance	93.283	109,999
National Public Health Improvement Initiative	93.292	44,917
National State Based Tobacco Control Programs	93.305	7,441
State and Local Public Health Actions to Prevent Obesity, Diabetes, Heart Disease and Stroke	93.757	27,000
Medical Assistance Program	93.778	33,750
Grants to States for Operation of Offices of Rural Health	93.913/93.757	50,933
HIV Care Formula Grants	93.917	190,031
Healthy Start Initiative	93.926	227,879
Block Grants for Prevention and Treatment of Substance Abuse	93.959	5,704
Boating Safety Financial Assistance	97.012	670
USAID Foreign Assistance for Program Overseas	98.001	<u>73,825,743</u>
Total Federal Awards Provided to Subrecipients		\$ 75,664,602
Non-Federal Awards Provided to Subrecipients		<u>2,397,631</u>
		<u>\$ 78,062,233</u>

The federal expenditures provided to subrecipients are reflected in the sub-contracts line item of the statement of functional expenses.



**INDEPENDENT AUDITOR'S REPORT ON INTERNAL CONTROL OVER
FINANCIAL REPORTING AND ON COMPLIANCE AND OTHER MATTERS
BASED ON AN AUDIT OF FINANCIAL STATEMENTS PERFORMED
IN ACCORDANCE WITH *GOVERNMENT AUDITING STANDARDS***

To the Board of Directors
JSI Research and Training Institute, Inc. and Affiliate

We have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the consolidated financial statements of JSI Research and Training Institute, Inc. and Affiliate ("Organization"), which comprise the consolidated statement of financial position as of September 30, 2016, and the related consolidated statements of activities, and cash flows for the year then ended, and the related notes to the consolidated financial statements, and have issued our report thereon dated April 26, 2017.

Internal Control Over Financial Reporting

In planning and performing our audit of the consolidated financial statements, we considered JSI Research and Training Institute, Inc. and its affiliate's internal control over financial reporting (internal control) to determine the audit procedures that are appropriate in the circumstances for the purpose of expressing our opinion on the consolidated financial statements, but not for the purpose of expressing an opinion on the effectiveness of JSI Research and Training Institute, Inc. and its affiliates' s internal control. Accordingly, we do not express an opinion on the effectiveness of the Organization's internal control.

A *deficiency in internal control* exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, misstatements on a timely basis. A *material weakness* is a deficiency, or a combination of deficiencies, in internal control, such that there is a reasonable possibility that a material misstatement of the Organization's financial statements will not be prevented, or detected and corrected on a timely basis. A *significant deficiency* is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

Our consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies. Given these limitations, during our audit we did not identify any deficiencies in internal control that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

Compliance and Other Matters

As part of obtaining reasonable assurance about whether JSI Research and Training Institute, Inc. and its affiliate's consolidated financial statements are free from material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the determination of financial statement amounts. However, providing an opinion on compliance with those provisions was not an objective of our audit, and accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

Purpose of this Report

This purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the organization's internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the organization's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

A handwritten signature in black ink that reads "Thomas R. Joyce CPA". The signature is written in a cursive style.

Duxbury, Massachusetts
April 26, 2017



**INDEPENDENT AUDITOR'S REPORT ON COMPLIANCE FOR EACH MAJOR
PROGRAM AND ON INTERNAL CONTROL
OVER COMPLIANCE REQUIRED BY THE UNIFORM GUIDANCE**

To the Board of Directors
JSI Research and Training Institute, Inc. and Affiliate

Report on Compliance for Each Major Federal Program

We have audited JSI Research and Training Institute, Inc.'s compliance with the types of compliance requirements described in the *OMB Compliance Supplement* that could have a direct and material effect on each of JSI Research and Training Institute, Inc.'s major federal programs for the year ended September 30, 2016. JSI Research and Training Institute, Inc.'s major federal programs are identified in the summary of auditors' results section of the accompanying schedule of findings and questioned costs.

Management's Responsibility

Management is responsible for compliance with the requirements of laws, regulations, contracts, and grants applicable to its federal programs.

Auditor's Responsibility

Our responsibility is to express an opinion on compliance for each of JSI Research and Training Institute, Inc.'s major federal programs based on our audit of the types of compliance requirements referred to above. We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America; the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States; and the audit requirements of Title 2 U.S. *Code of Federal Regulations* Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance). Those standards and the Uniform Guidance require that we plan and perform the audit to obtain reasonable assurance about whether noncompliance with the types of compliance requirements referred to above that could have a direct and material effect on a major federal program occurred. An audit includes examining, on a test basis, evidence about JSI Research and Training Institute, Inc.'s compliance

with those requirements and performing such other procedures as we considered necessary in the circumstances.

We believe that our audit provides a reasonable basis for our opinion on compliance for each major federal program. However, our audit does not provide a legal determination of JSI Research and Training Institute, Inc.'s compliance.

Opinion on Each Major Federal Program

In our opinion, JSI Research and Training Institute, Inc. complied, in all material respects, with the compliance requirements referred to above that could have a direct and material effect on each of its major federal programs for the year ended September 30, 2016.

Report on Internal Control Over Compliance

Management of JSI Research and Training Institute, Inc. is responsible for establishing and maintaining effective internal control over compliance with the types of compliance requirements referred to above. In planning and performing our audit of compliance, we considered JSI Research and Training Institute, Inc.'s internal control over compliance with the types of requirements that could have a direct and material effect on each major federal program to determine the auditing procedures that are appropriate in the circumstances for the purpose of expressing an opinion on compliance for each major federal program and to test and report on internal control over compliance in accordance with the Uniform Guidance, but not for the purpose of expressing an opinion on the effectiveness of internal control over compliance. Accordingly, we do not express an opinion on the effectiveness of JSI Research and Training Institute, Inc.'s internal control over compliance.

A deficiency in internal control over compliance exists when the design or operation of a control over compliance does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, noncompliance with a type of compliance requirement of a federal program on a timely basis. *A material weakness in internal control over compliance* is a deficiency, or combination of deficiencies, in internal control over compliance, such that there is a reasonable possibility that material noncompliance with a type of compliance requirement of a federal program will not be prevented, or detected and corrected, on a timely basis. *A significant deficiency in internal control over compliance* is a deficiency, or a combination of deficiencies, in internal control over compliance with a type of compliance requirement of a federal program that is less severe than a material weakness in internal control over compliance, yet important enough to merit attention by those charged with governance.

Our consideration of internal control over compliance was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control over compliance that be material weaknesses or significant deficiencies. We did not identify any deficiencies in internal control over compliance that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

World Education, Inc. (Affiliate) maintains a different fiscal year (June 30) and has its own stand alone audit performed in accordance with the Title 2 U.S. *Code of Federal Regulations* Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance). However, the consolidated financial statements contain the combined activity of JSI Research and Training, Institute and World Education, Inc.

The purpose of this report on internal control over compliance is solely to describe the scope of our testing of internal control over compliance and the results of that testing based on the requirements of the Uniform Guidance. Accordingly, this report is not suitable for any other purpose.

A handwritten signature in black ink, reading "Norman R. Forger" followed by "CPA". The signature is written in a cursive style.

Duxbury, Massachusetts
April 26, 2017

JSI Research and Training Institute, Inc. and Affiliate
SCHEDULE OF FINDINGS AND QUESTIONED COSTS
September 30, 2016

SECTION I - Summary of Auditors' Results:

Financial Statements

The type of report issued on the financial statements: Unmodified opinion

Internal control over financial reporting:

- Material weaknesses identified? No
- Significant deficiencies identified that are not considered to be material weaknesses? None reported

Noncompliance material to the financial statements noted? No

Federal Awards

Internal control over major programs:

- Material weaknesses identified? No
- Significant deficiencies identified that are not considered to be material weaknesses? No

Type of auditors' report issued on compliance for major programs: Unmodified opinion

Any audit findings which are required to be reported under 2 CFR section 200.516(a): No

- Identification of major programs: USAID Foreign Assistance for Programs Overseas CFDA #98.001

Dollar threshold used to distinguish between Type A and Type B programs: \$3,000,000

Auditee qualified as low risk auditee under 2 CFR Section 200.520 Yes

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99 HERITAGE LANE
DUXBURY, MA 02332-4334



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STATUS OF PRIOR YEAR'S FINDINGS AND QUESTIONED COSTS

There were no reportable findings or questioned costs for the year ended September 30, 2015.

JSI Research & Training Institute, Inc.

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JSI Research & Training Institute, Inc.

BOARD OF DIRECTORS

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Joel Lamstein, JSI, President and Chair

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Michael Useem, William and Jacalyn Egan Professor of Management, Wharton School at University of Pennsylvania

THOMAS W. MANGIONE, PH.D.

JSI, 44 Farnsworth Street, Boston, Massachusetts 02210 (617) 482-9485

tmangione@jsi.com

EDUCATION

UNIVERSITY OF MICHIGAN, ANN ARBOR, MICHIGAN
Ph.D., Organizational Psychology, 1973

CLAREMONT MCKENNA COLLEGE, CLAREMONT, CALIFORNIA
B.A. Major in Psychology, cum laude, 1968

EXPERIENCE

JSI, Boston, Massachusetts
Senior Research Scientist, April 1992 to present

Major Studies at JSI:

National Life Jacket Wear Rate Studies. JSI has conducted the life jacket wear rates studies since 1998 for the U.S. Coast Guard in order to assess levels of success of the Coast Guard's efforts to encourage boaters to wear life jackets while boating in order to dramatically decrease drowning deaths. The observations are made in 30 states at 124 water venues. Each year approximately 14,000 boats and 42,000 boaters are observed. Observer/recorder teams gather information in each state during a summer weekend. They record characteristics of the site, the type of boat and other boat characteristics, and the age and gender of boaters as well as whether they are wearing a life jacket. Over the 16 years of the study to date, wear rates have remained relatively constant and low for adults but increasing rates have been documented for children under the age of 6 and between 6 and 12 years of age. Also, wear rates have increased steadily for sail boats over this 16 year period. In addition to these national studies, JSI has been the evaluator for two experiments to increase life jacket wear rates. One experiment was in the Delta region of California in which intensive publicity and education were marshaled within a limited local area. Wear rates increased in the first year of the campaign but fell back somewhat in the second year when the intensity of the campaign decreased. The other experiment was to evaluate the Army Corps of Engineers mandatory wear regulations in Mississippi. Mandatory regulations coupled with enforcement and publicity showed immediate and sustained increases over a three year period (moving from 10% to about 70% adult wear rates).

Client Satisfaction for Substance Abuse Treatment Programs. JSI is working with the Massachusetts Department of Public Health's Bureau of Substance Abuse Services to conduct client satisfaction surveys among all of its funded programs which incorporate a variety of levels of service. Two primary goals for this effort include providing information for programs to utilize in Quality Improvement processes and to eventually provide consumers with comparative information among programs. JSI developed the survey with input from stakeholder groups and implements the self-administered surveys on-site using our data collectors to maximize patient confidentiality. Results from the surveys are grouped into 10 topical areas and given to the programs as well as comparative information relative to other programs at their level of service state-wide.

Tobacco Retail Outlet Price Monitoring Surveys. JSI is working with the Massachusetts Department of Public Health's Tobacco Control Program to collect data from a sample of outlets on current pricing of several tracking brands of cigarettes and cigars. Approximately 3000 retail establishments are included annually. This work has been on-going since 2010. The TCP program uses this information to track price trends as well as to monitor compliance with minimum pricing regulations.

Evaluation of State Tobacco Quitlines. JSI has been the evaluator of three state tobacco quitlines -Massachusetts, New Hampshire and Rhode Island since 2002. Quitline services are provided by Try-to-Stop, a JSI telephone counseling service. JSI evaluation interviewers routinely obtain greater than 90% cooperation rates among contacted households for follow-up interviews. Thirty day quit rates range from 20% to 25%; satisfaction ratings with the services are quite high.

Rhode Island Healthy Weight Initiative. JSI was contracted by the RI Health Department to provide information to the Healthy Weight Initiative in two different areas. Information was to be gathered and analyzed about school health policies including physical education and recess time, vending machine policies, and school lunch programs. A statewide survey was also conducted to determine resident awareness of programs sponsored by the RI Department of Health to

combat obesity and to assess attitudes toward a tax on sugar sweetened beverages and the availability of fruits and vegetables and access to parks and playgrounds in their neighborhoods.

Evaluation of SPAN Program. SPAN is a community based organization that provides substance abuse relapse prevention with recently incarcerated individuals. The program is funded by the Substance Abuse and Mental Health Services Agency (SAMHSA) and provides individual and group counseling sessions. Participants were assessed pre and post intervention on a variety of indicators of stable lifestyles including recent drug and alcohol use, employment, housing, health and mental health service utilization and family relationships.

Advertising and Pricing of Tobacco Products in Massachusetts Retail Stores. Under contract with the MA Department of Public Health, JSI visited nearly 600 store locations across Massachusetts to conduct observational an observational study on the amount and types of advertising for tobacco products as well as pricing for five national brands and the cheapest available brand in each store. Analyses focused on price changes in response to increases in Federal and state excise and sales taxes as well as the types of advertising and placement of those ads. Results were compared across counties, by poorer versus richer, higher versus lower minority populations, and size of store.

Integration of HIV and Substance Abuse Prevention in Minority Communities. This study funded by SAMHSA involves cross-site evaluation and technical assistance to 47 programs who are providing integrated prevention services in minority communities. The interventions integrate prevention information and skill building on both substance abuse and HIV risk factors. Some of the programs focus on youth, while others focus on minority women. JSI is the program coordinating center and is responsible for developing the cross-site evaluation instruments, developing a data collection protocol, processing the data, and conducting the evaluation analyses. Data will be collected on approximately 10,000 program participants and comparison individuals at three points in time.

Worksite Prevention of Alcohol Problems in conjunction with the Harvard School of Public Health and funded by the National Institute of Alcoholism and Alcohol Abuse and the Robert Wood Foundation. This study focused on the policies, culture, norms, and work group processes that affect employee drinking behaviors. Phase 1 data was gathered using a mail survey from 7255 managers in 114 worksites across 7 major corporations with an average worksite response rate of 79%. Phase 2 data was collected from all employees of 16 of these worksites using a mail survey with a resulting sample of 6240 employees representing a 71% response rate.

Treatment Outcomes Performance Pilot Study in conjunction with Brandeis University Health Policy Institute and Health & Addictions Research Institute and funded by SAMHSA. This study followed clients of residential and ambulatory treatment facilities to determine effectiveness of treatment. The sample was balanced between men and women, and Whites, Blacks and Hispanics. The follow-up was done by telephone, three months after leaving treatment. Data was also collected about treatment services received and counselor ratings of functioning at discharge.

Elderly Alcohol Treatment Needs Assessment. Funded by SAMHSA through the Massachusetts Bureau of Substance Abuse Services, this study will screen approximately 2500 elderly patients in primary care settings to determine levels of risk concerning alcohol use. In addition to determining the amount of use of alcohol, the G-MAST will be administered to those who drink above moderate levels of alcohol and individuals will be asked about experiences with alcohol and prescription drug interactions.

Needs Assessment of Clients in Substance Abuse Treatment funded by the Massachusetts Department of Public Health. This study obtained data about homelessness, HIV risk taking behavior and domestic violence experiences from nearly 6000 clients of substance abuse treatment services. Over 90% of the treatment sites participated in this study. Response rates for clients averaged 72% across four types of programs--residential, detox, ambulatory, and drunk driver education.

HIV+/AIDS Needs Assessment funded by the Massachusetts Department of Public Health. This study produced a five year (1995-1999) plan for Massachusetts services. The basis for the recommendations came from surveys of health care providers, health care institutions, and consumers as well as qualitative interviews and focus groups with a variety of provider groups and consumers and projections based on trends of AIDS cases in Massachusetts.

