



118B *JK*

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

Nicholas A. Toumpas
 Commissioner

Nancy L. Rollins
 Associate Commissioner

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

April 15, 2013

*74% General
 26% Federal
 #2 - Retroactive*

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

Requested Action

1) Authorize the Department of Health and Human Services, Division of Community Based Care Services, Bureau of Behavioral Health, to **amend** an agreement (purchase order 1023842) with Seacoast Mental Health Center, Inc., 1145 Sagamore Avenue, Portsmouth, New Hampshire 03801, vendor number 174089, to provide additional federal Medicaid Incentive for Prevention of Chronic Disease funds to improve the cardiac and metabolic health of individuals with serious mental illness by increasing the price limitation by \$12,479 from \$573,579 to an amount not to exceed \$586,058, effective May 15, 2013, or date of Governor and Council approval, whichever is later, through June 30, 2013. The Governor and Council approved the original agreement on June 20, 2012, Item Number 89B.

2) Authorize the Department of Health and Human Services, Division of Community Based Care Services, Bureau of Behavioral Health, to **amend** an agreement (purchase order 1023836) **retroactive** to April 1, 2013, with Seacoast Mental Health Center, Inc., 1145 Sagamore Avenue, Portsmouth, New Hampshire 03801, vendor number 174089, to use federal Balancing Incentive Program funds to fund training for workforce development in the community mental health system by increasing the price limitation by \$49,084 from \$586,058 to an amount not to exceed \$635,142, effective April 1, 2013, through June 30, 2013. The Governor and Council approved the original agreement on June 20, 2012, Item Number 89B.

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

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

<u>Class/Object</u>	<u>Class Title</u>	<u>Activity Code</u>	<u>Current Modified Budget</u>	<u>Increase (Decrease) Amount</u>	<u>Revised Modified Budget</u>
550-0398	Assessment and Counseling	40150001	\$ 1,770	\$ 0	\$ 1,770

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

<u>Class/Object</u>	<u>Class Title</u>	<u>Activity Code</u>	<u>Current Modified Budget</u>	<u>Increase (Decrease) Amount</u>	<u>Revised Modified Budget</u>
102-0731	Contracts for Program Services	92205945	\$ 30,000	\$ 0	\$ 30,000

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

<u>Class/Object</u>	<u>Class Title</u>	<u>Activity Code</u>	<u>Current Modified Budget</u>	<u>Increase (Decrease) Amount</u>	<u>Revised Modified Budget</u>
502-0891	Payments to Providers	92207010	\$ 437,789	\$ 0	\$ 437,789

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

<u>Class/Object</u>	<u>Class Title</u>	<u>Activity Code</u>	<u>Current Modified Budget</u>	<u>Increase (Decrease) Amount</u>	<u>Revised Modified Budget</u>
102-0731	Contracts for Program Svs	92202087	\$ 76,648	\$ 12,479	\$ 89,127

05-95-95-958310-7150 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVCS, HHS:
 COMMISSIONER, DCBCS BHHS, PATH GRANT

<u>Class/Object</u>	<u>Account Name</u>	<u>Activity Code</u>	<u>Current Modified Budget</u>	<u>Increase (Decrease) Amount</u>	<u>Revised Modified Budget</u>
102-0731	Contracts for Program Svs	95807150	\$ 27,372	\$ 0	\$ 27,372

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

<u>Class/Object</u>	<u>Class Title</u>	<u>Activity Code</u>	<u>Current Modified Budget</u>	<u>Increase (Decrease) Amount</u>	<u>Revised Modified Budget</u>
102-0731	Contracts for Program Svs	95803316	\$ 0	\$ 49,084	\$ 49,084
Total			\$ 573,579	\$ 61,563	\$ 635,142

Explanation

Relative to Requested Action 1, the purpose of this request is to add 1.0 FTE staff position to the Wellness Incentives Program, also known as the Healthy Choices Healthy Changes Program. This position and program is federally funded and designed to promote health lifestyles among individuals with mental illness by reducing their risk of cardiovascular and other diseases. Persons with serious mental illness have some of the highest per capita health expenditure costs due to high rates of cardiovascular disease, diabetes, chronic lung disease, and obesity. As a result, their life expectancy is 25 years less than the rest of the U.S. population. This program promotes healthier lifestyles by providing incentives for exercise, improved nutrition, and smoking cessation.

