

Jeffrey A. Meyers  
Commissioner

Katja S. Fox  
Director

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

105 PLEASANT STREET, CONCORD, NH 03301  
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April 18, 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 Behavioral Health, Bureau of Drug and Alcohol Services to enter into a **sole source** amendment to an existing contract with JSI Research & Training Institute, Inc. d/b/a Community Health Institute, 501 South Street, 2<sup>nd</sup> Floor, Bow, NH 03304 (Vendor # 161611-B001), for the provision of training and technical assistance by including the provision of technical assistance to providers on the SAMHSA Medication Assisted Treatment - Prescription Drug and Opioid Addiction (MAT-PDOA) Grant requirements by increasing the price limitation by \$740,773.50, from \$2,197,996 to \$2,938,769.50, and extending the contract completion date from June 30, 2017 to December 31, 2017, effective upon the date of Governor and Executive Council approval. The Governor and Executive Council approved the original contract on December 16, 2015, (Item# 28), and subsequent amendments on June 29, 2016 (Item# 25A) and August 24, 2016 (Item# 16B). 61% Federal Funds, 36% Other and 3% General Funds.

Funds are available in the following account for State Fiscal Year 2017 and are anticipated to be available in State Fiscal Years 2018, and 2019.

**05-95-49-49150-2990 HEALTH AND SOCIAL SERVICES, DEPT. OF HEALTH AND HUMAN SERVICES, HHS: BUREAU OF DRUG AND ALCOHOL SERVICES, CLINICAL SERVICES (80% Federal Funds-SAMHSA Block Grant (SAPT) CFDA #93.959 FAIN TI010035, 20% General Funds.)**

SFY	Class/ Account	Class Title	Job Number	Current Budget	Increase (Decrease) Amount	Revised Modified Budget
2016	102-500734	Contracts for Prog Svc	49155369	\$8,000	\$0	\$8,000
2016	102-500734	Contracts for Prog Svc	49156501	\$23,500	\$0	\$23,500
2016	102-500734	Contracts for Prog Svc	49156504	\$16,250	\$0	\$16,250
2017	102-500734	Contracts for Prog Svc	49155369	\$16,000	\$0	\$16,000
2017	102-500734	Contracts for Prog Svc	49156501	\$47,000	\$0	\$47,000
2017	102-500734	Contracts for Prog Svc	49156504	\$32,500	\$0	\$32,500
			<b>Sub-total</b>	<b>\$143,250</b>	<b>\$0</b>	<b>\$143,250</b>

20A mac

**05-95-92-920510-33840000 HEALTH AND SOCIAL SERVICES, DEPT. OF HEALTH AND HUMAN SERVICES, HHS: DIVISION FOR BEHAVIORAL HEALTH. BUREAU OF DRUG AND ALCOHOL SERVICES, CLINICAL SERVICES (80% Federal Funds-SAMHSA Block Grant (SAPT) CFDA #93.959 FAIN TI010035, 20% General Funds.)**

SFY	Class/ Account	Class Title	Job Number	Current Budget	Increase (Decrease) Amount	Revised Modified Budget
2018	102-500734	Contracts for Social Svc	TBD	\$0	\$8,000	\$8,000
2018	102-500734	Contracts for Social Svc	TBD	\$0	\$23,500	\$23,500
2018	102-500734	Contracts for Social Svc	TBD	\$0	\$16,250	\$16,250
			<b>Sub-Total</b>	<b>\$0</b>	<b>\$47,750</b>	<b>\$47,750</b>

**05-95-49-491510-2988 HEALTH AND SOCIAL SERVICES, DEPT. OF HEALTH AND HUMAN SERVICES, HHS: BUREAU OF DRUG AND ALCOHOL SERVICES, PREVENTION SERVICES (98% Federal Funds-SAMHSA Block Grant (SAPT) CFDA #93.959 FAIN TI010035, 2% General Funds.)**