Evaluation of HIV Prevention Programs – New Hampshire funded by the New Hampshire AIDS Bureau. This study will gather data from men who have sex with men and from injection drug users to gather information about contact with prevention services, satisfaction with those services, and current attitudes and behaviors. Site visits will be conducted in each of the state funded prevention programs.

Center for Survey Research, University of Massachusetts, Boston, Massachusetts

Senior Research Fellow, 1973–1992; Director, 1982–1986

Direct survey research studies for projects undertaken for clients as well as my own studies. During my tenure at the Center I also served in several administrative roles: Assistant Director (1973–1979); Associate Director (1979–1982); Director (1982 to 1986) in which I was responsible for providing administrative leadership for the Center's staff.

Major studies at U-Mass Boston

Evaluation of Massachusetts Saving Lives Program in conjunction with the Boston University School of Public Health and funded by the Massachusetts Governor's Highway Safety Bureau and the National Institute for Alcoholism and Alcohol Abuse. This study included surveys of adults and teenagers in six experimental towns, five control towns, and a statewide sample. In addition it included observational data on seat belt usage, traffic violations, pedestrian behaviors, and radar speed monitoring. Data were collected before the program began and for a period of five years after the program was implemented.

Evaluation of the Maine and Massachusetts Drunk Driving Laws in conjunction with the Boston University School of Public Health and funded by the National Institute for Alcoholism and Alcohol Abuse and the Commonwealth Fund. This study compared the effectiveness of two different legal approaches to decreasing drunk driving. Data were collected from adults and teenagers in Maine, Massachusetts, and compared to surveys conducted in other New England states.

Evaluation of the Massachusetts Mandatory Seat Belt Law in conjunction with the Boston University of Public Health and funded by the Commonwealth Fund. Surveys were conducted before a mandatory law was implemented, after it was implemented, and again after the law was repealed by a voter referendum.

Evaluation of Raising the Minimum Drinking Age in Massachusetts in conjunction with the Boston University School of Public Health and funded by the National Institute of Alcoholism and Alcohol Abuse. Interviews with teenagers in Massachusetts and New York before the Law changed and twice after the law changed were used to evaluate the effectiveness of the law change.

AIDS Knowledge, Attitudes and Behaviors in Massachusetts in conjunction with the Boston University School of Public Health and funded by the Massachusetts Department of Public Health and the National Institute of Alcoholism and Abuse. This study provided trend data for adults, teens, and an oversampling of minorities in the state for a period of three years to help evaluate interventions and to determine the need for targeted educational programs.

The Value of Interviewer Training and Supervision funded by the National Center for Health Services Research. This experimental design tested the degree to which different levels of training and supervision affected the quality of data obtained by interviews.

Epidemiology of Sex Role Differences in Mental Health funded by the National Institute of Mental Health. Analysis of survey data compared men and women on predictors of self reported mental health.

National Study of Gambling Law Enforcement Policy and Practices funded by the National Institute for Justice. This study assessed the policies and practices in 14 major American cities; data were collected through surveys of officers as well as through intensive interviews with key individuals in the departments and the prosecutors' offices. Policy recommendations were made to improve the effectiveness of enforcement efforts.

Evaluation of the Hartford Crime and Fear Control Project funded by the National Institute for Justice. A three pronged intervention project involving policing strategies, neighborhood organizing, and physical changes to the neighborhood environment was evaluated using citizen surveys, police record data, observational data, and intensive interviews with key informants.

Additional studies included: Evaluation of 1990 Walk for Hunger, Massachusetts Physicians' Perspectives on AIDS Education; Role of Perceptions Teenage Drunk Driving Deterrence; Evaluation of Another Course to College Program; University of Massachusetts Image Study; Evaluation of U-Mass/Boston Women's Study Program; Longitudinal Study of Life's Stresses and Drinking Practices; Feasibility Study for a Neighborhood Multi-Service Center; Evaluation of the Massachusetts PKU Testing program; Epilepsy Family Study; Prenatal Care in Massachusetts; Needs of the Head Injured in Union Membership on the Federal Trusteeship, Intermittent Claudication Medical Outcomes Study.

BOOKS | CHAPTERS IN BOOKS

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Howland J, MANGIONE TW, Laramie A. Simulation for measurement of occupational performance in, RC Kessler and P Stang, eds. Health and Work Productivity: Emerging Issues In Research and Policy. Chicago. University of Chicago Press, 2006.

MANGIONE, T.W., Howland J, Lee, M. Alcohol and Work: Results from a Corporate Drinking Study in To Improve Health and Health Care, 1998-1999, The Robert Wood Johnson Foundation Anthology Stephen Isaacs & James R. Knickman (Eds), Jossey-Bass Publishers, (1998).

MANGIONE, T.W. Mail Surveys: Improving the Quality. Beverly Hills: Sage Publications (1995).

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Floyd J. Fowler, Jr., and THOMAS W. MANGIONE. Standardized Survey Interviewing. Beverly Hills: Sage Publications, (1990).

Floyd J. Fowler, Jr., and THOMAS W. MANGIONE. "A Three-Pronged Effort to Reduce Crime and the Fear of Crime." in Community Crime Prevention: Does It Work? Dennis P. Rosenbaum (Ed.). Beverly Hills: Sage Publications (1986).

SELECTED PUBLICATIONS

Flythe, J.E., MANGIONE, T.W., Brunelli, S.M., and Curhan, G.C. (under review) *Patient-stated preferences regarding volume related risk mitigation strategies for hemodialysis* Clinical Journal of the American Society of Nephrology

MANGIONE, THOMAS W. and Wendy Chow (in press). *An evaluation of two approaches to change life jacket wearing behavior*. Journal of Public Health Policy

MANGIONE, THOMAS W., Wendy Chow and Jennifer Nguyen (2012), *Trends in life jacket wear among recreational boaters: A dozen years (1999-2010) of US observational data*. Journal of Public Health Policy, 33(1), 59-74.

My K. Banh, Glenn Saxe, THOMAS MANGIONE, and Nicholas J. Horton *Managing childhood posttraumatic stress in pediatric primary care*. General Hospital Psychiatry, Vol 30(6) Nov-Dec, 2008, 536-545.

Junko Yasuoka, Richard Levins, THOMAS W. MANGIONE, and Andrew Spielman (2006) *Community-Based Rice Ecosystem Management For Suppressing Vector Anophelines In Sri Lanka*. Transactions of The Royal Society Of Tropical Medicine and Hygiene 100(11), 995-1006. 100(11), 995-1006

Junko Yasuoka, THOMAS W. MANGIONE, Andrew Spielman, And Richard Levins (2006) *Impact Of Education On Knowledge, Agricultural Practices And Community Actions For Mosquito Control And Mosquito-Borne Disease Prevention In Rice Ecosystems In Sri Lanka*. American Journal Of Tropical Medicine And Hygiene 74(6), pp. 1034-1042.

Mangione, L., & MANGIONE, T.W., (2001) *Workgroup context and the experience of abuse: An opportunity for prevention*. Work 16, 259-267.

Amaro, H., Raj, A., Vega, R. MANGIONE, T.W. and Perez, L.N., (2001) *Racial/Ethnic Disparities in the HIV and Substance Abuse Epidemics: Communities responding to the need*. Public Health Reports, 116, 434-448.

Howland, J., Rohsenow, D.J., Cote, J., Siegel, M., & MANGIONE, T.W., (2000) *Effects of low-dose alcohol exposure on simulated merchant ship handling power plant operation by maritime cadets*. Addiction, 95(5), 719- 726.

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Howland, J., MANGIONE, T.W., Kuhlthau, K., Bell, N., Heeren, T., Levine, S. & Lee, M. (1996) Worksite Variation in Managerial Drinking Addictions 91(7) 1007-1017.

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Carretta, R.A., MANGIONE, T.W., Marson, P.F., and Darmono, S.S. "AIDS Education Practices Among Massachusetts Physicians." Journal of Community Health, Vol 15 (3), June, 1990, pp. 147-162.

Harvey, E.A., MANGIONE, T.W., and Salitsky, N. "Massachusetts Physicians' Perspectives on AIDS Education and Interventions for Behavioral Change." Journal of AIDS and Public Policy, Vol. 5(2), Spring, 1990 pp.75-81.

Howland, J., Sargent, J., Weitzman, M., MANGIONE, T., Ebert, R., Mauceri, M., and Bond, M. "Barriers to Bicycle Helmet Use among Children: Results of focus group encounters with 4th, 5th and 6th graders." American Journal of Diseases of Children, 143: 741-744, 1989.

Ozonoff, D., Colten, M.E., Cupples, A., Heeren, T., Schatzkin, A., MANGIONE, T., Dresner, M., and Colton, T. "Health Problems Reported by Residents of a Neighborhood Contaminated by a Hazardous Waste Facility." American Journal of Industrial Medicine, Vol. 11, 1987, pp. 581-597.

Gore, S., and MANGIONE, T.W. "Social Roles, Sex Roles and Psychological Distress: Additive and Interactive Models of Sex Differences." Journal of Health and Social Behavior, Vol. 24(4), December, 1983, pp. 49-53.

Hingson, R., Scotch, N., Barrett, J., Goldman, E., and MANGIONE, T. "Life Satisfaction and Drinking Practices in the Boston Metropolitan Area." Journal of Studies on Alcohol, 42, 24-37, 1981.

MANGIONE, T.W., and Quinn, R.P. "Job Satisfaction, Counter-productive Behavior and Drug Use at Work." Journal of Applied Psychology, 1975, 60(1). (Also read at annual meeting of American Psychological Association, New Orleans, 1974).

Quinn, R.P., and MANGIONE T.W. "Evaluating Weighted Models of Measuring Job Satisfaction: A Cinderella Story." Organizational Behavior and Human Performance, July, 1973. (Also presented at annual meeting of American Psychological Association, Honolulu, 1972).

HEATHER E. LISINSKI

hlisinski@jsi.com

(617) 482-9485

EDUCATION

STATE UNIVERSITY OF NEW YORK, ALBANY, NEW YORK
School of Criminal Justice
Master of Arts in Criminal Justice, 2001

NORTHEASTERN UNIVERSITY, BOSTON, MASSACHUSETTS
College of Criminal Justice
Bachelor of Science in Criminal Justice, 1996, magna cum laude

EXPERIENCE

JSI Research & Training Institute, Inc., Boston, Massachusetts

Project Manager, October 2005 to present

Data Manager, January 2003 to October 2005

- Sample management, database development and analysis, client communication, subcontract management
- Develop survey protocols and collaborate on project deliverables and report development
- Design evaluation instruments, test telephone survey software, run & analyze data output
- Hire, train and supervise temporary staff; coordinate schedules and duties

Selected projects:

Satisfaction Survey – MA Dept of Public Health – Bureau of Substance Abuse Services *2012 to present*

Co-manage client survey project in 200+ state-funded substance abuse programs throughout the Commonwealth. Train & supervise in field data collectors. Manage site scheduling and oversee data processing & QA. Facilitate team meetings.

Department of Health and Human Services, Region V Office on Women's Health – Women and Girls Reentry Project *2012 to 2014*

Provide technical assistance to community based program that provides gender specific training to women released from prison. Support data collection activities and curriculum design.

Community Needs Assessment – Various Clients *2011 to present*

Responsible for managing household mail survey projects in Stamford, Connecticut, Bergen County, New Jersey, and the North Shore of Massachusetts. Train and supervise hourly staff to prepare mailings and track returns. Manage samples. Create and send daily response reports. Respond directly to project director and client requests as needed.

CDC Public Health Emergency Preparedness Training & Implementation Project *2010 to 2011*

Support 3-person management team on large-scale training project for the CDC. Coordinate meetings & conference calls with clients and national partners. Participated in key-information interviews with CDC leadership. Interviewed candidates for Staff Associate positions. Manage communications between on-site and out-of-state staff persons. Co-coordinating travel, reimbursement & content logistics for 200+ person conference in April 2011. Maintain project documents on the network & document all meeting minutes & audio files.

U.S. Coast Guard National Life Jacket Wear Rate Study *2003 to present*

Project Manager for the National Observational Life Jacket Wear Rate Study. Responsibilities include staff management and training, data analysis, and production and delivery of annual reports.

Tri-State Tobacco Quitline Evaluation *2003 to 2014*

Co-ordinate a telephone follow-up survey for smoking quitlines in Massachusetts, Rhode Island and New Hampshire. Responsibilities include creation of interview protocols, scheduling and training of interviewers, sample management, data analysis and presentation.

APPLICATIONS

MS Office Suite, CASES, SPSS, Cardiff TELEform



REBECCA MILLOCK

JSI, 44 Farnsworth Street, Boston, Massachusetts 02210 (617) 482-9485

rebecca_millock@jsi.com

EDUCATION

HARVARD UNIVERSITY, CAMBRIDGE, MASSACHUSETTS
B.A. Major in Government, Minor in Economics, 2012

EXPERIENCE

John Snow Inc, Boston, Massachusetts
Staff Associate, December 2013 to present
Intern, June to December 2013

Missouri Foundation for Healthy, Health Schools Healthy Communities Evaluation, Serves on the evaluation team for a 5-year initiative to reduce childhood obesity rates through comprehensive community-level interventions in Missouri. Built, programmed, disseminated, and tracked the Healthy Schools Healthy Communities survey to gather data on community access to healthy food options and exercise facilities. Coordinated mailing to 2000 homes (pre-notification, surveys with incentive, and reminders). Built, programmed, and disseminated Student Survey to gather data on physical activity and nutrition habits of children in grades 5-8 in 31 Missouri public school districts. All surveys were created using Cardiff TeleForm. Assisted in the development of the Healthy Communities Health-e-Link, a cloud-based knowledge exchange portal used by grantees to facilitate collaboration and streamlining data collection. Maintain and monitor Health-e-Link, research and prepare documents on best practice data collection techniques, as well as provide logistical and administrative support. Assist in the design and production of annual evaluation reports.

U.S. Coast Guard National Life Jacket Wear Rate Study, Support annual on-site observational data collection in 30 states from July to August. Assist in annual training of data collectors. Maintain survey equipment and provide logistical support, including shipments of equipment and forms to remote observation teams. Process completed observation forms and clean data on over 60,000 boaters in SPSS and SAS. Contribute to annual reports.

Massachusetts Center for Health Information and Analysis (CHIA) Employer Survey, Assists in CHIA's mission to monitor MA health care and insurance systems by conducting an annual employer survey. Helped redesign the existing survey tool in Cardiff Teleform, and created an online survey version using Survey Gizmo. Responsibilities include tracking paper and online surveys, managing incentives, crafting language for mass mailings and emails, producing weekly response reports and contributing to final reports. Also assists in the phone follow-up by managing the database, running daily data output, and disseminating the viable sample for staff to call. Helped conduct CASES program training for 10 new staff.

Massachusetts Department of Mental Health Client Satisfaction Study, Assists in the evaluation of community members as well as acute and continuing care psychiatric care facilities to evaluate their satisfaction with community based services, and their perception of service outcome. Created, programmed, and tracked scannable versions of the Massachusetts Department of Mental Health's annual client satisfaction survey tool using Cardiff Teleform. Attended confidentiality training and practiced security measures to maintain client privacy. Supervises survey mailings, manage survey incentives, and conducts quantitative and qualitative analysis for annual reports.

New Hampshire Department of Mental Health Client Satisfaction Study, Helps conduct client satisfaction surveys of the adult service population and the parents of children receiving New Hampshire mental health services. Programmed and tracked scannable surveys using Cardiff Teleform. Supervises survey mailings and phone follow-up for non-responders, and manages survey incentives. Assists in quantitative and qualitative analysis for annual reports.