The 1.0 FTE position being funded is a part-time Health Mentor who will serve an estimated 80 persons in the program. Funding for the program began in SFY12, but because of slow start-up, positions could not be filled until SFY13. The unused federal funds from SFY12 were carried forward into SFY13 and will be used to pay the salary and benefits for this position.

Relative to Requested Action 2, the purpose of this request is to use federal Balancing Incentive Program funds to provide training to staff within the community mental health system that treat adults with serious mental illness and children with serious emotional disturbance. The Bureau requests that this amendment be retroactive. The approval to spend these federal funds occurred late in the fiscal year. In order to take advantage of the appropriation of these funds in SFY13, the Bureau authorized the contractor to begin organizing the trainings in April. The contractor is on target to complete the trainings by the end of the fiscal year.

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

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

Should the Governor and Council not approve Requested Action 1, the federal Medicaid Incentive for Prevention of Chronic Disease funds will be returned and potentially up to 80 persons will not benefit from the Wellness Incentives program, and the Bureau will not meet the enrollment goals submitted in the original grant application to the Centers for Medicare and Medicaid Services (CMS). Should the Governor and Council not approve Requested Action 2, the state will be foregoing the opportunity to use federal funds to improve the clinical expertise of the community mental health system workforce with an end toward treating people in their communities and preventing the need for hospitalizations and other forms of institutional care. In addition, this would hamper the Department's progress towards achievement of the Balancing Incentive Program goals of spending at least 50% of all Medicaid long-term care funds on non-institutional long-term supports and services, a requirement by the end of September 2015.

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

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

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

Respectfully submitted,



Nancy L. Rollins
Associate Commissioner

Approved by:



Nicholas A. Toumpas
Commissioner

NLR/PBR/sl

G&C FY13 Region 8 Amendment #1

Enclosures

Region VIII
Seacoast Mental Health Center, Inc.

Communities Served:

Brentwood
Deerfield
East Kingston
Epping
Exeter
Fremont
Greenland
Hampton
Hampton Falls
Kensington
Kingston
New Castle
Newfields
Newington
Newmarket
North Hampton
Northwood
Nottingham
Portsmouth
Raymond
Rye
Seabrook
South Hampton
Stratham

Amendment to Agreement

This Amendment to Agreement (hereinafter called the "Amendment") is dated this **16th** day of **May, 2013**, between the State of New Hampshire, Division of Community Based Care Services, Bureau of Behavioral Health of the Department of Health and Human Services (hereinafter called "BBH") and **Seacoast Mental Health Center, Inc.**, a non-profit corporation organized under the laws of the State of New Hampshire with a place of business at 1145 Sagamore Avenue, Portsmouth, New Hampshire 03801 (hereinafter referred to as the "Contractor").

WHEREAS, pursuant to an Agreement dated **June 7, 2012**, the Contractor has agreed to provide certain services upon the terms and conditions specified in the Agreement, in consideration of payment by BBH of certain sums specified therein; and

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

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

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

1. Amendment and Modification of Agreement.

1.1. The Agreement is hereby amended as follows:

By deleting, in Subparagraph 1.8. of the General Provisions \$573,579. and substituting therefore the number \$635,142.

2. Amendment and Modification to Exhibit A, Scope of Work

2.1. Add Section **XV.. BALANCING INCENTIVE PROGRAM (BIP)**

XV. BALANCING INCENTIVE PROGRAM (BIP)

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

B. Payment Method: The Contractor shall draw down these funds by submitting monthly invoices ("green sheets") to BBH.

Contractor Initials: JP
Date: 5-16-13

3. Amendment and Modification to Exhibit B, Methods of Payment.

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

Older Adult Initiatives	\$ 30,000
Homeless and Housing Federal Grant	27,372
Division for Children, Youth & Families Consultation	1,770
Emergency Services	437,789
Medicaid Incentive for the Prevention of Chronic Disease	89,127
Balancing Incentive Program	49,084
Total	\$635,142

3.2. By deleting Paragraph 13. and replacing it with the following:

13. This Agreement is funded by the New Hampshire General Fund and by federal funds made available under the Catalog of Federal Domestic Assistance (CFDA), as follows:

NH General Fund: \$469,559

Federal Funds:

CFDA #: 93.150
 Federal Agency: U.S. Department of Health and Human Services
 Program Title: Projects for Assistance in Transition from Homelessness (PATH) P.L. 101-645
 Amount: \$ 27,372

CFDA #: 93.536
 Federal Agency: U.S. Department of Health and Human Services
 Program Title: Medicaid Incentives for Prevention of Chronic Diseases (MIPCD)
 Amount: \$ 89,127

CFDA #: 93.778
 Federal Agency: U.S. Department of Health and Human Services
 Program Title: Balancing Incentive Program
 Amount: \$ 49,084

4. Effective Date of Amendment: The Effective Date of Requested Action 1 is May 15, 2013, or date of Governor and Council approval, whichever is later, through June 30, 2013. The Effective Date of Requested Action 2 is retroactive to April 1, 2013, through June 30, 2013.