SFY	Class/ Account	Class Title	Job Number	Current Modified Budget	Increase (Decrease) Amount	Revised Modified Budget
2016	102-500734	Contracts for Prog Svc	49153338	\$57,500	\$0	\$57,500
2016	102-500734	Contracts for Prog Svc	49156502	\$34,500	\$0	\$34,500
2016	102-500734	Contracts for Prog Svc	49156504	\$16,250	\$0	\$16,250
2017	102-500734	Contracts for Prog Svc	49156502	\$579,000	\$0	\$579,000
2017	102-500734	Contracts for Prog Svc	49157603	\$112,000	\$0	\$112,000
2017	102-500734	Contracts for Prog Svc	49153338	\$265,000	\$0	\$265,000
2017	102-500734	Contracts for Prog Svc	49156504	\$32,500	\$0	\$32,500
			<b>Sub-total</b>	<b>\$1,096,750</b>	<b>\$0</b>	<b>\$1,096,750</b>

**05-95-92-920510-33800000 HEALTH AND SOCIAL SERVICES, DEPT. OF HEALTH AND HUMAN SERVICES, HHS: DIVISION FOR BEHAVIORAL HEALTH: BUREAU OF DRUG AND ALCOHOL SERVICES, PREVENTION SERVICES (98% Federal Funds-SAMHSA Block Grant (SAPT) CFDA #93.959 FAIN TI010035, 2% General Funds.)**

SFY	Class/ Account	Class Title	Job Number	Current Modified Budget	Increase (Decrease) Amount	Revised Modified Budget
2018	102-500734	Contracts for Social Svc	TBD	\$0	\$108,000	\$108,000
2018	102-500734	Contracts for Social Svc	TBD	\$0	\$16,250	\$16,250
			<b>Sub-Total</b>	<b>\$0</b>	<b>\$124,250</b>	<b>\$124,250</b>

**05-95-49-491510-2407 HEALTH AND SOCIAL SERVICES, DEPT. OF HEALTH AND HUMAN SERVICES, HHS: BUREAU OF DRUG AND ALCOHOL SERVICES, PSF2 GRANT (100% Federal Funds-SAMHSA PFS2 Grant CFDA #93.243 FAIN SP020796)**

SFY	Class/ Account	Class Title	Job Number	Current Modified Budget	Increase (Decrease) Amount	Revised Modified Budget
2017	102-500734	Contracts for Prog Svc	49152407	\$188,000	\$0	\$188,000
			<b>Sub-total</b>	<b>\$188,000</b>	<b>\$0</b>	<b>\$188,000</b>

**05-95-92-920510-33950000 HEALTH AND SOCIAL SERVICES, DEPT. OF HEALTH AND HUMAN SERVICES, HHS: DIVISION FOR BEHAVIORAL HEALTH: BUREAU OF DRUG AND ALCOHOL SERVICES, PSF2 GRANT (100% Federal Funds-SAMHSA PFS2 Grant CFDA #93.243 FAIN SP020796)**

SFY	Class/ Account	Class Title	Job Number	Current Modified Budget	Increase (Decrease) Amount	Revised Modified Budget
2018	102-500734	Contracts for Social Svc	TBD	0	\$132,500	\$132,500
2018	102-500734	Contracts for Social Svc	TBD	0	\$75,000	\$75,000
			<b>Sub-total</b>	<b>0</b>	<b>\$207,500</b>	<b>\$207,500</b>

**05-95-49-491510-2989 HEALTH AND SOCIAL SERVICES, DEPT. OF HEALTH AND HUMAN SERVICES, HHS: BUREAU OF DRUG AND ALCOHOL SERVICES, GOVERNOR COMMISSION FUNDS (100% Other Funds)**

SFY	Class/ Account	Class Title	Job Number	Current Budget	Increase (Decrease) Amount	Revised Modified Budget
2016	102-500734	Contracts for Prog Svc	49158501	\$208,249	\$0	\$208,249
2017	102-500734	Contracts for Prog Svc	49158501	\$561,747	\$0	\$561,747
			<b>Sub-total</b>	<b>\$769,996</b>	<b>\$0</b>	<b>\$769,996</b>

**05-95-92-920510-33820000 HEALTH AND SOCIAL SERVICES, DEPT. OF HEALTH AND HUMAN SERVICES, HHS: DIVISION FOR BEHAVIORAL HEALTH: BUREAU OF DRUG AND ALCOHOL SERVICES, GOVERNOR COMMISSION FUNDS (100% Other Funds)**

SFY	Class/ Account	Class Title	Job Number	Current Budget	Increase (Decrease) Amount	Revised Modified Budget
2018	102-500734	Contracts for Social Svc	TBD	\$0	\$280,873.50	\$280,873.50
			<b>Sub-total</b>	<b>\$0</b>	<b>\$280,873.50</b>	<b>\$280,873.50</b>