Evaluation of the Healthy Futures Lawrence Project, Assist in the process and outcome evaluation of the NUCULUTRE curriculum for grades 6, 7, and 8 in 4 school districts, including developing the evaluation design, data collection tools, data management and analysis, and progress report development. Created pre- and post-test student surveys using Cardiff Teleform, fidelity checklists in Survey Monkey, and attendance sheets in Google Drive. Responsibilities include providing technical assistance for Healthy Futures staff, monitoring and processing all data collection, and contributing to final reports.



Ozark Regional YMCA Community Transformation Grant, Assisted in evaluation of initiative to increase opportunities for healthy eating, physical activity, and smoke-free living through organizational and city-level programs and policies in Springfield, Missouri. Disseminated and tracked the Springfield Resident Survey to gather data on community access to healthy food options and exercise facilities. Coordinated mailing to 1500 homes (pre-notification, surveys with incentive, and reminders). Built and programmed neighborhood audit survey using the Active Neighborhood Checklist to find baseline measures for neighborhood walkability and bikeability. Processed and analyzed data using SPSS. Built and programmed the Fruit & Vegetable Afterschool Survey to evaluate Local Sprouts Afterschool Program. Processed and analyzed data using C\$Pro. All surveys were created using Cardiff Teleform and tracked using Microsoft Access.

Massachusetts Tobacco Control Program Pricing and Promotions Study. Oversee staff collecting cigarette pricing data from retail establishments and coordinate quarterly data collection throughout Massachusetts. Produce tables and formatted quarterly reports.

Massachusetts Department of Public Health & Boston Public Health Commission, HIV/AIDS Surveillance Programs, Perform medical record reviews and data collection on a sample of HIV/AIDS patients engaged in medical care in Massachusetts to measure performance across a range of clinical care and treatment areas. Conduct data entry and data cleaning. Maintain and monitor a secure database of sensitive information.

Massachusetts Department of Public Health Office of Preparedness and Emergency Management, Continuity of Operations Plans (COOP), Provided administrative support to update emergency preparedness plans for eight bureaus and five offices in the Massachusetts Department of Public Health Office of Preparedness and Emergency Management. Reviewed and revised existing COOP template and assisted in the final preparation of completed plans.

Healthy Futures Teen Pregnancy Prevention Evaluation, Provided project assistance to an Office of Adolescent Health Tier 2 Teen Pregnancy Prevention (TPP) evaluation. Administered surveys for data collection to control and placebo school classrooms, entered contact data for control subjects, attended class sessions to observe instructors' fidelity to established curriculum, and processed and tracked surveys using Microsoft Access.

New York State Department of Health, Albany, New York

Project Intern, December 2011 to February 2012

Reported directly to the Director of the Division of Chronic Disease and Injury Prevention. Wrote a detailed progress report analyzing local school districts for Healthy Schools NY, a program focused on reducing the prevalence of obesity among school-age children.

East Boston Neighborhood Health Center, Boston, Massachusetts

Health Center Ops Intern, June to August 2011

Reported to VP of Operations of largest federally qualified health center. In U.S. Evaluated methods to improve clinic performance, patient flow, and care delivery. Reviewed three years of incident reports. Coded correspondence for reimbursement. Worked with EPIC, internal health data, and Excel for Spanish translation.

Urban Land Institute, Washington, D.C.

Researcher, June to August 2010

Reported directly to the Executive VP of Policy and Practice. Collected and synthesized data on generational housing trends for ULI report *Generation Y: America's New Housing Wave*, published in January 2011. Organized documents for online retrieval and assisted in general research.

PUBLICATIONS

Calise Tammy, Chow Wendy, Dore Katelyn, O'Brien Michael, Heitz Liz, **Millock Rebecca** (2016). *Healthy Futures Program and Adolescent Sexual Behaviors in 3 Massachusetts Cities: A Randomized Controlled Trial*. American Journal of Public Health 106(S1), pp. S103-S109.

COMPUTER SKILLS

Microsoft Office (including Access, Excel, PowerPoint, Publisher, and Word), Webinar, C\$Pro, STATA, Cardiff TeleForm, CASES, Survey Gizmo, and Survey Monkey.

WENDY CHOW

JSI, 44 Farnsworth Street Boston, Massachusetts 02210 (617) 482-9485

wchow@jsi.com

EDUCATION

BOSTON UNIVERSITY, SCHOOL OF PUBLIC HEALTH
M.P.H., Epidemiology and Social & Behavioral Sciences, 2007

WELLESLEY COLLEGE
B.A., Psychology & Economics, cum laude, 2003

EXPERIENCE

JSI, Boston, Massachusetts

Data & Evaluation Specialist, Health Services Division, 2007 to present

Develop program evaluation plans, conduct survey research, and analyze primary and secondary data not limited to surveys, health care quality, and medical claims data. Works on projects related to needs assessments, quality management and improvement, process monitoring and program impact evaluation of health care delivery and health promotion programs. Develop and provide technical assistance on data systems to document processes and outcomes for evaluation. Interpret findings, write reports, abstracts, and manuscripts.

Massachusetts Department of Mental Health Consumer Satisfaction Survey

JSI administers mail surveys to adult clients and parents/guardians of children/adolescent clients to evaluate satisfaction with the quality, access, appropriateness, and outcome of DMH services. Surveys were re-designed to enhance readability. Mail survey methods used included pre-notifications, upfront incentives and reminders to boost response rates to ensure ample sample size to calculate statewide and clinic-specific performance estimates for identifying areas for quality improvement.

Maine Center for Disease Control & Prevention, Community Health Worker Initiative Evaluation

Evaluate the Community Health Worker Initiative involving four pilot projects conducted by a local health department, hospitals, and community-based organization. Provide technical assistance on performance measures, data collection tools, and evaluation framework to assess reach, implementation fidelity, and efficacy of CHW interventions. Provide sustainability recommendations to standardize CHW training, to develop CHW workforce under the State Innovation Model (SIM), and to create capacity to support CHWs in primary care integration.

Healthy Schools Healthy Communities Evaluation, Missouri Foundation for Health

Evaluate this 5-year initiative to address childhood obesity in regions of Missouri, focusing on schools and community-based and statewide efforts aimed at improving access to healthy foods and opportunities for physical activity. Work includes evaluating (1) the process of school and community partnerships to development and implement multi-factorial interventions including their ability to adopt and sustain change, and 2) the impact of school and community-based interventions, including programs, policies, and environmental changes aimed at promoting physical activity and healthy eating through annual student surveys, BMI data, academic achievement scores, school/staff interviews, and process logs.

Central New York DSRIP Collaborative Regional Needs Assessment

JSI is conducting a Regional Needs Assessment for Performing Provider Systems (PPS) in Central New York. PPSs are required to conduct a needs assessment for their application for New York State DSRIP. JSI is providing qualitative and quantitative analysis and mapping of population demographics, health outcomes, hospital readmissions for Medicaid patients, and access to provider and community resources in each of the 11 counties represented by the PPS in the region, in order to identify gaps in service and to inform the strategic plans for the PPS DSRIP applications.

Healthy Futures Teen Pregnancy Prevention Program Evaluation, Department of Health and Human Services, Office of Adolescent Health (OAH)

Manage data for this clustered randomized controlled four-year longitudinal cohort study evaluating a teen pregnancy prevention program offered in public middle schools in high risk communities in Massachusetts. Develop and oversee survey data collection and database system to track student participation, attendance, and surveys completed. Set up data quality assurance, performance measures submission to OAH, data analysis and reporting, and dissemination activities such as abstract and manuscript preparation.



Evaluation of Ozarks Regional YMCA Community Transformation to Support Active Living and Healthy Eating

Using a mixed-method approach, evaluate the impact of Ozarks Regional YMCA's two-year CDC community transformation grant to implement policy and environmental changes that promote physical activity, healthy eating, and smoke-free living that will ultimately improve population-level health. Develop and oversee a process monitoring database for collecting data on implementation activities across multiple partners with built-in standardized reports. Analyze quantitative survey data.

National Quality Center Evaluation, Health Resources and Services Administration HIV/AIDS Bureau

Evaluate the impact of NQC program activities, including TA, regional groups, collaboratives, in+care campaign, and advanced QI trainings on building quality management and performance measurement capacity among Ryan White program grantees that will improve HIV quality of care and outcomes for people living with HIV/AIDS across the United States. Conduct quantitative and qualitative data analyses to provide guidance, suggestions and targeted assistance for improvements in data collection, management and interpretation, as well as information to strengthen current and planned project activities.

Rhode Island Initiative for Healthy Weight Evaluation

Analyze mail survey data measuring Rhode Island residents' knowledge and perceptions of healthy foods availability, environmental safety and resources for physical activity, and specific initiative-related activities.

HIVQUAL-US Program Evaluation, New York State Department of Health AIDS Institute

Evaluated the impact of this HRSA-funded national HIV care quality management initiative in building Ryan White grantees' quality management and performance measurement capacity for improving quality of care. Managed and analyzed annual client-level clinical care performance data submitted by over 100 participating grantees across the U.S., produced national benchmark reports used by providers and clinics to monitor and inform quality initiatives, designed and executed analytic studies on performance trends and disparities, and prepared manuscripts for dissemination of findings.

HIV Clinical Care Quality Management Project, Massachusetts Department of Public Health, Office of HIV/AIDS

Evaluated HIV care quality and patient outcomes at clinics receiving state funding using chart review or EMR data. Provide clinic-specific and program wide reports on quality trends, potential areas for improvement, and best practices. Conducted topic specific analyses including health disparities, retention, and impact of support services on client outcomes. Estimated unmet need for HIV primary care and analyzed antiretroviral therapy adherence using prescription claims and hospitalization episodes using Medicaid and inpatient discharge data.

U.S. Coast Guard National Life Jacket Wear Rate Study

Analyze data for this national observational study on life jacket use, using statistical tests to examine trends in life jacket use over time by boater characteristics, boating conditions, and boat type. Generate data tables and prepare annual reports.

Massachusetts Department of Public Health Tobacco Retail Store Field Survey

Analyze data from field survey of MA retail outlets to examine trends across years in cigarette pricing and promotion strategies by various store type, store location, and community characteristics (demographics, socio-economic status).

Sylvie Ratelle STD/HIV Prevention Training Center of New England Evaluation

Analyze online survey data from this ongoing needs assessment and evaluation of training courses to meet the needs of health care providers and assess the short and long-term impact on knowledge, skills, and practice behaviors of health care providers; assess program reach.

Data Consultant, Massachusetts Department of Public Health, Office of HIV/AIDS

Developed data quality control system for the counseling, testing, and referral and health education and risk reduction data submitted by DPH-funded clinics in the state. Built and provided technical assistance for an automated data reporting system allowing program staff to select site-specific and aggregate program reports.

Boston University-School of Public Health, Boston, Massachusetts

Research Assistant, 2006-2007

Managed several evaluation projects including the Violence Intervention Prevention (VIP) program in Haverhill, MA to address youth gang violence as part of the MA Executive Office of Public Safety Charles E. Shannon grant initiative, a pilot training workshop on intimate partner violence for day care employees, and a pilot project investigating alcohol use and dating violence perpetration among adolescents using an urban emergency department.

Women's Lunch Place, Boston, Massachusetts

Program Evaluation Consultant, 9/2006 to 12/2006

Developed a comprehensive process and outcome evaluation plan to fulfill WLP's strategic goal to improve its Advocacy Program and to continually assess the efficacy of its services in meeting the needs of homeless women and children. Engaged in direct service work, site observations, and interviews and constructed a detailed logic model, defined program objectives, and key evaluation questions. Identified performance indicators and associated data collection needs including 1) instituting routine program record keeping procedures and 2) developing client satisfaction surveys. Recommended quality improvement opportunities.

Boston VA Healthcare System, Boston, Massachusetts

Health Science Specialist, 2003-2006

Collaborated with principal investigator in the development and implementation of multiple randomized controlled trials testing the efficacy of interactive voice response (IVR) systems in enhancing management of chronic conditions (asthma, sleep apnea) among VA patients and participants in the Normative Aging Study, a longitudinal prospective cohort examining the epidemiology of aging. Developed programming logic and original counseling dialogues based on motivation enhancement and behavioral change theory. Designed surveys, study protocols, and training manuals. Oversaw continuous IVR system testing and data quality control measures to ensure the completeness and accuracy of patient files using SAS and ACCESS.

Wellesley College, Center for Research on Women, Wellesley, Massachusetts

Research Assistant, 2001-2003

Performed database management, survey development and validation, quantitative and qualitative data analyses, and prepared reports for the evaluation of Women In Community Development, a program supporting higher education for low-income women, girls' self-defense and empowerment interventions including Girls' LEAP and Girls, Inc.: Project Bold, and Jacksonville Children's Commission's After School Programs in Florida. Supervised and trained new student research assistants.

U.S. Department of Health & Human Services, Centers for Medicare & Medicaid Services, Boston, Massachusetts

Summer Intern, Summer 2002

Worked on the Asian American and Pacific Islanders White House Initiative, Executive Order 13216, to eliminate cultural, linguistic, and socio-economic barriers to health care access. Reviewed and prepared contracts totaling over \$300,000 for 15 community-based organizations nationwide to implement health promotion and education campaigns benefiting the elderly, uninsured, and underprivileged populations.

Massachusetts Institute of Technology, Center for Innovation on Product Development, Cambridge, Massachusetts

Research Assistant, Summer 2000

Conducted extensive literature review on U.K. pharmaceutical firms, research establishments, and hospitals. Completed detailed database of 5,000-plus entries of U.S. new drug applications and patents.

TEACHING

Harvard University School of Public Health, Biostatistics Department, Boston, Massachusetts

Graduate Teaching Assistant, Spring 2014. Course Title: Survey Research Methods.

Boston University School of Public Health, Social & Behavioral Sciences Department, Boston, Massachusetts

Graduate Teaching Assistant, Spring 2008. Course Title: Quantitative Methods in Program Evaluation.

POSTERS | PRESENTATIONS

American Public Health Association, Boston, MA, November 2-6, 2013

- Poster: **Chow W**, Imre M, Mangione TW. Association between states' boating regulations and children's rate of life jacket use
- Poster: Mangione TW, **Chow W**. Reducing recreational boating fatalities: Do life jacket wear regulations work?
- Poster: Flaherty K, **Chow W**, Calise TV. Effect of a school-based teen pregnancy prevention program on parent-adolescent communication about sex

AIDS 2010-XVIII International AIDS Conference, Vienna, Austria, July 2010

- Poster: Schneider KL, **Chow W**, Hirschhorn LR, Agins BD, Monserrate J, Wells CG, & Dai H. A national look at quality of care (QOC) in the Ryan White Program-supported National Quality Improvement (QI) program in 2007.
- Presentation: Schneider KL, **Chow W**, Hirschhorn LR, Agins BD, Monserrate J, Wells CG, & Dai H. Quality over time: changes in quality of care (QOC) among a cohort of HIVQUAL-US (HQ) participating grantees between 2002 and 2007.

American Public Health Association, Philadelphia, PA, November 2009

- Presentation: Schneider KL, Agins B, **Chow W**, Hirschhorn L. Viral suppression rates in New York State: How good have we gotten?

PUBLICATIONS

- Nolan, J., Braithwaite Renderos, T., Hynson, J., Dai, X., **Chow, W.**, Christie, A. and Mangione, T (2014). Barriers to Cervical Cancer Screening and Follow-Up Care among Black Women in Massachusetts. *Journal of Obstetric, Gynecologic, & Neonatal Nursing*, 43(5):580-8.
- Mangione, TW and **Chow W** (2014). Changing life jacket wearing behavior: An evaluation of two approaches. *Journal of Public Health Policy*, 35(2):204-18.
- **Chow W**, Hirschhorn LR, Ng DW, Wells CG, Schneider KL, Agins BD (2012). Improved quality of HIV care over time among participants in a national quality improvement initiative. *Journal of Health Care for the Poor and Underserved* 23(3 Suppl): 67-80.
- Mangione TW, **Chow W**, and Nguyen J (2011). Trends in life jacket wear among recreational boaters: A dozen years (1999-2010) of US observational data. *Journal of Public Health Policy* 33(1):59-74.