5. Continuance of Agreement: Except as specifically amended and modified by the terms and conditions of this Agreement, the Agreement and the obligations of the parties there under shall remain in full force and effect in accordance with the terms and conditions set forth therein.

Contractor Initials: JP
 Date: 5-16-13

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

DHHS – Division of Community Based Care Services
The Bureau of Behavioral Health

Seacoast Mental Health Center, Inc.

By: Nancy L. Rollins
Nancy L. Rollins
Associate Commissioner

By: [Signature]
John Pendleton, Board President

STATE OF NEW HAMPSHIRE
COUNTY OF

The forgoing instrument was acknowledged before me this 16th day of May, 2013, by

Paul Sorli

Lorraine Mansfield
Notary Public / Justice of the Peace
Commission Expires: _____

LORRAINE MANSFIELD, Justice of the Peace
My Commission Expires April 1, 2014

Approved as to form, execution and substance:

OFFICE OF THE ATTORNEY GENERAL

By: [Signature]
Attorney Stanne P. Herrick

Date: 27 May 2013

Contractor Initials: JP
Date: 5-16-13

CERTIFICATE OF VOTE

I, Paul Sorli, do hereby certify that:

1. I am the duly elected Secretary of Seacoast Mental Health Center, Inc.
2. The following are true copies of two resolutions duly adopted at a meeting of the Board of Directors of the Corporation duly held on April 11, 2013 E-Mail Vote.

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

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

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

3. The foregoing resolutions have not been amended or revoked and remain in full force and effect as of **May 16, 2013.**

4. **John Pendleton** is duly elected **President** of the Corporation.

(Seal)
(Corporation)



(Signature of Board Secretary)

State of **New Hampshire**

County of **Rockingham**

The foregoing instrument was acknowledged before me this **16th** day of May, 2013,

by **Paul Sorli.**



Name: **Lorraine Mansfield**
Title: Notary Public/Justice of the Peace

(Seal)
(Notary Public)

Commission Expires: **(date)**

LORRAINE MANSFIELD, Justice of the Peace
My Commission Expires April 1, 2014



Kittell Branagan & Sargent

Certified Public Accountants

Vermont License # 167

INDEPENDENT AUDITOR'S REPORT

To the Board of Directors
of Seacoast Mental Health Center, Inc.

We have audited the accompanying statement of financial position of Seacoast Mental Health Center, Inc. (a nonprofit organization) as of June 30, 2012, and the related statements of activities and cash flows for the year then ended. These financial statements are the responsibility of the Organization's management. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Seacoast Mental Health Center, Inc. as of June 30, 2012, and the changes in its net assets and its cash flows for the year then ended in conformity with accounting principles generally accepted in the United States of America.

Our audit was made for the purpose of forming an opinion on the financial statements as a whole. The supplementary information on page 8 through 11 is presented for the purposes of additional analysis and is not a required part of the 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 financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with audit 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 financial statements as a whole.

St. Albans, Vermont
August 21, 2012

Seacoast Mental Health Center, Inc.
STATEMENT OF FINANCIAL POSITION
June 30, 2012

ASSETS

CURRENT ASSETS

Cash and Cash Equivalents	\$ 318,523
Accounts receivable (net of \$485,000 allowance)	818,934
Prepaid expenses	<u>83,269</u>

TOTAL CURRENT ASSETS 1,220,726

PROPERTY AND EQUIPMENT - NET 29,984

TOTAL ASSETS \$ 1,250,710

LIABILITIES AND NET ASSETS

CURRENT LIABILITIES

Due to affiliate	\$ 413,244
Accounts payable	98,589
Deferred income	14,950
Accrued vacation	121,434
Accrued expenses	<u>99,247</u>