**05-95-92-920510-69350000 HEALTH AND SOCIAL SERVICES, DEPT. OF HEALTH AND HUMAN SERVICES, HHS: DIVISION FOR BEHAVIORAL HEALTH: BUREAU OF DRUG AND ALCOHOL SERVICES, MAT-PDOA GRANT (100% Federal Funds-SAMHSA MAT Grant CFDA #93.243 FAIN TI026741.)**

SFY	Class/ Account	Class Title	Job Number	Current Budget	Increase (Decrease) Amount	Revised Modified Budget
2018	102-500734	Contracts for Social Svc	TBD	\$0	\$80,400	\$80,400
			<b>Sub- total</b>	\$0	\$80,400	\$80,400
			<b>TOTAL</b>	<b>2,197,996</b>	<b>\$740,773.50</b>	<b>\$2,938,769.50</b>

**EXPLANATION**

The purpose of this **sole source** amendment is to request a renewal of the Contract for six (6) additional months and to modify the Scope of Work to include deliverables related to the Substance Abuse and Mental Health Administration (SAMHSA), Medication Assisted Treatment – Prescription Drug and Opioid Addiction (MAT-PDOA) federal grant.

The Vendor currently provides significant and complex services to the Department, the Governor's Commission on Alcohol and Drug Abuse Prevention, Treatment and Recovery (Governor's Commission), contractors, and community level stakeholders statewide. By amending this contract, critical work will continue to collectively improve practices and skills and to increase the information needed and collected to make decisions about mitigating alcohol and other drug misuse and its social, health, and behavioral consequences such as overdoses, lost wages, and strain on public resources like criminal justice and healthcare.

Funding in this amendment will be used to continue vital services including:

- Providing professional training, technical assistance, program evaluation, and data analysis, interpretation and support;
- Increasing the number of licensed and/or certified service providers who can deliver prevention, intervention, treatment, and recovery support services and assisting providers to build the internal capacity, knowledge and expertise to adapt to the changing environment of healthcare, addictions and recovery systems;
- As directed by 2016 Senate Bill 533, ensuring the State has appropriate and sufficient resources to address the implementation and monitoring of new strategies identified by the Governor's Commission, including assisting the State Epidemiological Outcomes Workgroup (SEOW), Governor's Commission Data and Evaluation Task Force, to assemble a dashboard of measures for semi-annual reporting; and
- Supporting training, technical assistance, and evaluation for the Department and sub-grantees funded through the Substance Abuse and Mental Health Services Administration's Partnership for Success (PFS) grant, which provides funding to states for the alignment and leveraging of prevention resources and priorities at the federal, state and community levels.

Additional funding has been included in this contract to support the Substance Abuse and Mental Health Services Administration's Medication Assisted Treatment-Prescription Drug and Opioid Addiction (MAT-PDOA) grant, awarded September 1, 2016. The purpose of the MAT-PDOA grant is to reduce the number of NH residents with untreated and under-treated opioid use disorders. The Vendor will support the MAT-PDOA grant by providing:

- Training and technical assistance relative to MAT expansion and infrastructure development to support implementation within the state;
- Quantitative and qualitative evaluation of the grant to monitor program effectiveness and ensure the program is reaching targeted populations; and
- Data analysis, interpretation, and support to facilitate the collection and reporting of outcome data.

The original contract was procured through a competitive bid process. The Department published a Request for Proposals for training, technical assistance, program evaluation, and data analysis, interpretation, and support (RFP #16-DHHS-DCBCS-BDAS-02) on the Department of Health and Human Services website September 9, 2015 to October 19, 2015. The Department received one application. The application was reviewed and scored by a team of individuals with program specific knowledge. JSI Research & Training Institute, Inc. was selected for the contract.

The Contract contains language that allows the Department to renew the contract for up to two (2) additional years, subject to the continued availability of funds, satisfactory performance of contracted services and Governor and Executive Council approval. This renewal request is for six (6) months with the intent to competitively bid the contract at the end of the renewal.

As stated in Exhibit A-Amendment #3, notwithstanding any other provision of the Contract to the contrary, no services shall continue after June 30, 2017, and the Department shall not be liable for any payments for services provided after June 30, 2017, unless and until an appropriation for these services has been received from the state legislature and funds encumbered for the SFY 2018-2019 biennia.