SKILLS

Microsoft Office (Word, Excel, Access, PowerPoint). Statistical packages: SAS, SPSS. Languages: Chinese/Cantonese, Spanish.

MARGARITA CASTOIRES PRINCE

JSI, 44 Farnsworth Street Boston, Massachusetts 02210 (617) 482-9485

mprince@jsi.com

EDUCATION

UNIVERSITY OF MASSACHUSETTS, BOSTON, MASSACHUSETTS
Working towards a Bachelor of Arts in Human Services

EXPERIENCE

JSI Research & Training Institute, Boston, Massachusetts

Project Coordinator, January 2015 to present

Tobacco Treatment Specialist, July 2009 to December 2014

Information and Referral Associate, July 2005 to June 2009

Selected projects:

Bureau of Substance Abuse Services (BSAS) Client Satisfaction System

Oversaw data collection and management and provided logistical support for a project funded by the Massachusetts Department of Public Health's BSAS that conducted client satisfaction surveys among all of its funded programs. Ensured confidentiality of collected data; translated and pilot tested survey research instruments and trained staff to collect data in programs and classes throughout the state.

Workforce Development Evaluation with Children's Behavioral Health

Assisted Senior Program Evaluator on the Workforce Development Initiative created by the Children's Behavioral Knowledge Center to increase and improve the mental health workforce in Massachusetts. Oversaw data collection and management and maintained data quality assurance procedures.

Try to Stop Tobacco Project

Provided a motivational interviewing approach to assist tobacco users in quitting smoking through the Smoker's Helpline and the Quitworks program to residents of Massachusetts, New Hampshire and Rhode Island. Assisted clients on developing quitting and relapse prevention plans. Provided evidence based counseling, support and encouragement throughout the quitting process, and educated clients on the proper use of pharmacotherapy.

Children's Hospital, Boston, Massachusetts

Research Assistant/Screening, September 2004 to July 2005

Conducted project data collection interview based on standard questionnaire. Maintained up-to-date record system of participants contact/locator information, test results, and follow-up visit schedule. Managed data storage to ensure confidentiality of participant records. Referred participants to appropriate health and social services programs. Provided pre and post test appropriate counseling for project participants according to counseling protocols. Responsible for participant recruitment and other related responsibilities.

Martha Eliot Health Center, Jamaica Plain, Massachusetts

Family Planner/Outreach, July 2001 to March 2004

Worked directly with adolescents and families; provide medical and health care information. Educated clients about birth control, sexually transmitted diseases, pregnancy, and prenatal care. Worked with medical staff to perform pregnancy test, STD test, and other clinical examinations. Supervised and trained the Peer Leadership Program; Oversee Peer Leaders daily job function, as well as created activities in the community. Coordinated and responsible for outreach events.

DBT HOUSE/Vinfen, Inc, Boston, Massachusetts

Relief Worker, June 1999 to April 2003

On-site monitoring of women with Dialectical Behavioral Treatment modality. Other responsibilities included crisis intervention counseling, relationship building, organization responsibilities.

John Snow, Inc, Boston, Massachusetts

Staff Associate-Health Services Division, June 1994 to June 2001

Assisted with public health projects such as: Case Management of HIV Client Services, Mental Health Care Provider Training in HIV infection and AIDS, Sexual attitude reassessment workshop, National Health Care for the Homeless Conference and WIC survey. Served as a recruitment specialist on focus group project for the Department of Medical Assistance; screened over 200



seniors and caregivers for focus groups; coordinated logistical aspects of all groups. Served as Logistic Coordinator for National Substance Abuse Technical Assistance project.

COMPUTER SKILLS

Microsoft Word, Excel, Meeting Pro, Access, Internet

TRAINING | CERTIFICATES

Sex Education Certificate with Planned Parenthood

AIDS 101 Certificate with Latino Health Institute

Dialectical Behavior Therapy Workshop: Cognitive Behavior Therapy for Chronically Suicidal Borderline Patients

Mediation Certificate

Tobacco Treatment Specialist Certificate

Protecting Human Research Participant Certificate

LANGUAGE

Fluent in oral and written Spanish

KEY ADMINISTRATIVE PERSONNEL

NH Department of Health and Human Services

Contractor Name: JSI Research & Training Institute, Inc.

Name of Contract: New Hampshire Public Mental health Consumer Survey

BUDGET PERIOD: SFY 18				
NAME	JOB TITLE	SALARY	PERCENT PAID FROM THIS CONTRACT	AMOUNT PAID FROM THIS CONTRACT
Thomas Mangione	Project Director	\$730	100.00%	\$730.00
Heather Lisinski	Project Manager	\$9,000	100.00%	\$9,000.00
Rebecca Millock	Research Assistant	\$7,000	100.00%	\$7,000.00
Wendy Chow	Senior Analyst	\$1,840	100.00%	\$1,840.00
Margarita Prince	Project Support	\$800	100.00%	\$800.00
		\$0	0.00%	\$0.00
TOTAL SALARIES (Not to exceed Total/Salary Wages, Line Item 1 of Budget request)				\$19,370.00

BUDGET PERIOD: SFY 19				
NAME	JOB TITLE	SALARY	PERCENT PAID FROM THIS CONTRACT	AMOUNT PAID FROM THIS CONTRACT
Thomas Mangione	Project Director	\$730	100.00%	\$730.00
Heather Lisinski	Project Manager	\$1,640	100.00%	\$1,640.00
Rebecca Millock	Research Assistant	\$1,280	100.00%	\$1,280.00
Wendy Chow	Senior Analyst	\$4,000	100.00%	\$4,000.00
Margarita Prince	Project Support	\$200	100.00%	\$200.00
		\$0	0.00%	\$0.00
TOTAL SALARIES (Not to exceed Total/Salary Wages, Line Item 1 of Budget request)				\$7,850.00



Nicholas A. Toumpas
Commissioner

Kathleen A. Dunn
Associate Commissioner

STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF MEDICAID BUSINESS AND POLICY

129 PLEASANT STREET, CONCORD, NH 03301-3857
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Fax: 603-271-8431 TDD Access: 1-800-735-2964 www.dhhs.nh.gov

ev 11

G & C Approved
January 13, 2016
Item #11

December 1, 2015

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, Bureau of Behavioral Health, to enter into an Agreement with JSI Research & Training Institute, Inc. 44 Farnsworth Street, Boston, Massachusetts, 02210, (Vendor Number 161611-B001) to conduct New Hampshire's Public Mental Health Consumer Survey, in an amount not to exceed \$150,000, effective upon the date of Governor and Executive Council approval through December 31, 2017. 100% Federal Funds.

Funds are available in the following account in State Fiscal Years 2016 and 2017, and anticipated to be available in State Fiscal Year 2018 upon the availability and continued appropriation of funds in the future operating budget, with authority to adjust encumbrances between State Fiscal Years if needed and justified, without Governor and Executive Council approval.

05-95-92-920010-7851 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS: BEHAVIORAL HEALTH DIV OF, DIV OF BEHAVIORAL HEALTH, MENTAL HEALTH DATA COLLECTION

State Fiscal Year	Class / Account	Class Title	Amount
2016	102-500731	Contracts for Program Services	\$40,364
2017	102-500731	Contracts for Program Services	\$75,000
2018	102-500731	Contracts for Program Services	\$34,636
		Total	\$150,000

EXPLANATION

This Agreement will allow the Contractor to conduct the New Hampshire Public Mental Health Consumer Survey, known as the Consumer Survey, as required by the Center for Mental Health Services, Substance Abuse and Mental Health Services Administration of the United States Department of Health and Human Services. The Consumer Survey is an annual statewide survey of the people who receive services from New Hampshire's public community mental health system. Continued funding of the Mental Health Block Grant is in part predicated on the successful completion of the survey and the resulting reports.

The Consumer Survey provides data for the federal Uniform Reporting System tables that indicate the nation's progress on the implementation of the national outcome measures for behavioral health. The Uniform Reporting System tables represent data that represent such topics such as quality

of series received, participation in treatments, and social connectedness. National Outcome Measures are defined domains to measure results of actions to improve behavioral health. Results from the surveys are used by the Department to complete annual federal reports, and to monitor the community mental health system for needs and improvement.

The Department published a Request for Proposals for Conducting the New Hampshire Public Mental Health Consumer Survey RFP #16-DHHS-DCBCS-BBH-04 on the Department of Health and Humans Services website August 14, 2015 to September 21, 2015. The Department received five proposals. The application was reviewed and scored by team of individuals with program specific knowledge. JSI Research & Training Institute, Inc. was selected for contract. (See attached Summary Score Sheet).

The Contract contains language that Department reserves the right to renew the contract for up to three (3) additional years, subject to the continued availability of funds, satisfactory performance of contracted services and Governor and Executive Council approval.

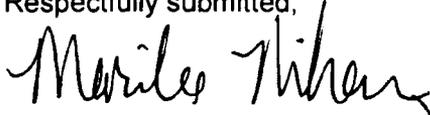
Should the Governor and Executive Council not approve this request, the Department would not meet the federal requirement to complete the annual mental health survey and use the results to complete federal reports, and monitor the community mental health system.

Area to be served: Statewide.

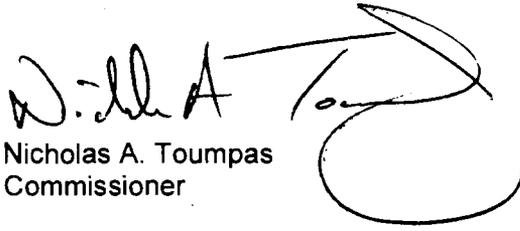
Source of Funds: 100% Federal Fund from the Behavioral Health Services Information Systems (BHSIS) State Agreements in accordance with Synectics' Task Order No. HHSS283200700048I/HHSS28342001T-Reference No. 283-07-4803 with the Substance Abuse and Mental Health Services Administration (SAMHSA).

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

Respectfully submitted,


 Kathleen A. Dunn, MPH
Associate Commissioner

Approved by:


Nicholas A. Toumpas
Commissioner



**New Hampshire Department of Health and Human Services
Office of Business Operations
Contracts & Procurement Unit
Summary Scoring Sheet**

Conducting the New Hampshire Public
Mental Health Consumer Survey

RFP Name

RFP # 16-DHHS-DCBCS-BBH-04

RFP Number

Bidder Name

1. Analytic Insight
2. JSI Research & Training Institute, Inc.
3. Market Decisions, LLC
4. Old Dominion University Research Foundation
5. University of New Hampshire

Reviewer Names

1. Susan Knight , Business Sys Analyst
2. Thomas Grinley, Program Planner
3. Beth Anne Nichols, MH Block Grant State Planner
4. Peter Reid, Administrator III
5. Philip J. Nadeau, Finance Administrator III

Maximum Points	Actual Points
100	59
100	84
100	72
100	70
100	64



STATE OF NEW HAMPSHIRE
DEPARTMENT OF INFORMATION TECHNOLOGY
27 Hazen Dr., Concord, NH 03301
Fax: 603-271-1516 TDD Access: 1-800-735-2964
www.nh.gov/doit

Denis Goulet
Commissioner

December 10, 2015

Nicholas A. Toumpas, Commissioner
State of New Hampshire
Department of Health and Human Services
129 Pleasant Street
Concord, NH 03301-3857

Dear Commissioner Toumpas:

This letter represents formal notification that the Department of Information Technology (DoIT) has approved your agency's request to enter into a contract with JSI Research & Training Institute, Inc., Boston, MA to conduct New Hampshire Public Mental Health Consumer Survey, as described below and referenced as DoIT No. 2016-085.

The purpose of this contract is to conduct New Hampshire Public Mental Health Consumer Survey, known as Consumer Survey. The Consumer Survey is an annual statewide survey of a random sample of individuals who have received services during the previous year through New Hampshire's Community Mental Health programs. The agreement includes the contractor to provide a Secure File Transfer Protocol (SFTP) site to transmit confidential survey data and/or to transfer confidential client information. The total funding amount is not to exceed \$150,000.00, and is effective upon the date of Governor and Executive Council approval through December 31, 2017.

A copy of this letter should accompany the Department of Health and Human Services' submission to the Governor and Executive Council for approval.

Sincerely,

A handwritten signature in black ink, appearing to read "Denis Goulet", with a long horizontal flourish extending to the right.

Denis Goulet

DG/mh
Contract # 2016-085

CC: Leslie Mason, DoIT

Subject: New Hampshire Public Mental Health Consumer Survey

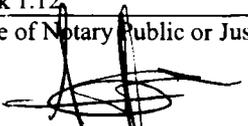
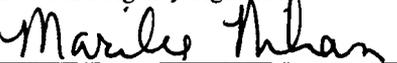
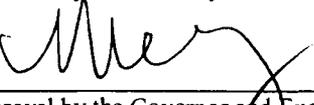
Notice: This agreement and all of its attachments shall become public upon submission to Governor and Executive Council for approval. Any information that is private, confidential or proprietary must be clearly identified to the agency and agreed to in writing prior to signing the contract.

AGREEMENT

The State of New Hampshire and the Contractor hereby mutually agree as follows:

GENERAL PROVISIONS

1. IDENTIFICATION.

1.1 State Agency Name Department of Health and Human Services		1.2 State Agency Address 129 Pleasant Street Concord, NH 03301	
1.3 Contractor Name JSI Research & Training Institute, Inc.		1.4 Contractor Address 44 Farnsworth Street Boston, MA 02210	
1.5 Contractor Phone Number 617-482-9485	1.6 Account Number 05-095-092-920010-78510000-102-500731	1.7 Completion Date December 31, 2017	1.8 Price Limitation \$150,000
1.9 Contracting Officer for State Agency Eric Borrin, Director Contracts and Procurement		1.10 State Agency Telephone Number 603-271-9558	
1.11 Contractor Signature 		1.12 Name and Title of Contractor Signatory	
1.13 Acknowledgement: State of <u>MA</u> , County of <u>Suffolk</u> On <u>11/24/2015</u> , before the undersigned officer, personally appeared the person identified in block 1.12, or satisfactorily proven to be the person whose name is signed in block 1.11, and acknowledged that s/he executed this document in the capacity indicated in block 1.12.			
1.13.1 Signature of Notary Public or Justice of the Peace  [Seal]			
1.13.2 Name and Title of Notary or Justice of the Peace <u>Andrew O'Keeffe, Notary Public</u>			
1.14 State Agency Signature 		1.15 Name and Title of State Agency Signatory <u>Marilee Nihan</u> <u>Deputy Commissioner</u>	
1.16 Approval by the N.H. Department of Administration, Division of Personnel <i>(if applicable)</i> By: _____ Director, On: _____			
1.17 Approval by the Attorney General (Form, Substance and Execution) <i>(if applicable)</i> By:  On: <u>Megan A. V. Pope - Attorney</u> <u>12/21/15</u>			
1.18 Approval by the Governor and Executive Council <i>(if applicable)</i> By: _____ On: _____			

2. EMPLOYMENT OF CONTRACTOR/SERVICES TO BE PERFORMED. The State of New Hampshire, acting through the agency identified in block 1.1 ("State"), engages contractor identified in block 1.3 ("Contractor") to perform, and the Contractor shall perform, the work or sale of goods, or both, identified and more particularly described in the attached EXHIBIT A which is incorporated herein by reference ("Services").

3. EFFECTIVE DATE/COMPLETION OF SERVICES.

3.1 Notwithstanding any provision of this Agreement to the contrary, and subject to the approval of the Governor and Executive Council of the State of New Hampshire, if applicable, this Agreement, and all obligations of the parties hereunder, shall become effective on the date the Governor and Executive Council approve this Agreement as indicated in block 1.18, unless no such approval is required, in which case the Agreement shall become effective on the date the Agreement is signed by the State Agency as shown in block 1.14 ("Effective Date").