TOTAL CURRENT LIABILITIES 747,464

NET ASSETS

Unrestricted Net Assets 503,246

TOTAL LIABILITIES AND NET ASSETS \$ 1,250,710

See Notes to Financial Statements

Seacoast Mental Health Center, Inc.
STATEMENT OF ACTIVITIES AND CHANGES IN NET ASSETS
For the Year Ended June 30, 2012

PUBLIC SUPPORT AND REVENUES

Public support -	
Federal	\$ 199,100
State of New Hampshire - BBH	42,050
Other public support	550,823
Total Public Support	<u>791,973</u>
Revenues -	
Program service fees	8,105,319
Rental income	78,457
Interest Income	2,077
Other revenue	106,948
Total Revenues	<u>8,292,801</u>
TOTAL PUBLIC SUPPORT AND REVENUES	<u>9,084,774</u>

EXPENSES

BBH funded program services -	
Children services	2,089,457
Therapy Mentoring	630,438
Elder services	649,407
Intake services	126,434
Crisis response	724,055
Job store	229,883
Portsmouth CSP Team	1,078,535
CSP-ITT	635,915
Exeter CSP Team	1,282,249
Fairweather Lodge	637,775
Springbrook	33,507
Drug Court	111,131
Non-DMH funded program services	<u>915,876</u>
TOTAL EXPENSES	<u>9,144,662</u>

DEFICIENCY OF PUBLIC SUPPORT AND REVENUE UNDER EXPENSES FROM OPERATIONS	(59,888)
NET ASSETS, beginning	<u>563,134</u>
NET ASSETS, ending	<u>\$ 503,246</u>

See Notes to Financial Statements

Seacoast Mental Health Center, Inc.
 STATEMENT OF CASH FLOWS
 For the Year Ended June 30, 2012

CASH FLOWS FROM OPERATING ACTIVITIES	
Decrease in net assets	\$ (59,888)
Adjustments to reconcile to net cash provided by operations:	
Depreciation	18,332
(Increase) decrease in:	
Accounts receivable - trade	(68,736)
Prepaid expenses	(5,233)
Restricted Cash	3,446
Increase (decrease) in:	
Accounts payable & accrued liabilities	(5,062)
Deferred income	<u>(12,606)</u>
NET CASH USED BY OPERATING ACTIVITIES	<u>(129,747)</u>
 CASH FLOWS FROM INVESTING ACTIVITIES	
Purchases of property and equipment	<u>(25,618)</u>
 CASH FLOWS FROM FINANCING ACTIVITIES	
Related party repayments, net	<u>302,371</u>
NET INCREASE IN CASH	147,006
CASH AT BEGINNING OF YEAR	<u>171,517</u>
CASH AT END OF YEAR	<u>\$ 318,523</u>
 SUPPLEMENTAL DISCLOSURES	
Cash Payments for Interest	<u>\$ 5,818</u>

See Notes to Financial Statements

Seacoast Mental Health Center, Inc.

Mission Statement

SEACOAST MENTAL HEALTH CENTER, INC. is a private, not-for-profit, comprehensive mental health facility serving the eastern half of Rockingham County, New Hampshire. The mission of the Center is to provide a broad, comprehensive array of high quality, effective and accessible mental health services to residents of the Seacoast area. Some of these services seek to promote positive mental well-being and prevent occurrences of mental illness. Some of these services endeavor to address problematic emotional functioning, treating those directly or indirectly affected by mental illness. Other services strive to care for and improve the quality of lives of those with severe or persistent mental illness.

Seacoast Mental Health Center, Inc.
Board of Directors
February 21, 2013

President
John Pendleton

Vice President
Carole Bunting

Treasurer
Jason Coleman

Secretary
Paul Sorli

Timothy Black

Susan Craig

Timothy Graff

Kimberly Hyer

Lindsay Josephs

Monica Kieser

Ed Miller

Nike Speltz

Robert Stomierosky

KEY ADMINISTRATIVE PERSONNEL - FY2013

SEACOAST MENTAL HEALTH CENTER

Postion	Name	FTEs	Salary	Salary contributed from BBH	% of Salary from BBH
Executive Director	Geraldine Couture	1.00	\$ 133,900.00	\$ 52,525.77	39%
Chief Financial Officer	Linda Every	1.00	\$ 79,942.00	\$ 31,359.34	39%
Medical Director	Wassfy Hanna	0.60	\$ 93,136.00	\$ 36,535.03	39%
Chief Operations Officer	Vacant	0.00	\$ -	\$ -	#DIV/0!