Should the Governor and Executive Council not approve this request, the Department would not be able to meet federal and state requirements; including requirements as directed by 2016 Senate Bill 533, and supporting the SAPT BG, PFS and MAT-PDOA federal grants. All these elements are imperative to making informed, data-driven, decisions related to the mitigation of alcohol and other drug misuse and its social, health, and behavioral consequences for the citizens and communities of New Hampshire.

Area Served: Statewide.

Source of Funds: 61% Federal Funds from United States Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Substance Abuse Prevention and Treatment Block Grant (SAPT), CFDA #93.959 FAIN TI030035, and the Medication-Assisted Treatment Grant (MAT), CFDA #93.243 FAIN #TI026741 and the NH Partnership for Success Initiative Grant (PFS2), CFDA #93.243 FAIN SP020796; 36% Other Funds from the Governor Commission Funds; 3% General Funds.

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

Respectfully submitted,



Katja S. Fox  
Director

Approved by:



Jeffrey A. Meyers  
Commissioner



**STATE OF NEW HAMPSHIRE**  
**DEPARTMENT OF INFORMATION TECHNOLOGY**

27 Hazen Dr., Concord, NH 03301  
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[www.nh.gov/doiit](http://www.nh.gov/doiit)

**Denis Goulet**  
*Commissioner*

May 9, 2017

Jeffrey A. Meyers, Commissioner  
Department of Health and Human Services  
State of New Hampshire  
129 Pleasant Street  
Concord, NH 03301

Dear Commissioner Meyers:

This letter represents formal notification that the Department of Information Technology (DoIT) has approved your agency's request to enter into a contract amendment with JSI Research & Training Institute, Inc. d/b/a Community Health Institute of Bow, NH as described below and referenced as DoIT No. 2016-132C.

The Department of Health and Human Services requests to amend the current contract with JSI. JSI provides significant training, technical assistance, and data evaluation to the Department, the Governor's Commission on Alcohol and Drug Abuse Prevention, Treatment and Recovery, contractors, and community level stakeholders statewide. Funding will be used to continue existing training, technical assistance and evaluation to ensure the State has appropriate and sufficient resources to address the implementation and monitoring of new and existing strategies.

The amount of the amendment is \$740,773.50, increasing the current contract from \$2,197,996 to \$2,938,769.50. It shall become effective upon Governor and 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,

Denis Goulet

DG/kaf  
DoIT #2016-132C

cc: Bruce Smith, IT Manager, DoIT



State of New Hampshire  
Department of Health and Human Services  
Amendment #3 to the Training, Technical Assistance,  
Program Evaluation, Data Analysis, Interpretation and Support Contract

This 3rd Amendment to the Training, Technical Assistance, Program Evaluation, and Data Analysis, Interpretation, and Support contract (hereinafter referred to as "Amendment #3") dated January 27, 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 Massachusetts nonprofit with a place of business at 501 South Street, 2<sup>nd</sup> Floor, Bow, NH 03304.

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on December 16, 2015 (#28), and amended by an agreement (Amendment #1 to the Contract) approved on June 29, 2016 (#25A), and amended by an agreement (Amendment #2 to the Contract) approved on August 24, 2016 (#16B), 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, pursuant to the General Provisions, Paragraph 18, and Exhibit C-1, Paragraph 3, the State may at its sole discretion, amend and renew the contract upon written agreement of the parties and approval of the Governor and Executive Council; and

WHEREAS, the parties have agreed to renew the Contract for six (6) months, add to the scope of services, and increase the price limitation; 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. Form P-37, General Provisions, Block 1.7, Completion Date, to read:  
December 31, 2017
2. Form P-37, General Provisions, Block 1.8, Price Limitation, to read:  
\$2,938,769.50
3. Delete Exhibit A and replace with Exhibit A – Amendment #3.
4. Delete Exhibit A-1 – Amendment #1.
5. Delete Exhibit A-2 – Amendment #2 and replace with Exhibit A-2 – Amendment #3.
6. Add to Exhibit B, Method and Conditions Precedent to Payment, Paragraph 2, Subparagraph 2.5  
2.5 CFDA #93.243, Substance Abuse and Mental Health Services Administration, Medication Assisted Treatment-Prescription Drug and Opioid Addiction (MAT-PDOA) Grant,





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7. Delete Exhibit B, paragraph 6, subparagraph 6.1, and replace with the following:
    - 6.1 Requests for budget line item adjustments will not be accepted after May 15th of each State Fiscal Year.
  8. Add Exhibit B-3, Budget – Amendment #3.