3.2 If the Contractor commences the Services prior to the Effective Date, all Services performed by the Contractor prior to the Effective Date shall be performed at the sole risk of the Contractor, and in the event that this Agreement does not become effective, the State shall have no liability to the Contractor, including without limitation, any obligation to pay the Contractor for any costs incurred or Services performed. Contractor must complete all Services by the Completion Date specified in block 1.7.

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 hereunder, are contingent upon the availability and continued appropriation of funds, and in no event shall the State be liable for any payments hereunder in excess of such available appropriated funds. In the event of a reduction or termination of appropriated funds, the State shall have the right to withhold payment until such funds become available, if ever, and shall have the right to terminate this Agreement immediately upon giving the Contractor notice of such termination. The State shall not be required to transfer funds from any other account to the Account identified in block 1.6 in the event funds in that Account are reduced or unavailable.

5. CONTRACT PRICE/PRICE LIMITATION/PAYMENT.

5.1 The contract price, method of payment, and terms of payment are identified and more particularly described in EXHIBIT B which is incorporated herein by reference.

5.2 The payment by the State of the contract price shall be the only and the complete reimbursement to the Contractor for all expenses, of whatever nature incurred by the Contractor in the performance hereof, and shall be the only and the complete compensation to the Contractor for the Services. The State shall have no liability to the Contractor other than the contract price.

5.3 The State reserves the right to offset from any amounts otherwise payable to the Contractor under this Agreement those liquidated amounts required or permitted by N.H. RSA 80:7 through RSA 80:7-c or any other provision of law.

5.4 Notwithstanding any provision in this Agreement to the contrary, and notwithstanding unexpected circumstances, in no event shall the total of all payments authorized, or actually made hereunder, exceed the Price Limitation set forth in block 1.8.

6. COMPLIANCE BY CONTRACTOR WITH LAWS AND REGULATIONS/ EQUAL EMPLOYMENT OPPORTUNITY.

6.1 In connection with the performance of the Services, the Contractor shall comply with all statutes, laws, regulations, and orders of federal, state, county or municipal authorities which impose any obligation or duty upon the Contractor, including, but not limited to, civil rights and equal opportunity laws. This may include the requirement to utilize auxiliary aids and services to ensure that persons with communication disabilities, including vision, hearing and speech, can communicate with, receive information from, and convey information to the Contractor. In addition, the Contractor shall comply with all applicable copyright laws.

6.2 During the term of this Agreement, the Contractor shall not discriminate against employees or applicants for employment because of race, color, religion, creed, age, sex, handicap, sexual orientation, or national origin and will take affirmative action to prevent such discrimination.

6.3 If this Agreement is funded in any part by monies of the United States, the Contractor shall comply with all the provisions of Executive Order No. 11246 ("Equal Employment Opportunity"), as supplemented by the regulations of the United States Department of Labor (41 C.F.R. Part 60), and with any rules, regulations and guidelines as the State of New Hampshire or the United States issue to implement these regulations. The Contractor further agrees to permit the State or United States access to any of the Contractor's books, records and accounts for the purpose of ascertaining compliance with all rules, regulations and orders, and the covenants, terms and conditions of this Agreement.

7. PERSONNEL.

7.1 The Contractor shall at its own expense provide all personnel necessary to perform the Services. The Contractor warrants that all personnel engaged in the Services shall be qualified to perform the Services, and shall be properly licensed and otherwise authorized to do so under all applicable laws.

7.2 Unless otherwise authorized in writing, during the term of this Agreement, and for a period of six (6) months after the Completion Date in block 1.7, the Contractor shall not hire, and shall not permit any subcontractor or other person, firm or corporation with whom it is engaged in a combined effort to perform the Services to hire, any person who is a State employee or official, who is materially involved in the procurement, administration or performance of this

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Agreement. This provision shall survive termination of this Agreement.

7.3 The Contracting Officer specified in block 1.9, or his or her successor, shall be the State's representative. In the event of any dispute concerning the interpretation of this Agreement, the Contracting Officer's decision shall be final for the State.

8. EVENT OF DEFAULT/REMEDIES.

8.1 Any one or more of the following acts or omissions of the Contractor shall constitute an event of default hereunder ("Event of Default"):

8.1.1 failure to perform the Services satisfactorily or on schedule;

8.1.2 failure to submit any report required hereunder; and/or

8.1.3 failure to perform any other covenant, term or condition of this Agreement.

8.2 Upon the occurrence of any Event of Default, the State may take any one, or more, or all, of the following actions:

8.2.1 give the Contractor a written notice specifying the Event of Default and requiring it to be remedied within, in the absence of a greater or lesser specification of time, thirty (30) days from the date of the notice; and if the Event of Default is not timely remedied, terminate this Agreement, effective two (2) days after giving the Contractor notice of termination;

8.2.2 give the Contractor a written notice specifying the Event of Default and suspending all payments to be made under this Agreement and ordering that the portion of the contract price which would otherwise accrue to the Contractor during the period from the date of such notice until such time as the State determines that the Contractor has cured the Event of Default shall never be paid to the Contractor;

8.2.3 set off against any other obligations the State may owe to the Contractor any damages the State suffers by reason of any Event of Default; and/or

8.2.4 treat the Agreement as breached and pursue any of its remedies at law or in equity, or both.

9. DATA/ACCESS/CONFIDENTIALITY/PRESERVATION.

9.1 As used in this Agreement, the word "data" shall mean all information and things developed or obtained during the performance of, or acquired or developed by reason of, this Agreement, including, but not limited to, all studies, reports, files, formulae, surveys, maps, charts, sound recordings, video recordings, pictorial reproductions, drawings, analyses, graphic representations, computer programs, computer printouts, notes, letters, memoranda, papers, and documents, all whether finished or unfinished.

9.2 All data and any property which has been received from the State or purchased with funds provided for that purpose under this Agreement, shall be the property of the State, and shall be returned to the State upon demand or upon termination of this Agreement for any reason.

9.3 Confidentiality of data shall be governed by N.H. RSA chapter 91-A or other existing law. Disclosure of data requires prior written approval of the State.

10. TERMINATION. In the event of an early termination of this Agreement for any reason other than the completion of the Services, the Contractor shall deliver to the Contracting Officer, not later than fifteen (15) days after the date of termination, a report ("Termination Report") describing in detail all Services performed, and the contract price earned, to and including the date of termination. The form, subject matter, content, and number of copies of the Termination Report shall be identical to those of any Final Report described in the attached EXHIBIT A.

11. CONTRACTOR'S RELATION TO THE STATE. In the performance of this Agreement the Contractor is in all respects an independent contractor, and is neither an agent nor an employee of the State. Neither the Contractor nor any of its officers, employees, agents or members shall have authority to bind the State or receive any benefits, workers' compensation or other emoluments provided by the State to its employees.

12. ASSIGNMENT/DELEGATION/SUBCONTRACTS. The Contractor shall not assign, or otherwise transfer any interest in this Agreement without the prior written notice and consent of the State. None of the Services shall be subcontracted by the Contractor without the prior written notice and consent of the State.

13. INDEMNIFICATION. The Contractor shall defend, indemnify and hold harmless the State, its officers and employees, from and against any and all losses suffered by the State, its officers and employees, and any and all claims, liabilities or penalties asserted against the State, its officers and employees, by or on behalf of any person, on account of, based or resulting from, arising out of (or which may be claimed to arise out of) the acts or omissions of the Contractor. Notwithstanding the foregoing, nothing herein contained shall be deemed to constitute a waiver of the sovereign immunity of the State, which immunity is hereby reserved to the State. This covenant in paragraph 13 shall survive the termination of this Agreement.

14. INSURANCE.

14.1 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, the following insurance:

14.1.1 comprehensive general liability insurance against all claims of bodily injury, death or property damage, in amounts of not less than \$1,000,000 per occurrence and \$2,000,000 aggregate; and

14.1.2 special cause of loss coverage form covering all property subject to subparagraph 9.2 herein, in an amount not less than 80% of the whole replacement value of the property.

14.2 The policies described in subparagraph 14.1 herein shall be on policy forms and endorsements approved for use in the State of New Hampshire by the N.H. Department of Insurance, and issued by insurers licensed in the State of New Hampshire.

14.3 The Contractor shall furnish to the Contracting Officer identified in block 1.9, or his or her successor, a certificate(s) of insurance for all insurance required under this Agreement. Contractor shall also furnish to the Contracting Officer identified in block 1.9, or his or her successor, certificate(s) of insurance for all renewal(s) of insurance required under this Agreement no later than thirty (30) days prior to the expiration date of each of the insurance policies. The certificate(s) of insurance and any renewals thereof shall be attached and are incorporated herein by reference. Each certificate(s) of insurance shall contain a clause requiring the insurer to provide the Contracting Officer identified in block 1.9, or his or her successor, no less than thirty (30) days prior written notice of cancellation or modification of the policy.

15. WORKERS' COMPENSATION.

15.1 By signing this agreement, the Contractor agrees, certifies and warrants that the Contractor is in compliance with or exempt from, the requirements of N.H. RSA chapter 281-A ("*Workers' Compensation*").

15.2 To the extent the Contractor is subject to the requirements of N.H. RSA chapter 281-A, Contractor shall maintain, and require any subcontractor or assignee to secure and maintain, payment of Workers' Compensation in connection with activities which the person proposes to undertake pursuant to this Agreement. Contractor shall furnish the Contracting Officer identified in block 1.9, or his or her successor, proof of Workers' Compensation in the manner described in N.H. RSA chapter 281-A and any applicable renewal(s) thereof, which shall be attached and are incorporated herein by reference. The State shall not be responsible for payment of any Workers' Compensation premiums or for any other claim or benefit for Contractor, or any subcontractor or employee of Contractor, which might arise under applicable State of New Hampshire Workers' Compensation laws in connection with the performance of the Services under this Agreement.

16. WAIVER OF BREACH. No failure by the State to enforce any provisions hereof after any Event of Default shall be deemed a waiver of its rights with regard to that Event of Default, or any subsequent Event of Default. No express failure to enforce any Event of Default shall be deemed a waiver of the right of the State to enforce each and all of the provisions hereof upon any further or other Event of Default on the part of the Contractor.

17. NOTICE. Any notice by a party hereto to the other party shall be deemed to have been duly delivered or given at the time of mailing by certified mail, postage prepaid, in a United States Post Office addressed to the parties at the addresses given in blocks 1.2 and 1.4, herein.

18. AMENDMENT. This Agreement may be amended, waived or discharged only by an instrument in writing signed by the parties hereto and only after approval of such amendment, waiver or discharge by the Governor and Executive Council of the State of New Hampshire unless no

such approval is required under the circumstances pursuant to State law, rule or policy.

19. CONSTRUCTION OF AGREEMENT AND TERMS.

This Agreement shall be construed in accordance with the laws of the State of New Hampshire, and is binding upon and inures to the benefit of the parties and their respective successors and assigns. The wording used in this Agreement is the wording chosen by the parties to express their mutual intent, and no rule of construction shall be applied against or in favor of any party.

20. THIRD PARTIES. The parties hereto do not intend to benefit any third parties and this Agreement shall not be construed to confer any such benefit.

21. HEADINGS. The headings throughout the Agreement are for reference purposes only, and the words contained therein shall in no way be held to explain, modify, amplify or aid in the interpretation, construction or meaning of the provisions of this Agreement.

22. SPECIAL PROVISIONS. Additional provisions set forth in the attached EXHIBIT C are incorporated herein by reference.

23. SEVERABILITY. In the event any of the provisions of this Agreement are held by a court of competent jurisdiction to be contrary to any state or federal law, the remaining provisions of this Agreement will remain in full force and effect.

24. ENTIRE AGREEMENT. This Agreement, which may be executed in a number of counterparts, each of which shall be deemed an original, constitutes the entire Agreement and understanding between the parties, and supersedes all prior Agreements and understandings relating hereto.



Exhibit A

Scope of Services

1. **Provisions Applicable to All Services**
 - 1.1. The Contractor will submit a detailed description of the language assistance services they will provide to persons with limited English proficiency to ensure meaningful access to their programs and/or services within ten (10) days of the contract effective date.
 - 1.2. The Contractor agrees that, to the extent future legislative action by the New Hampshire General Court or federal or state court orders may have an impact on the Services described herein, the State Agency has the right to modify Service priorities and expenditure requirements under this Agreement so as to achieve compliance therewith.
2. **Definitions**
 - 2.1. **CMHC:** Community Mental Health Center
 - 2.2. **Confidence Interval:** Confidence Interval is a range of values that you can be certain contains the true mean of the population.
 - 2.3. **Dilmans' Tailored Design Method:** Dilman's Tailored Design Method is a survey methodology using mailing and phone calls.
 - 2.4. **Mental Health Statistics Improvement Program:** This is the federal name given to the survey. The survey was designed by the National Association of State Mental Health Program Directors Research Institute, Inc. In New Hampshire the survey is referred to as the Consumer Survey.
 - 2.5. **National Outcome Measures (NOMS):** NOMS are a set of measures required by the Substance Abuse and Mental Health Services Administration (SAMHSA) and the federal Mental Health Community Services Block Grant. The measures cover a set of domains defined by the Substance Abuse and Mental Health Services Administration (SAMHSA) and are intended to measure mental health outcomes in a standard and comparable way.
 - 2.6. **Outcomes:** Outcomes refer to the end results of actions to improve behavioral health. "By behavioral health, SAMHSA refers to mental/emotional well-being and/or actions that affect wellness." Sources: Avedis Donabedian, M.D., and SAMHSA.
 - 2.7. **Survey Methodology:** Survey methodology is the process used to sample individual units from a population and the associated survey data collection techniques, such as questionnaire construction and methods for improving the number and accuracy of responses to surveys. The survey methodology defines how to complete a statically valid survey.
 - 2.8. **Survey Sample Size:** Sample size is the number of members of the population that have been selected to participate in completing a survey in order to make a statistically reliable and valid conclusion about the population from the sample.
 - 2.9. **Statistically Valid:** Statistical validity is the extent to which the measurements are well-founded and correspond accurately to the real world. The validity of a measurement tool (for example, a test in education) is considered to be the degree to which the tool measures what it claims to measure.



Exhibit A

-
- 2.10. **Uniform Reporting System (URS) tables:** URS tables are a series of Excel tables with data that primarily counts mental health consumers by various topics found in the Consumer Survey such as the quality of services they received, participation in treatments, and social connections. Some of the data collected from the Consumer Survey is used to complete the Excel tables and report to SAMHSA. The URS is part of an effort to use data in decision support and planning in public mental health systems and support program accountability.
3. **Scope of Services**
- 3.1. **General Scope**
- 3.1.1. The Contractor will conduct, analyze, and report on the New Hampshire Public Mental Health Consumer Survey for each calendar year, during the Agreement period.
- 3.1.2. The Contractor shall use both a mail and a telephone survey approach.
- 3.2. **Project Planning and Management**
- 3.2.1. The Contractor will complete a project work plan for completing the survey for Calendar year 2016 and submit it to the Department for approval within 15 days from the contract effective date. The work plan shall include a bulleted list or table containing: Deliverables, Due Dates for Deliverables, firm cost for each Deliverable, and the person responsible for completion of the Deliverable.
- 3.2.2. For future surveys, the Contractor will complete project work plans and submit them for Department approval by the November 1st prior to the calendar year in which the survey is to be conducted.
- 3.2.3. The Contractor shall provide a project manager as a single point of contact who will coordinate all aspects of the project.
- 3.2.4. The Contractor shall submit monthly progress reports outlining a summary of the key work performed during the monthly period that includes at minimum, encountered and predicted key issues and problems, scheduled work for the upcoming period including progress against the work plan described in Section 3.2.1, and other relevant information. The monthly progress reports shall be submitted no later than 7 calendar days after the end of the month.
- 3.2.5. The Contractor shall participate in conference calls with the Department and other parties as needed to discuss progress, next steps and open items. Calls shall occur more frequently during survey preparation and report preparation times. The schedule and frequency of the calls shall be at the discretion of the Department with specific scheduling subject to the Contractor's availability.
- 3.3. **Survey Questionnaire Development**
- 3.3.1. The Contractor shall create separate paper consumer survey forms using Substance Abuse and Mental Health Services Administration (SAMHSA) required and Department-added questions in three modules with approximately fifty questions each as follows:
- 3.3.1.1. One module for adults receiving services;



Exhibit A

3.3.1.2. One module for the families of children/youth who are receiving services;

3.3.1.3. One module for youth receiving services.

3.3.2. The Contractor shall review and provide feedback to the Department on Department-added questions for survey integrity.