Geraldine A. Couture

PROFESSIONAL EXPERIENCE

Seacoast Mental Health Center, Inc., Portsmouth, NH
Executive Director, April 2002

Seacoast Mental Health Center, Inc., Portsmouth, NH
Associate Director, March 1993 – April 2002

Interim Director of Child Adolescent and Family Services, November 2000 –
Compliance Officer

Oversee fiscal and administrative functions of large community mental health center.

Coordinate development and monitoring of annual budget and state contract.

Facilitate ongoing development of team model Child, Adolescent and Family Services Department including direct supervision of management staff, regional planning and inter-agency collaboration.

Chair: Compliance Committee.

Member: Personnel, Staff Growth and Development and Quality Improvement Committees

Strafford Guidance Center, Inc., Dover, NH

Business Manager, December 1991 - March 1993

Assistant Business Manager, January 1991 - December 1991

Accounts Receivable Manager, August 1987 - January 1991

Actively oversee daily operations of Accounts Receivable Department in a community mental health center.

Participate in development and monitoring of annual budget and contract with the New Hampshire Division of Mental Health.

Rochester Site Office Manger, December 1986 - August 1987

Responsible for all daily operations of satellite office.

Administrative Assistant, June 1986 - December 1986

Provided administrative support services to the Director of the Community Support Program.

Fradco Holdings, Inc., Greensburg, PA

President, June 1984 - April 1986

Administered all functions of company dealing in coal, timber and natural gas holdings.

EDUCATIONAL EXPERIENCE

University of New Hampshire, Durham, NH

Master of Health Administration, May 2001.

University of New Hampshire, Durham, NH

Bachelor of Science, College of Life Sciences and Agriculture, Family and Consumer Studies, May 1984

HONORS AND AWARDS

Federal Traineeship in Health Management and Policy, Academic Year 2000-2001

MEMBERSHIP

National Association of Reimbursement Officers, Past President

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 SEACOAST MENTAL HEALTH CENTER, INC. is a New Hampshire nonprofit corporation formed January 21, 1963. I further certify that it is in good standing as far as this office is concerned, having filed the return(s) and paid the fees required by law.



In TESTIMONY WHEREOF, I hereto set my hand and cause to be affixed the Seal of the State of New Hampshire, this 12th day of April A.D. 2013

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

William M. Gardner
Secretary of State



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
05/28/2013

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

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

PRODUCER Fred C. Church, Inc. 41 Wellman Street Lowell, MA 01851 (800) 225-1865	CONTACT NAME: Jacqueline Normandin, CIC	
	PHONE (A/C, No, Ext): 978 3227287	FAX (A/C, No): (978) 454-1865
E-MAIL ADDRESS: jnormandin@fredcchurch.com		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURED Seacoast Mental Health; Seacoast Mental Health Center, Inc. 1145 Sagamore Avenue Portsmouth, NH 03801	INSURER A: Markel American Insurance Company	28932
	INSURER B: Technology Insurance Company, Inc.	42376
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES

CERTIFICATE NUMBER: 24944

REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS							
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC			8502SS322326	3/1/2013	3/1/2014	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000 \$							
	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			1002SS322358	3/1/2013	3/1/2014	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000.00 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$							
A	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			4602SS322327	3/1/2013	3/1/2014	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$							
	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 <input type="checkbox"/>	N/A	TWC3347218	3/1/2013	3/1/2014	<table border="1"> <tr> <td>WC STATU-TORY LIMITS</td> <td>OTH-ER</td> </tr> <tr> <td>E.L. EACH ACCIDENT</td> <td>\$ 500,000</td> </tr> <tr> <td>E.L. DISEASE - EA EMPLOYEE</td> <td>\$ 500,000</td> </tr> <tr> <td>E.L. DISEASE - POLICY LIMIT</td> <td>\$ 500,000</td> </tr> </table>	WC STATU-TORY LIMITS	OTH-ER	E.L. EACH ACCIDENT	\$ 500,000	E.L. DISEASE - EA EMPLOYEE	\$ 500,000	E.L. DISEASE - POLICY LIMIT
WC STATU-TORY LIMITS	OTH-ER													
E.L. EACH ACCIDENT	\$ 500,000													
E.L. DISEASE - EA EMPLOYEE	\$ 500,000													
E.L. DISEASE - POLICY LIMIT	\$ 500,000													
A	Professional Liability			8502SS322326	3/1/2013	3/1/2014	Professional Liability Limit \$1,000,000 per occurrence \$3,000,000 annual aggregate							

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

CERTIFICATE HOLDER

Department of Health & Human Services Bureau of Behavioral Health Attn: Sandy Lawrence
 105 Pleasant Street Hugh Gallon Office Park South
 Concord, NH 03301-3857

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

Client # 3334 Mst # 24944

Cert Holder # 5107

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ACORD 25 (2010/05)

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

BUREAU OF BEHAVIORAL HEALTH

Nicholas A. Toumpas
 Commissioner
 Nancy L. Rollins
 Associate Commissioner

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

June 6, 2012

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

Approved by G+C

Date 6-20-12

Item No. 89B

Requested Action

Authorize the Department of Health and Human Services, Division of Community Based Care Services, Bureau of Behavioral Health, to enter into an agreement with Seacoast Mental Health Center, Inc., 1145 Sagamore Avenue, Portsmouth, New Hampshire 03801, vendor number 174089, to provide mental health services in Region 8 in an amount not to exceed \$573,579.00 effective July 1, 2012, or date of Governor and Executive Council approval, whichever is later, through June 30, 2013. Funds to support this request are available in the following accounts in Fiscal Year 2013:

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

<u>Class/Object</u>	<u>Class Title</u>	<u>Activity Code</u>	<u>FY 2013</u>
550-0398	Assessment & Counseling	40150001	\$ 1,770

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

<u>Class/Object</u>	<u>Class Title</u>	<u>Activity Code</u>	<u>FY 2013</u>
102-0731	Contracts for Program Services	92205945	\$ 30,000

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

<u>Class/Object</u>	<u>Class Title</u>	<u>Activity Code</u>	<u>FY 2013</u>
502-0731	Payments to Providers	92207010	\$ 437,789

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

<u>Class/Object</u>	<u>Class Title</u>	<u>Activity Code</u>	<u>FY 2013</u>
102-0731	Contracts for Program Services	92202087	\$ 76,648

05-95-95-958310-7150 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVCS, HHS:
 COMMISSIONER, DCBCS BHHS, PATH GRANT

<u>Class/Object</u>	<u>Class Title</u>	<u>Activity Code</u>	<u>FY 2013</u>
102-0731	Contracts for Program Services	95807150	\$ 27,372
Total			\$ 573,579

Explanation

This agreement is for community mental health services for approximately 4,300 adults, children and families. The services are specified in NH Administrative Rule He-M 426 and include Emergency Services, Individual and Group Psychotherapy, Targeted Case Management, Medication Services, Functional Support Services, and Evidence Based Practices including Illness Management and Recovery, Evidence Based Supported Employment, Trauma Focused Cognitive Behavioral Therapy, and Community Residential Services. Services to be provided are designed to build resiliency, promote recovery within a person-centered approach, promote successful access to competitive employment, reduce inpatient hospital utilization, improve community tenure, and assist individuals and families in managing the symptoms of mental illness. Included in this agreement are estimates on the number of clients to be served and the projected units of service for each program.

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

The services provided by this vendor are of two types:

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

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

	<u>Federal</u>	<u>General</u>	<u>Total</u>
<u>Services provided to Medicaid clients:</u>	\$3,203,294	\$3,203,294	\$6,406,588
<u>Non-Medicaid related services:</u>			
Div for Children, Youth, and Families, Mental Health Assessments	\$ 0	\$ 1,770	\$ 1,770
Referral, Education, Assistance and Prevention Program	\$ 0	\$ 30,000	\$ 30,000
Emergency Services	\$ 0	\$ 437,789	\$ 437,789
Wellness Incentives Program	\$ 76,648	\$ 0	\$ 76,648
Projects for Assistance in Transition from Homelessness Services	\$ 27,372	\$ 0	\$ 27,372
Total Non-Medicaid	\$ 104,020	\$ 469,559	\$ 573,579

- Division for Children, Youth and Families funds are used to provide mental health consultation related to mental health assessments and/or treatment for children served by the Division for Children, Youth and Families through local District Offices.
- Referral, Education, Assistance and Prevention is an early intervention program for older adults designed to address substance abuse, medication misuse, depression, and other community tenure issues. Educational sessions and brief interventions are used statewide by trained REAP counselors at older adults' natural settings, including housing sites and senior centers.