3.3.3. The Contractor shall prepare paper surveys in English, in Spanish and in other necessary languages as directed by the Department.

3.3.4. The Contractor shall prepare paper surveys in a scannable format to reduce data entry time and error.

3.3.5. The Contractor shall program the three survey modules into the Contractor's Computer Assisted Telephone Interviewing (CATI) system and extensively test each module to make sure that the questions and any skip instructions are identical to the paper versions. Contractor shall communicate the testing results to the Department before any telephone interviewing begins.

3.3.6. The Contractor shall obtain approval from the Department on the final print ready paper survey forms, follow up post card, and any accompanying letter prior to the Contractor printing the surveys.

3.3.7. The Contractor shall obtain approval from the Department on the final CATI interview prior to the Contractor beginning interviews.

3.3.8. The Contractor shall print the required number of paper survey forms needed to be distributed to the participants based on the sample size defined in Section 3.4.2.

3.4. Survey Design and Administration

3.4.1. Survey Methodology

3.4.1.1. The Contractor shall submit for Department approval, by the date defined in the work plan, the methodology for conducting the Consumer Survey that at a minimum:

1. Produces statistically valid survey results;
2. Uses Dilman's Tailored Design Method;
3. Ensures survey response rates achieved for each module are at least fifty (50) percent. Response rates shall be defined as the number of completed telephone and paper questionnaires divided by the number of selected respondents with valid contact information; and
4. The Contractor shall provide to the Department by the date defined in the work plan for review and approval, in written form, the survey methodology in Section 3.4.1.1.

3.4.2. Sample Size

3.4.2.1. The Contractor shall submit for Department approval, by the date defined in the work plan, and prior to the start of sample selection, the sample size table that at a minimum contains the:



Exhibit A

1. Name of each CMHC;
 2. Estimated service population for each CMHC;
 3. Number of respondents to be selected from each CMHC;
 4. Number of final respondents expected; and
 5. Expected confidence interval as defined in Section 3.4.2.3.
- 3.4.2.2. The Contractor shall calculate the appropriate sample size and sample design to produce statistically valid survey results for each Community Mental Health Center (CMHC) and for the system as a whole so that the survey adequately represents the Department's eligible population during the period of July 1 through December 31 of the preceding year.
- 3.4.2.3. The final responding sample size should be adequate to provide a 95% confidence interval of plus or minus 7% when the proportion of respondents who agree or strongly agree is 75%.
- 3.4.2.4. The Contractor shall contact the ten CMHCs by the date established in the work plan, to provide instructions on their role in the survey and the time line for the survey.
- 3.4.3. Drawing the Sample
- 3.4.3.1. The Contractor shall submit for Department approval, by the date defined in the work plan, the method for drawing the sample, that at a minimum:
1. Defines the methodology for selecting the participants from each CMHC;
 2. Defines the methodology for obtaining the participants' contact information including: mailing addresses; phone numbers; parent or guardians' names and contact information for the youth survey; housing status; literacy level; and primary language spoken.
- 3.4.4. After drawing the sample described in Sections 3.4.2 and 3.4.3, the Contractor will provide identifying information to the CMHCs necessary for the CMHCs to identify the member in their systems, and obtain the information needed to contact selected respondents including mailing addresses; phone numbers; parent or guardians' names and contact information for the youth survey; housing status; literacy level; and primary language spoken.
- 3.4.5. The Contractor shall provide a Secure File Transfer Protocol (SFTP) site with appropriate security and logins for CMHCs, the Department, and the Contractor to transmit confidential survey data and/or to transfer confidential client information, and will assist the CMHCs with its use.
- 3.4.6. The Contractor shall work with the Department and the CMHCs to identify selected respondents who may be homeless, ethnic/racial minorities, or persons with low literacy or whose primary language is not English and identify the best methods for reaching these respondents.



Exhibit A

3.4.7. The Contractor will conduct the survey between January 1 and June 30 for each survey year.

3.5. Training and Protocol For Working With Mental Health Clients

3.5.1. The Contractor shall develop and use a written protocol approved by DHHS for working with respondents who are mental health clients and for making appropriate referrals to a Departmental Behavioral Health staff member or other DHHS approved resource as needed.

3.5.2. The Contractor shall insure that all staff interacting with survey respondents are trained in working with mental health clients and are aware of the protocol for handling clients that may be agitated and for making appropriate referrals of these clients to a Departmental Behavioral Health staff member.

3.6. Mail Protocol

3.6.1. The Contractor will mail the surveys to the selected consumers in their primary language. The mailing will include the following items:

1. A Department-approved cover letter to the consumer explaining:
 - a. the purpose of the survey;
 - b. their choice to consent to completing the survey;
 - c. a guarantee of confidentiality;
 - d. how to contact a staff member if they do not wish to participate;
 - e. how to complete the survey;
 - f. when and how to return the survey;
 - g. a phone number for the consumer to contact if they have questions;
2. A prepaid addressed envelope for the consumer to mail the completed survey back to the Contractor;
3. A \$5 cash up front incentive; and
4. All paper survey instruments appropriate for the household.

3.6.2. The Contractor will follow up with consumers who have yet to respond within the timeframes established in the project work plan by sending a Department-approved reminder card to complete the survey.

3.6.3. The Contractor shall scan returned, completed paper surveys using Teleform scanning software, or other system approved by the Department, with Contractor staff resolving issues of light marks, double marks and scratched out/erased marks.

3.6.4. The Contractor will program parameters for each survey item into the scanning software to prevent key stroke errors and out of range responses.

3.7. Telephone Protocol

3.7.1. The Contractor will identify consumers who have not responded to the paper survey within the timeframes defined in the project work plan.



Exhibit A

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- 3.7.2. The Contractor shall call consumers not responding by mail and encourage consumers reached by telephone to complete questionnaire at that time using the Contractor's CATI system and the approved telephone methodology and questionnaire.
- 3.7.3. The Contractor shall employ only experienced interviewers trained in non-directive interviewing methods, in maintaining respondent confidentiality, and in interviewing survey respondents who are mental health clients.
- 3.7.4. The Contractor shall provide CATI questionnaires and qualified interviewers to conduct the interview in the respondent's primary language.
- 3.7.5. The Contractor will maintain phone logs that include, at a minimum, the telephone number, the date and time of call, the name of the person making the call, the reason for the call and the outcome of the call.
- 3.8. Data Collection and Data File Development**
- 3.8.1. The Contractor will collect the survey data from each survey, keeping all potentially identifying consumer information confidential, and will prepare an electronic data file with respondent-level response data for all survey questions, along with a document indicating the file layout of this data file.
- 3.8.2. The Contractor will ensure process integrity at all times and at all levels (state and CMHC), following the approved survey protocol.
- 3.8.3. The Contractor will establish Department approved guidelines to determine if a returned survey is complete or unusable.
- 3.8.4. The Contractor will supervise the collection process to ensure that all data is gathered according to the specific protocol for this survey as approved by the Department.
- 3.8.5. The Contractor will compile and maintain data from completed surveys in order to complete statistical analysis for reporting as described in Section 3.10, Analysis and Reporting Requirements.
- 3.8.6. The Contractor shall provide final electronic survey data to the Department upon completion of the survey results report. Data files shall include:
- 3.8.6.1. A file in .csv format containing individual respondent level responses for each question, any weighting and sample design variables needed for analysis, the CMHC the respondent was selected from; and demographic characteristics obtained from the survey questions or the CHMCs.
 - 3.8.6.2. A file in Microsoft Excel format with tabular weighted frequencies and 95% confidence intervals for each question and for any composite or calculated measures.
 - 3.8.6.3. A file in Microsoft Excel for each CMHC containing the number of respondents selected the final number of respondents with completed surveys, the number of selected respondents with unusable contact information, number of surveys that were incomplete or unusable, and the response rate.



Exhibit A

3.9. Data Confidentiality and Retention

- 3.9.1. The Contractor shall submit a plan for data security and confidentiality, disaster recovery and remote back up procedures to DHHS for review and approval prior to the start of data collection.
- 3.9.2. The Contractor shall keep all data secure and confidential using methods that include but are not limited to: maintaining paper records in locked rooms and cabinets; password protection of work stations and servers; encrypting any portable devices; and limiting access using the precept of "least privilege", limiting access of staff to only that necessary for their functions.
- 3.9.3. The Contractor shall securely store the completed paper surveys and the results of the CATI interviews for up to one year after the survey is completed, and then after receiving Department approval shall properly destroy the paper surveys and the files containing the CATI results.
- 3.9.4. The Contractor shall use a secure encrypted process to receive and send data securely and to allow the Department and CMHCs to transfer information to the Contractor. The Contractor must encrypt any personally identifiable information that is in transit and at rest.

3.10. Analysis and Reporting Requirements

- 3.10.1. For each module, the Contractor shall provide survey results to the Department in the timeframe established in the project work plan.
- 3.10.2. The Contractor shall submit an analysis plan to the Department for review and approval prior to beginning analysis.
- 3.10.3. The Contractor shall complete statistical analysis of the survey data including but not limited to:
 - 1. Demographics of the population;
 - 2. Service Provision;
 - 3. Participation with Treatment Team;
 - 4. General Satisfaction;
 - 5. Quality of Services;
 - 6. Social Connectedness;
 - 7. Function and Outcomes ;
 - 8. Any standard measures required by SAHMSA.
- 3.10.4. As part of the statistical analysis, the Contractor shall calculate and display confidence intervals for survey estimates and perform significance testing comparing CMHC current performance to prior years' performance and to state average performance and state average performance to prior years' performance. Confidence intervals and statistical testing must be adjusted for sample design and weighing as statistically appropriate.
- 3.10.5. The Contractor will submit for Department approval, by the date defined in the work plan, one report that, at a minimum, summarizes the statistical analysis



Exhibit A

- containing sections for each domain area described in 3.10.3 above and for the populations being surveyed.
- 3.10.6. The Contractor shall complete the Uniform Reporting System (URS) tables 9, 11, 11A, 19A, and 19B on the required reports, as established the National Research Institute, Inc. (NRI) or the Center for Mental Health Services/Substance Abuse and Mental Health Services Administration (CMHS/SAMHSA);
- 3.10.7. The Contractor shall prepare other reports and files as may be requested by the Department.
- 3.10.8. The Contractor shall design the reports to document and describe, in common English, beyond statistical tables, the interpretation of the results in a way that makes them easy to understand by CMHC staff, DHHS program staff and the general public with no knowledge in research, program or evaluation.
- 3.10.9. The Contractor shall develop a statewide report of survey results based on the statistical analysis plan defined in Section 3.10.2 and 3.10.3 and shall include reports for each of the 10 CMHCs. The reports shall include trending data for the current year and the past three years.
- 3.10.10. The Contractor shall release survey data, reports, or any other information regarding the survey only to the Department.
- 3.10.11. The Contractor shall submit report drafts for Department review, in consultation with the Contractor writer/researcher by October 1.
- 3.10.12. By November 1 of the survey year, the Contractor will provide to the Department for approval, the final reports as PDFs and assure thorough proofreading, including all graphics formatted for consistency, adequate spacing, legibility, and attractive presentation. Reports must include color charts.
- 3.10.13. The Contractor will provide, upon approval of the Department by the date in the work plan, twenty-five (25) printed reports that are coil bound, with light card stock covers.
- 3.11. In-Person Presentations of Survey Results**
- 3.11.1. The Contractor will provide up to three (3) formal presentations in New Hampshire as directed by the Department for each statewide report. The Contractor will present the survey results and provide answers to any questions during the presentations. The presentations shall be in person.
- 3.11.2. The Contractor may, at their discretion, provide additional presentations to other stakeholders as directed by the Department.
- 3.12. Data and Documents Requirements**
- 3.12.1. The Contractor agrees that ownership of all documents, data collected, and analysis resulting from this survey belong exclusively to the Department.
- 3.12.2. The Contractor shall include "Credits" on all documents, notices, press releases, research reports and other materials, in accordance with Exhibit C, Paragraph 13.



Exhibit A

3.12.3. The Contractor agrees to "Prior Approval and Copyright Ownership", in accordance with Exhibit C Paragraph 14.

4. Staffing

- 4.1. The Contractor shall maintain a level of staffing necessary to perform and carry out all of the functions, requirements, roles, and duties defined in this Agreement.
- 4.2. The Contractor shall ensure that all personnel have appropriate training, education, experience, and orientation to fulfill the requirements of the positions they hold.



Exhibit B

Method and Conditions Precedent to Payment

1. The State shall pay the Contractor an amount not to exceed the Price Limitation, Block 1.8, of the General Provisions of this Agreement, Form P-37, for the services provided by the Contractor pursuant to Exhibit A, Scope of Services.
2. This Agreement is funded by:
 - 2.1. The Behavioral Health Services Information Systems (BHSIS) State Agreements in accordance with Synectics' Task Order No. HHSS2832007000481/HHSS28342001T-Reference No. 283-07-4803 with the Substance Abuse and Mental Health Services Administration (SAMHSA).
 - 2.2. The Contractor agrees to provide the services in Exhibit A Scope of Services in compliance with funding requirements in Section 2.1.
3. Payment for said services shall be made as follows:
 - 3.1. The Contractor will submit an invoice by the tenth working day of each month, which identifies and requests reimbursement for authorized expenses incurred in the prior month. The State shall make payment to the Contractor within thirty (30) days of receipt of each invoice for Contractor services provided pursuant to this Agreement.
 The invoice must be submitted to:
 State Planner or Designee
 Division of Community Based Care Services
 Department of Health and Human Services
 Behavioral Health
 105 Pleasant Street, Main Building
 Concord, NH 03301
4. The Contractor shall be reimbursed, up to the maximum allowable price, for actual activities provided and approved by the Department according to the Table of Activities as follows:

4.1 Table of Activities	
Public Mental Health Consumer Survey for Calendar Year 2016	
For Scope work for the period of: December 2015 through December 2016	
Maximum Allowable Price	Survey Activity
\$ 3,394	Written and Approved Work Plan
\$ 3,394	Written and Approved Final Print Ready Paper Survey and Final Approved CATI Interview, and Final Printed Survey Questionnaires
\$ 3,394	Written and Approved Survey Design and Methodology
\$ 3,394	Written and Approved Sample Table and Completed Drawing of the Sample
\$23,394	Completed and Approved Mailings of the Surveys, Sent Reminder Cards, and Completed Telephone Survey for those not responding to the Paper Survey
\$ 3,394	Completed and Approved Data Collection and Data Compilation

Exhibit B

Contractor Initials *THM*
 Date *11/24/15*



Exhibit B

4.1 Table of Activities	
Public Mental Health Consumer Survey for Calendar Year 2016	
For Scope work for the period of: December 2015 through December 2016	
\$ 3,394	Approved Final Electronic Survey Data delivered to the Department
\$ 3,394	Written and Approved Analysis Plan
\$ 3,394	Draft of Public Mental Health Consumer Survey Report By October 1
\$17,500	Written and Approved Final Public Mental Health Consumer Survey Report Delivered Electronically to DHHS By November 1
\$ 3,394	Completed and Approved Uniform Reporting System (URS) Tables 9, 11, 11a, 19a, and 19b On The Required Reports By November 1.
\$ 166	Delivered and Approved twenty-five (25) Printed Reports
\$ 3,394	Completed and Approved Onsite Presentations
\$75,000	Total

4.2 Table of Activities	
Public Mental Health Consumer Survey for Calendar Year 2017	
For Scope work for the period of: December 2016 through December 2017	
Maximum Allowable Price	Survey Activity
\$ 3,394	Written and Approved Work Plan
\$ 3,394	Written and Approved Final Print Ready Paper Survey and Final Approved CATI Interview, and Final Printed Survey Questionnaires
\$ 3,394	Written and Approved Survey Design and Methodology
\$ 3,394	Written and Approved Sample Table and Completed Drawing of the Sample
\$23,394	Completed and Approved Mailing of the Surveys, Sent Reminder Cards, and Completed Telephone Survey for those not responding to the Paper Survey
\$ 3,394	Completed and Approved Data Collection and Data Compilation
\$ 3,394	Approved Final Electronic Survey Data delivered to the Department
\$ 3,394	Written and Approved Analysis Plan
\$ 3,394	Draft of Public Mental Health Consumer Survey Report By October 1
\$17,500	Written and Approved Final Public Mental Health Consumer Survey Report Delivered Electronically to DHHS By November 1
\$ 3,394	Completed and Approved Uniform Reporting System (URS) Tables 9, 11, 11a, 19a, and 19b On The Required Reports By November 1.
\$ 166	Delivered and Approved twenty-five (25) Printed Reports
\$ 3,394	Completed and Approved Onsite Presentations
\$75,000	Total

5. Allowable costs and expenses shall be determined by the Department in accordance with applicable state and federal laws and regulations.