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

Should Governor and Executive Council determine not to approve this Request, approximately 4,300 adults, children and families in this region will not receive community mental health services, as required by NH RSA 135-C:13. Many of these individuals will experience a relapse of symptoms. They will seek costly services at hospital emergency departments due to the risk of harm to themselves or others and will be at significant risk without treatment or interventions. These individuals will also have increased contact with local law enforcement, county correctional programs and primary care physicians, none of which will have the services or supports available to provide assistance.

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

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

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

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

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

Source of funds: 82% General Funds and 18% Federal Funds.

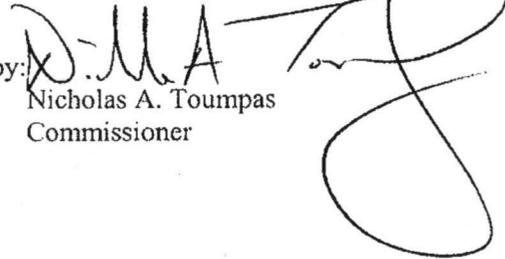
In the event that the Federal Funds become no longer available, General Funds shall not be requested to support these programs.

Respectfully submitted,



Nancy L. Rollins
Associate Commissioner

Approved by:



Nicholas A. Toumpas
Commissioner

NLR/PBR/sl
G&C FY13 Region 8

Enclosures

Budget Form

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

Bidder/Program Name: Seacoast Mental Health Center, Inc

Budget Request for: Community Mental Health Services
(Name of RFP)

Budget Period: July 1, 2012-June 30, 2013

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	\$ 6,100,438.00	\$ 614,032.00	\$ 6,714,470.00	Direct Charges/Form B
2. Employee Benefits	\$ 1,312,280.00	\$ 124,990.00	\$ 1,437,270.00	Direct Charge
3. Consultants	\$ 176,982.00	\$ 9,559.00	\$ 186,541.00	Direct Charge
4. Equipment:	\$ -	\$ -	\$ -	
Rental	\$ 57,058.00	\$ 5,209.00	\$ 62,267.00	Direct Charge/FTE/Square
Repair and Maintenance	\$ 2,661.00	\$ 42.00	\$ 2,703.00	Footage
Purchase/Depreciation	\$ 30,641.00	\$ 1,927.00	\$ 32,568.00	
5. Supplies:	\$ -	\$ -	\$ -	
Educational	\$ -	\$ -	\$ -	
Lab	\$ -	\$ -	\$ -	
Pharmacy	\$ -	\$ -	\$ -	
Medical	\$ 9,028.00	\$ 185.00	\$ 9,213.00	Direct/ FTE
Office	\$ 50,916.00	\$ 4,637.00	\$ 55,553.00	Direct/FTE
6. Travel	\$ 218,587.00	\$ 11,561.00	\$ 230,148.00	Direct
7. Occupancy	\$ 513,212.00	\$ 40,449.00	\$ 553,661.00	Direct/Square Footage/Location
8. Current Expenses	\$ -	\$ -	\$ -	
Telephone	\$ 106,465.00	\$ 9,719.00	\$ 116,184.00	FTE
Postage	\$ 14,103.00	\$ 1,287.00	\$ 15,390.00	Direct/FTE
Subscriptions	\$ -	\$ -	\$ -	
Audit and Legal	\$ -	\$ 30,500.00	\$ 30,500.00	Administration
Insurance	\$ 128,482.00	\$ 11,065.00	\$ 139,547.00	Direct/FTE
Board Expenses	\$ -	\$ -	\$ -	
9. Software	\$ 95,300.00	\$ -	\$ 95,300.00	Direct/FTE
10. Marketing/Communications	\$ 22,307.00	\$ 2,036.00	\$ 24,343.00	Direct/FTE
11. Staff Education and Training	\$ 23,255.00	\$ 5,691.00	\$ 28,946.00	Direct/FTE
12. Subcontracts/Agreements	\$ -	\$ -	\$ -	
13. Other (specific details mandatory):	\$ 39,039.00	\$ 11,395.00	\$ 50,434.00	Direct/FTE
Fees & Licenses, Staff Dues for Hospitals,	\$ -	\$ -	\$ -	
Condo Fees, Springbrook, Recreations Activities	\$ -	\$ -	\$ -	
Children's Programs, Interest on Line of Credit.	\$ -	\$ -	\$ -	
TOTAL	\$ 8,900,754.00	\$ 884,284.00	\$ 9,785,038.00	

Indirect As A Percent of Direct

9.9%