Exhibit B

6. All reports required pursuant to this Agreement are due to the Department within timeframes specified by the Department. The Department may withhold, in whole or in part, any of the funding for the ensuing Agreement period until the Contractor submits reports to the Department's satisfaction, unless a waiver has been granted.
7. Notwithstanding anything to the contrary herein, the Contractor agrees that funding under this Contract may be withheld, in whole or in part, in the event of noncompliance with any State or Federal law, rule or regulation applicable to the services provided, or if the said services have not been completed in accordance with the terms and conditions of this Agreement.
8. The Department reserves the right to recover any program funds not used, in whole or in part, for the purposes stated in this Agreement from the Contractor within one hundred and twenty (120) days of the end of the fiscal year.
9. Any expenditure that exceeds the approved services shall be solely the financial responsibility of the Contractor.
10. Final payment request shall be submitted no later than sixty days after the contract ends.
11. When the contract price limitation is reached the program shall continue to operate at full capacity at no charge to the Department for the duration of the contract period.



SPECIAL PROVISIONS

Contractors Obligations: The Contractor covenants and agrees that all funds received by the Contractor under the Contract shall be used only as payment to the Contractor for services provided to eligible individuals and, in the furtherance of the aforesaid covenants, the Contractor hereby covenants and agrees as follows:

1. **Compliance with Federal and State Laws:** If the Contractor is permitted to determine the eligibility of individuals such eligibility determination shall be made in accordance with applicable federal and state laws, regulations, orders, guidelines, policies and procedures.
2. **Time and Manner of Determination:** Eligibility determinations shall be made on forms provided by the Department for that purpose and shall be made and remade at such times as are prescribed by the Department.
3. **Documentation:** In addition to the determination forms required by the Department, the Contractor shall maintain a data file on each recipient of services hereunder, which file shall include all information necessary to support an eligibility determination and such other information as the Department requests. The Contractor shall furnish the Department with all forms and documentation regarding eligibility determinations that the Department may request or require.
4. **Fair Hearings:** The Contractor understands that all applicants for services hereunder, as well as individuals declared ineligible have a right to a fair hearing regarding that determination. The Contractor hereby covenants and agrees that all applicants for services shall be permitted to fill out an application form and that each applicant or re-applicant shall be informed of his/her right to a fair hearing in accordance with Department regulations.
5. **Gratuities or Kickbacks:** The Contractor agrees that it is a breach of this Contract to accept or make a payment, gratuity or offer of employment on behalf of the Contractor, any Sub-Contractor or the State in order to influence the performance of the Scope of Work detailed in Exhibit A of this Contract. The State may terminate this Contract and any sub-contract or sub-agreement if it is determined that payments, gratuities or offers of employment of any kind were offered or received by any officials, officers, employees or agents of the Contractor or Sub-Contractor.
6. **Retroactive Payments:** Notwithstanding anything to the contrary contained in the Contract or in any other document, contract or understanding, it is expressly understood and agreed by the parties hereto, that no payments will be made hereunder to reimburse the Contractor for costs incurred for any purpose or for any services provided to any individual prior to the Effective Date of the Contract and no payments shall be made for expenses incurred by the Contractor for any services provided prior to the date on which the individual applies for services or (except as otherwise provided by the federal regulations) prior to a determination that the individual is eligible for such services.
7. **Conditions of Purchase:** Notwithstanding anything to the contrary contained in the Contract, nothing herein contained shall be deemed to obligate or require the Department to purchase services hereunder at a rate which reimburses the Contractor in excess of the Contractors costs, at a rate which exceeds the amounts reasonable and necessary to assure the quality of such service, or at a rate which exceeds the rate charged by the Contractor to ineligible individuals or other third party funders for such service. If at any time during the term of this Contract or after receipt of the Final Expenditure Report hereunder, the Department shall determine that the Contractor has used payments hereunder to reimburse items of expense other than such costs, or has received payment in excess of such costs or in excess of such rates charged by the Contractor to ineligible individuals or other third party funders, the Department may elect to:
 - 7.1. Renegotiate the rates for payment hereunder, in which event new rates shall be established;
 - 7.2. Deduct from any future payment to the Contractor the amount of any prior reimbursement in excess of costs;



- 7.3. Demand repayment of the excess payment by the Contractor in which event failure to make such repayment shall constitute an Event of Default hereunder. When the Contractor is permitted to determine the eligibility of individuals for services, the Contractor agrees to reimburse the Department for all funds paid by the Department to the Contractor for services provided to any individual who is found by the Department to be ineligible for such services at any time during the period of retention of records established herein.

RECORDS: MAINTENANCE, RETENTION, AUDIT, DISCLOSURE AND CONFIDENTIALITY:

8. **Maintenance of Records:** In addition to the eligibility records specified above, the Contractor covenants and agrees to maintain the following records during the Contract Period:
- 8.1. **Fiscal Records:** books, records, documents and other data evidencing and reflecting all costs and other expenses incurred by the Contractor in the performance of the Contract, and all income received or collected by the Contractor during the Contract Period, said records to be maintained in accordance with accounting procedures and practices which sufficiently and properly reflect all such costs and expenses, and which are acceptable to the Department, and to include, without limitation, all ledgers, books, records, and original evidence of costs such as purchase requisitions and orders, vouchers, requisitions for materials, inventories, valuations of in-kind contributions, labor time cards, payrolls, and other records requested or required by the Department.
- 8.2. **Statistical Records:** Statistical, enrollment, attendance or visit records for each recipient of services during the Contract Period, which records shall include all records of application and eligibility (including all forms required to determine eligibility for each such recipient), records regarding the provision of services and all invoices submitted to the Department to obtain payment for such services.
- 8.3. **Medical Records:** Where appropriate and as prescribed by the Department regulations, the Contractor shall retain medical records on each patient/recipient of services.
9. **Audit:** Contractor shall submit an annual audit to the Department within 60 days after the close of the agency fiscal year. It is recommended that the report be prepared in accordance with the provision of Office of Management and Budget Circular A-133, "Audits of States, Local Governments, and Non Profit Organizations" and the provisions of Standards for Audit of Governmental Organizations, Programs, Activities and Functions, issued by the US General Accounting Office (GAO standards) as they pertain to financial compliance audits.
- 9.1. **Audit and Review:** During the term of this Contract and the period for retention hereunder, the Department, the United States Department of Health and Human Services, and any of their designated representatives shall have access to all reports and records maintained pursuant to the Contract for purposes of audit, examination, excerpts and transcripts.
- 9.2. **Audit Liabilities:** In addition to and not in any way in limitation of obligations of the Contract, it is understood and agreed by the Contractor that the Contractor shall be held liable for any state or federal audit exceptions and shall return to the Department, all payments made under the Contract to which exception has been taken or which have been disallowed because of such an exception.
10. **Confidentiality of Records:** All information, reports, and records maintained hereunder or collected in connection with the performance of the services and the Contract shall be confidential and shall not be disclosed by the Contractor, provided however, that pursuant to state laws and the regulations of the Department regarding the use and disclosure of such information, disclosure may be made to public officials requiring such information in connection with their official duties and for purposes directly connected to the administration of the services and the Contract; and provided further, that the use or disclosure by any party of any information concerning a recipient for any purpose not directly connected with the administration of the Department or the Contractor's responsibilities with respect to purchased services hereunder is prohibited except on written consent of the recipient, his attorney or guardian.



Notwithstanding anything to the contrary contained herein the covenants and conditions contained in the Paragraph shall survive the termination of the Contract for any reason whatsoever.

11. **Reports:** Fiscal and Statistical: The Contractor agrees to submit the following reports at the following times if requested by the Department.
 - 11.1. **Interim Financial Reports:** Written interim financial reports containing a detailed description of all costs and non-allowable expenses incurred by the Contractor to the date of the report and containing such other information as shall be deemed satisfactory by the Department to justify the rate of payment hereunder. Such Financial Reports shall be submitted on the form designated by the Department or deemed satisfactory by the Department.
 - 11.2. **Final Report:** A final report shall be submitted within thirty (30) days after the end of the term of this Contract. The Final Report shall be in a form satisfactory to the Department and shall contain a summary statement of progress toward goals and objectives stated in the Proposal and other information required by the Department.

12. **Completion of Services: Disallowance of Costs:** Upon the purchase by the Department of the maximum number of units provided for in the Contract and upon payment of the price limitation hereunder, the Contract and all the obligations of the parties hereunder (except such obligations as, by the terms of the Contract are to be performed after the end of the term of this Contract and/or survive the termination of the Contract) shall terminate, provided however, that if, upon review of the Final Expenditure Report the Department shall disallow any expenses claimed by the Contractor as costs hereunder the Department shall retain the right, at its discretion, to deduct the amount of such expenses as are disallowed or to recover such sums from the Contractor.

13. **Credits:** All documents, notices, press releases, research reports and other materials prepared during or resulting from the performance of the services of the Contract shall include the following statement:
 - 13.1. The preparation of this (report, document etc.) was financed under a Contract with the State of New Hampshire, Department of Health and Human Services, with funds provided in part by the State of New Hampshire and/or such other funding sources as were available or required, e.g., the United States Department of Health and Human Services.

14. **Prior Approval and Copyright Ownership:** All materials (written, video, audio) produced or purchased under the contract shall have prior approval from DHHS before printing, production, distribution or use. The DHHS will retain copyright ownership for any and all original materials produced, including, but not limited to, brochures, resource directories, protocols or guidelines, posters, or reports. Contractor shall not reproduce any materials produced under the contract without prior written approval from DHHS.

15. **Operation of Facilities: Compliance with Laws and Regulations:** In the operation of any facilities for providing services, the Contractor shall comply with all laws, orders and regulations of federal, state, county and municipal authorities and with any direction of any Public Officer or officers pursuant to laws which shall impose an order or duty upon the contractor with respect to the operation of the facility or the provision of the services at such facility. If any governmental license or permit shall be required for the operation of the said facility or the performance of the said services, the Contractor will procure said license or permit, and will at all times comply with the terms and conditions of each such license or permit. In connection with the foregoing requirements, the Contractor hereby covenants and agrees that, during the term of this Contract the facilities shall comply with all rules, orders, regulations, and requirements of the State Office of the Fire Marshal and the local fire protection agency, and shall be in conformance with local building and zoning codes, by-laws and regulations.

16. **Equal Employment Opportunity Plan (EEOP):** The Contractor will provide an Equal Employment Opportunity Plan (EEOP) to the Office for Civil Rights, Office of Justice Programs (OCR), if it has received a single award of \$500,000 or more. If the recipient receives \$25,000 or more and has 50 or



more employees, it will maintain a current EEOP on file and submit an EEOP Certification Form to the OCR, certifying that its EEOP is on file. For recipients receiving less than \$25,000, or public grantees with fewer than 50 employees, regardless of the amount of the award, the recipient will provide an EEOP Certification Form to the OCR certifying it is not required to submit or maintain an EEOP. Non-profit organizations, Indian Tribes, and medical and educational institutions are exempt from the EEOP requirement, but are required to submit a certification form to the OCR to claim the exemption. EEOP Certification Forms are available at: <http://www.ojp.usdoj/about/ocr/pdfs/cert.pdf>.

17. **Limited English Proficiency (LEP):** As clarified by Executive Order 13166, Improving Access to Services for persons with Limited English Proficiency, and resulting agency guidance, national origin discrimination includes discrimination on the basis of limited English proficiency (LEP). To ensure compliance with the Omnibus Crime Control and Safe Streets Act of 1968 and Title VI of the Civil Rights Act of 1964, Contractors must take reasonable steps to ensure that LEP persons have meaningful access to its programs.
18. **Pilot Program for Enhancement of Contractor Employee Whistleblower Protections:** The following shall apply to all contracts that exceed the Simplified Acquisition Threshold as defined in 48 CFR 2.101 (currently, \$150,000)

CONTRACTOR EMPLOYEE WHISTLEBLOWER RIGHTS AND REQUIREMENT TO INFORM EMPLOYEES OF WHISTLEBLOWER RIGHTS (SEP 2013)

(a) This contract and employees working on this contract will be subject to the whistleblower rights and remedies in the pilot program on Contractor employee whistleblower protections established at 41 U.S.C. 4712 by section 828 of the National Defense Authorization Act for Fiscal Year 2013 (Pub. L. 112-239) and FAR 3.908.

(b) The Contractor shall inform its employees in writing, in the predominant language of the workforce, of employee whistleblower rights and protections under 41 U.S.C. 4712, as described in section 3.908 of the Federal Acquisition Regulation.

(c) The Contractor shall insert the substance of this clause, including this paragraph (c), in all subcontracts over the simplified acquisition threshold.

19. **Subcontractors:** DHHS recognizes that the Contractor may choose to use subcontractors with greater expertise to perform certain health care services or functions for efficiency or convenience, but the Contractor shall retain the responsibility and accountability for the function(s). Prior to subcontracting, the Contractor shall evaluate the subcontractor's ability to perform the delegated function(s). This is accomplished through a written agreement that specifies activities and reporting responsibilities of the subcontractor and provides for revoking the delegation or imposing sanctions if the subcontractor's performance is not adequate. Subcontractors are subject to the same contractual conditions as the Contractor and the Contractor is responsible to ensure subcontractor compliance with those conditions.
- When the Contractor delegates a function to a subcontractor, the Contractor shall do the following:
- 19.1. Evaluate the prospective subcontractor's ability to perform the activities, before delegating the function
 - 19.2. Have a written agreement with the subcontractor that specifies activities and reporting responsibilities and how sanctions/revocation will be managed if the subcontractor's performance is not adequate
 - 19.3. Monitor the subcontractor's performance on an ongoing basis



- 19.4. Provide to DHHS an annual schedule identifying all subcontractors, delegated functions and responsibilities, and when the subcontractor's performance will be reviewed
- 19.5. DHHS shall, at its discretion, review and approve all subcontracts.

If the Contractor identifies deficiencies or areas for improvement are identified, the Contractor shall take corrective action.

DEFINITIONS

As used in the Contract, the following terms shall have the following meanings:

COSTS: Shall mean those direct and indirect items of expense determined by the Department to be allowable and reimbursable in accordance with cost and accounting principles established in accordance with state and federal laws, regulations, rules and orders.

DEPARTMENT: NH Department of Health and Human Services.

FINANCIAL MANAGEMENT GUIDELINES: Shall mean that section of the Contractor Manual which is entitled "Financial Management Guidelines" and which contains the regulations governing the financial activities of contractor agencies which have contracted with the State of NH to receive funds.

PROPOSAL: If applicable, shall mean the document submitted by the Contractor on a form or forms required by the Department and containing a description of the Services to be provided to eligible individuals by the Contractor in accordance with the terms and conditions of the Contract and setting forth the total cost and sources of revenue for each service to be provided under the Contract.

UNIT: For each service that the Contractor is to provide to eligible individuals hereunder, shall mean that period of time or that specified activity determined by the Department and specified in Exhibit B of the Contract.

FEDERAL/STATE LAW: Wherever federal or state laws, regulations, rules, orders, and policies, etc. are referred to in the Contract, the said reference shall be deemed to mean all such laws, regulations, etc. as they may be amended or revised from the time to time.

CONTRACTOR MANUAL: Shall mean that document prepared by the NH Department of Administrative Services containing a compilation of all regulations promulgated pursuant to the New Hampshire Administrative Procedures Act. NH RSA Ch 541-A, for the purpose of implementing State of NH and federal regulations promulgated thereunder.

SUPPLANTING OTHER FEDERAL FUNDS: The Contractor guarantees that funds provided under this Contract will not supplant any existing federal funds available for these services.



REVISIONS TO GENERAL PROVISIONS

1. 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.
2. Subparagraph 10 of the General Provisions of this contract, Termination, is amended by adding the following language:
 - 10.1 The State may terminate the Agreement at any time for any reason, at the sole discretion of the State, 30 days after giving the Contractor written notice that the State is exercising its option to terminate the Agreement.
 - 10.2 In the event of early termination, the Contractor shall, within 15 days of notice of early termination, develop and submit to the State a Transition Plan for services under the Agreement, including but not limited to, identifying the present and future needs of clients receiving services under the Agreement and establishes a process to meet those needs.
 - 10.3 The Contractor shall fully cooperate with the State and shall promptly provide detailed information to support the Transition Plan including, but not limited to, any information or data requested by the State related to the termination of the Agreement and Transition Plan and shall provide ongoing communication and revisions of the Transition Plan to the State as requested.
 - 10.4 In the event that services under the Agreement, including but not limited to clients receiving services under the Agreement are transitioned to having services delivered by another entity including contracted providers or the State, the Contractor shall provide a process for uninterrupted delivery of services in the Transition Plan.
 - 10.5 The Contractor shall establish a method of notifying clients and other affected individuals about the transition. The Contractor shall include the proposed communications in its Transition Plan submitted to the State as described above.
3. The Department reserves the right to renew the Contract for up to three additional years, subject to the continued availability of funds, satisfactory performance of services and approval by the Governor and Executive Council.



CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS

The Contractor identified in Section 1.3 of the General Provisions agrees to comply with the provisions of Sections 5151-5160 of the Drug-Free Workplace Act of 1988 (Pub. L. 100-690, Title V, Subtitle D; 41 U.S.C. 701 et seq.), and further agrees to have the Contractor's representative, as identified in Sections 1.11 and 1.12 of the General Provisions execute the following Certification:

ALTERNATIVE I - FOR GRANTEES OTHER THAN INDIVIDUALS

US DEPARTMENT OF HEALTH AND HUMAN SERVICES - CONTRACTORS
US DEPARTMENT OF EDUCATION - CONTRACTORS
US DEPARTMENT OF AGRICULTURE - CONTRACTORS

This certification is required by the regulations implementing Sections 5151-5160 of the Drug-Free Workplace Act of 1988 (Pub. L. 100-690, Title V, Subtitle D; 41 U.S.C. 701 et seq.). The January 31, 1989 regulations were amended and published as Part II of the May 25, 1990 Federal Register (pages 21681-21691), and require certification by grantees (and by inference, sub-grantees and sub-contractors), prior to award, that they will maintain a drug-free workplace. Section 3017.630(c) of the regulation provides that a grantee (and by inference, sub-grantees and sub-contractors) that is a State may elect to make one certification to the Department in each federal fiscal year in lieu of certificates for each grant during the federal fiscal year covered by the certification. The certificate set out below is a material representation of fact upon which reliance is placed when the agency awards the grant. False certification or violation of the certification shall be grounds for suspension of payments, suspension or termination of grants, or government wide suspension or debarment. Contractors using this form should send it to:

Commissioner
NH Department of Health and Human Services
129 Pleasant Street,
Concord, NH 03301-6505

1. The grantee certifies that it will or will continue to provide a drug-free workplace by:
 - 1.1. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
 - 1.2. Establishing an ongoing drug-free awareness program to inform employees about
 - 1.2.1. The dangers of drug abuse in the workplace;
 - 1.2.2. The grantee's policy of maintaining a drug-free workplace;
 - 1.2.3. Any available drug counseling, rehabilitation, and employee assistance programs; and
 - 1.2.4. The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
 - 1.3. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a);
 - 1.4. Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee will
 - 1.4.1. Abide by the terms of the statement; and
 - 1.4.2. Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;
 - 1.5. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph 1.4.2 from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer on whose grant activity the convicted employee was working, unless the Federal agency



- has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
- 1.6. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph 1.4.2, with respect to any employee who is so convicted
 - 1.6.1. Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
 - 1.6.2. Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
 - 1.7. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs 1.1, 1.2, 1.3, 1.4, 1.5, and 1.6.
2. The grantee may insert in the space provided below the site(s) for the performance of work done in connection with the specific grant.

Place of Performance (street address, city, county, state, zip code) (list each location)

Check if there are workplaces on file that are not identified here.

Contractor Name: *JSI Research + Training Institute*

11/24/2015
Date

Thomas W Mangione
Name: *Thomas W Mangione*
Title: *Senior Research Scientist*



CERTIFICATION REGARDING LOBBYING

The Contractor identified in Section 1.3 of the General Provisions agrees to comply with the provisions of Section 319 of Public Law 101-121, Government wide Guidance for New Restrictions on Lobbying, and 31 U.S.C. 1352, and further agrees to have the Contractor's representative, as identified in Sections 1.11 and 1.12 of the General Provisions execute the following Certification:

US DEPARTMENT OF HEALTH AND HUMAN SERVICES - CONTRACTORS
US DEPARTMENT OF EDUCATION - CONTRACTORS
US DEPARTMENT OF AGRICULTURE - CONTRACTORS

Programs (indicate applicable program covered):

- *Temporary Assistance to Needy Families under Title IV-A
- *Child Support Enforcement Program under Title IV-D
- *Social Services Block Grant Program under Title XX
- *Medicaid Program under Title XIX
- *Community Services Block Grant under Title VI
- *Child Care Development Block Grant under Title IV

The undersigned certifies, to the best of his or her knowledge and belief, that:

1. No Federal appropriated funds have been paid or will be paid by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement (and by specific mention sub-grantee or sub-contractor).
2. If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement (and by specific mention sub-grantee or sub-contractor), the undersigned shall complete and submit Standard Form LLL, (Disclosure Form to Report Lobbying, in accordance with its instructions, attached and identified as Standard Exhibit E-1.)
3. The undersigned shall require that the language of this certification be included in the award document for sub-awards at all tiers (including subcontracts, sub-grants, and contracts under grants, loans, and cooperative agreements) and that all sub-recipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Contractor Name: *ISI Research + Training Institute, Inc*

11/24/2015
Date

Thomas W. Mangione
Name: *Thomas W. Mangione*
Title: *Senior Research Scientist*



**CERTIFICATION REGARDING DEBARMENT, SUSPENSION
AND OTHER RESPONSIBILITY MATTERS**

The Contractor identified in Section 1.3 of the General Provisions agrees to comply with the provisions of Executive Office of the President, Executive Order 12549 and 45 CFR Part 76 regarding Debarment, Suspension, and Other Responsibility Matters, and further agrees to have the Contractor's representative, as identified in Sections 1.11 and 1.12 of the General Provisions execute the following Certification:

INSTRUCTIONS FOR CERTIFICATION

1. By signing and submitting this proposal (contract), the prospective primary participant is providing the certification set out below.
2. The inability of a person to provide the certification required below will not necessarily result in denial of participation in this covered transaction. If necessary, the prospective participant shall submit an explanation of why it cannot provide the certification. The certification or explanation will be considered in connection with the NH Department of Health and Human Services' (DHHS) determination whether to enter into this transaction. However, failure of the prospective primary participant to furnish a certification or an explanation shall disqualify such person from participation in this transaction.
3. The certification in this clause is a material representation of fact upon which reliance was placed when DHHS determined to enter into this transaction. If it is later determined that the prospective primary participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, DHHS may terminate this transaction for cause or default.
4. The prospective primary participant shall provide immediate written notice to the DHHS agency to whom this proposal (contract) is submitted if at any time the prospective primary participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
5. The terms "covered transaction," "debarred," "suspended," "ineligible," "lower tier covered transaction," "participant," "person," "primary covered transaction," "principal," "proposal," and "voluntarily excluded," as used in this clause, have the meanings set out in the Definitions and Coverage sections of the rules implementing Executive Order 12549: 45 CFR Part 76. See the attached definitions.
6. The prospective primary participant agrees by submitting this proposal (contract) that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by DHHS.
7. The prospective primary participant further agrees by submitting this proposal that it will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion - Lower Tier Covered Transactions," provided by DHHS, without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
8. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or involuntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the Nonprocurement List (of excluded parties).
9. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and



information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.

10. Except for transactions authorized under paragraph 6 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal government, DHHS may terminate this transaction for cause or default.

PRIMARY COVERED TRANSACTIONS

11. The prospective primary participant certifies to the best of its knowledge and belief, that it and its principals:
 - 11.1. are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;
 - 11.2. have not within a three-year period preceding this proposal (contract) been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or a contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
 - 11.3. are not presently indicted for otherwise criminally or civilly charged by a governmental entity (Federal, State or local) with commission of any of the offenses enumerated in paragraph (I)(b) of this certification; and
 - 11.4. have not within a three-year period preceding this application/proposal had one or more public transactions (Federal, State or local) terminated for cause or default.
12. Where the prospective primary participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal (contract).

LOWER TIER COVERED TRANSACTIONS

13. By signing and submitting this lower tier proposal (contract), the prospective lower tier participant, as defined in 45 CFR Part 76, certifies to the best of its knowledge and belief that it and its principals:
 - 13.1. are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.
 - 13.2. where the prospective lower tier participant is unable to certify to any of the above, such prospective participant shall attach an explanation to this proposal (contract).
14. The prospective lower tier participant further agrees by submitting this proposal (contract) that it will include this clause entitled "Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion - Lower Tier Covered Transactions," without modification in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

Contractor Name: *RT Research & Training Institute, Inc*

11/24/2015
Date

Thomas N. Mangione
Name: *Thomas N. Mangione*
Title: *Senior Research Scientist*



**CERTIFICATION OF COMPLIANCE WITH REQUIREMENTS PERTAINING TO
FEDERAL NONDISCRIMINATION, EQUAL TREATMENT OF FAITH-BASED ORGANIZATIONS AND
WHISTLEBLOWER PROTECTIONS**

The Contractor identified in Section 1.3 of the General Provisions agrees by signature of the Contractor's representative as identified in Sections 1.11 and 1.12 of the General Provisions, to execute the following certification:

Contractor will comply, and will require any subgrantees or subcontractors to comply, with any applicable federal nondiscrimination requirements, which may include:

- the Omnibus Crime Control and Safe Streets Act of 1968 (42 U.S.C. Section 3789d) which prohibits recipients of federal funding under this statute from discriminating, either in employment practices or in the delivery of services or benefits, on the basis of race, color, religion, national origin, and sex. The Act requires certain recipients to produce an Equal Employment Opportunity Plan;
- the Juvenile Justice Delinquency Prevention Act of 2002 (42 U.S.C. Section 5672(b)) which adopts by reference, the civil rights obligations of the Safe Streets Act. Recipients of federal funding under this statute are prohibited from discriminating, either in employment practices or in the delivery of services or benefits, on the basis of race, color, religion, national origin, and sex. The Act includes Equal Employment Opportunity Plan requirements;
- the Civil Rights Act of 1964 (42 U.S.C. Section 2000d, which prohibits recipients of federal financial assistance from discriminating on the basis of race, color, or national origin in any program or activity);
- the Rehabilitation Act of 1973 (29 U.S.C. Section 794), which prohibits recipients of Federal financial assistance from discriminating on the basis of disability, in regard to employment and the delivery of services or benefits, in any program or activity;
- the Americans with Disabilities Act of 1990 (42 U.S.C. Sections 12131-34), which prohibits discrimination and ensures equal opportunity for persons with disabilities in employment, State and local government services, public accommodations, commercial facilities, and transportation;
- the Education Amendments of 1972 (20 U.S.C. Sections 1681, 1683, 1685-86), which prohibits discrimination on the basis of sex in federally assisted education programs;
- the Age Discrimination Act of 1975 (42 U.S.C. Sections 6106-07), which prohibits discrimination on the basis of age in programs or activities receiving Federal financial assistance. It does not include employment discrimination;
- 28 C.F.R. pt. 31 (U.S. Department of Justice Regulations – OJJDP Grant Programs); 28 C.F.R. pt. 42 (U.S. Department of Justice Regulations – Nondiscrimination; Equal Employment Opportunity; Policies and Procedures); Executive Order No. 13279 (equal protection of the laws for faith-based and community organizations); Executive Order No. 13559, which provide fundamental principles and policy-making criteria for partnerships with faith-based and neighborhood organizations;
- 28 C.F.R. pt. 38 (U.S. Department of Justice Regulations – Equal Treatment for Faith-Based Organizations); and Whistleblower protections 41 U.S.C. §4712 and The National Defense Authorization Act (NDAA) for Fiscal Year 2013 (Pub. L. 112-239, enacted January 2, 2013) the Pilot Program for Enhancement of Contract Employee Whistleblower Protections, which protects employees against reprisal for certain whistle blowing activities in connection with federal grants and contracts.

The certificate set out below is a material representation of fact upon which reliance is placed when the agency awards the grant. False certification or violation of the certification shall be grounds for suspension of payments, suspension or termination of grants, or government wide suspension or debarment.

Exhibit G

Certification of Compliance with requirements pertaining to Federal Nondiscrimination, Equal Treatment of Faith-Based Organizations and Whistleblower protections

Contractor Initials

Tom

11/24/15

New Hampshire Department of Health and Human Services
Exhibit G



In the event a Federal or State court or Federal or State administrative agency makes a finding of discrimination after a due process hearing on the grounds of race, color, religion, national origin, or sex against a recipient of funds, the recipient will forward a copy of the finding to the Office for Civil Rights, to the applicable contracting agency or division within the Department of Health and Human Services, and to the Department of Health and Human Services Office of the Ombudsman.

The Contractor identified in Section 1.3 of the General Provisions agrees by signature of the Contractor's representative as identified in Sections 1.11 and 1.12 of the General Provisions, to execute the following certification:

1. By signing and submitting this proposal (contract) the Contractor agrees to comply with the provisions indicated above.

Contractor Name: JST Research Training Institute

11/24/15
Date

Thomas W Mangione
Name: Thomas W Mangione
Title: Senior Research Scientist

Exhibit G

Contractor Initials TW

Certification of Compliance with requirements pertaining to Federal Nondiscrimination, Equal Treatment of Faith-Based Organizations and Whistleblower protections

Date 11/24/15