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,

State of New Hampshire  
Department of Health and Human Services

5/12/17  
Date

[Signature]  
Katja S. Fox  
Director

JSI Research & Training Institute, Inc.

May 11, 2017  
Date

[Signature]  
Jonathan Stewart  
Director

Acknowledgement:

State of New Hampshire, County of Merrimack on 5/11/2017, before the undersigned officer, personally appeared the person identified 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

**DEBRA L. LOVE, Notary Public**  
**My Commission Expires October 16, 2018**

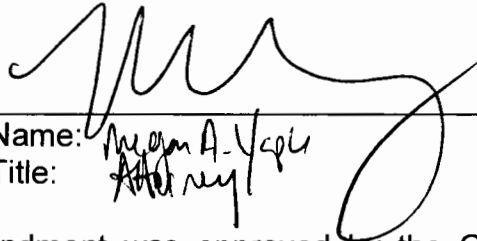
\_\_\_\_\_  
Name and Title of Notary or Justice of the Peace



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

OFFICE OF THE ATTORNEY GENERAL

5/24/17  
Date

  
Name: William A. Kopf  
Title: Attorney

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:



## 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.
- 1.3. The Contractor shall provide training, technical assistance, program evaluation, data analysis, interpretation, and support to the alcohol and drug workforce such as but not limited to, prevention, intervention, treatment, and recovery supports providers, primary care physicians, and mental health professionals.
- 1.4. The Contractor shall support the goals of providing the training, and technical assistance, program evaluation, and data analysis, interpretation, and support as follows:
  - 1.4.1. Increase professional service providers' knowledge and skills in the use of various outcome-supported and evidence-based practices and to improve providers overall operations and business practices in delivering alcohol and other drug services (prevention, intervention, treatment, and recovery support) to New Hampshire citizens.
  - 1.4.2. Increase the number of licensed and/or certified service providers who can deliver prevention, intervention, treatment, and recovery support services.
  - 1.4.3. Support integration of Alcohol and other Drug Prevention, Intervention, Treatment and Recovery Support services with primary and behavioral healthcare.
- 1.5. The Contractor shall collaborate with the Department in developing and implementing specific training and technical assistance activities, or programs to address the needs being identified through training and/or technical assistance.
- 1.6. The Contractor shall provide for Department approval within ten (10) days from the contract effective date and then after thirty (30) days prior to the quarter end, a quarterly work plan for training, technical assistance, program evaluation, data analysis, interpretation, and support that includes at a minimum:
  - 1.6.1. The schedule of trainings with the number of trainings, the name of the training and the locations of the training,



- 1.6.2. The schedule of technical assistance, the topics for technical assistance and the methods of delivering the assistance.
- 1.7. Notwithstanding any other provision of the Contract to the contrary, no services shall continue after June 30, 2017, and the Department shall not be liable for any payments for services provided after June 30, 2017, unless and until an appropriation for these services has been received from the state legislature and funds encumbered for the SFY 2018-2019 biennia.

## 2. Definitions:

- 2.1. **Advisory Committee:** The Advisory Committee is a committee formed by the Contractor that includes the Department's Bureau of Drug and Alcohol Services, Contractor staff, relevant collaborative partners, training recipients, licensing and certification board such as those listed in Section 3.1.1.4, expert consultants and key stakeholders.
- 2.2. **Communities of Practice:** The purpose of the Community of Practice is to identify and convene professionals around a specific practice area to achieve the following:
  - 2.2.1. Increase best practice knowledge relative to treating substance use disorders,
  - 2.2.2. Build collegiality and professional mentoring, and
  - 2.2.3. Improve communication between and within systems of care addressing and treating substance misuse and substance use disorders.
- 2.3. **Continuum of Care:** Continuum of Care is a robust and accessible, effective, and well-coordinated full spectrum of substance misuse and abuse prevention, intervention, treatment, and recovery supports services that are integrated with primary health care and behavioral health, and align with the Department's efforts to establish whole-person-centered and community-owned systems of care.
- 2.4. **Department Oversight Committee:** The Department Oversight Committee is comprised of Contractor staff and Department staff from the Bureau of Drug and Alcohol Services representing relevant program areas.
- 2.5. **ELearning:** ELearning is the computer and network-enabled transfer of skills and knowledge including all forms of electronically supported learning and teaching. Applications and processes include Web-based learning, computer-based learning, virtual education opportunities and digital collaboration. Content is delivered via the Internet, intranet/extranet, audio or videotape, satellite TV, or CD-ROM. It can be self-paced or instructor-led and includes media in the form of text, image, animation, streaming video, and audio.
- 2.6. **Evidence-Based:** Evidence-Based Services are as follows:



- 2.6.1. **Prevention:** According to the Substance Abuse and Mental Health Services Administration, Evidence-based prevention refers to a set of prevention activities that evaluation research has shown to be effective in producing positive outcomes: <http://captus.samhsa.gov/prevention-practice/defining-evidence-based>.
- 2.6.2. **Treatment and Recovery Support Services:** Evidence-based as demonstrated by meeting one of the following criteria:
  - 2.6.2.1. The service shall be included as an evidence-based mental health and substance abuse intervention on the SAMHSA National Registry of Evidence-Based Programs and Practices (NREPP), <http://www.nrepp.samhsa.gov/ViewAll.aspx>;
  - 2.6.2.2. The services shall be published in a peer-reviewed journal and found to have positive effects; or
  - 2.6.2.3. The SUD treatment service provider shall be able to document the services' effectiveness based on the following:
    - 2.6.2.3.1. The service is based on a theoretical perspective that has validated research; or
    - 2.6.2.3.2. The service is supported by a documented body of knowledge generated from similar or related services that indicate effectiveness.
- 2.7. **Learning Collaborative:** Learning Collaborative is a teaching model that focuses on adoption of best practices in diverse service settings and emphasizes adult learning principles, interactive training methods, and skill-focused learning in the transfer of knowledge and skills among participants.
- 2.8. **Learning Management System:** Learning Management System is a software application for the administration, documentation, tracking, reporting, delivery, and evaluation of education courses or training programs.
- 2.9. **Medication Assisted Treatment:** Medication Assisted Treatment is the use of medications, in combination with behavioral therapies, to provide a whole-patient approach to the treatment of substance use disorders.
- 2.10. **National Outcome Measures (NOMS):** NOMS are a set of measures required by the Substance Abuse and Mental Health Services Administration (SAMHSA) and the federal Substance Abuse Prevention and Treatment Block Grant. The measures cover a set of domains defined by SAMHSA and are intended to measure health outcomes in a standard and comparable way.
- 2.11. **Partnership for Success:** Partnership for Success is a federal grant that provides funding for services to communities that have the highest risk and prevalence of substance use among high school students and young adults.
- 2.12. **Public Health Advisory Council:** Public Health Advisory Council is the committee of community leaders and key stakeholders, representative of the



- region, who set community health priorities, provide guidance to regional public health activities, and assure coordination of health improvement efforts.
- 2.13. **Quarter or Quarterly** refers to the periods of: January through March, April through June, July through September, and October through December.
  - 2.14. **Regional Public Health Network:** Regional Public Health Network is a network that aligns a broad range of public health activities and substance misuse, prevention, and health promotion activities within a defined geographic area. DPHS and BDAS contract with the thirteen (13) Regional Public Health Networks that comprise the statewide system that includes all communities in New Hampshire.
  - 2.15. **Resiliency and Recovery Oriented Systems of Care (RROSCs):** Resiliency and Recovery Oriented Systems of Care are the principles and practices that provide the framework for building a continuum of care. A RROSC is a network of organizations, agencies, and community members that coordinate a wide spectrum of services to prevent, intervene in, and treat substance misuse and substance use disorders. RROSCs support person-centered and self-directed approaches to care that build on the strengths and resilience of individuals, families, and communities to take responsibility for their sustained health, wellness, and recovery from alcohol and drug problems.
  - 2.16. **Screening, Brief Intervention and Referral to Treatment (SBIRT):** Screening, Brief Intervention and Referral to Treatment is a comprehensive, integrated public health model designed to provide universal screening, secondary prevention (detecting risky or hazardous substance use before the onset of abuse or addiction), early intervention, and timely referral, treatment and follow-up for people who have or are at risk for substance use disorders (SUD).
  - 2.17. **Sector:** Sectors are specific groups of services occurring in every community that each Regional Public Health Network is charged with incorporating into their network. Health, Education, Safety, Government, Business, and Family and Community Supports comprise the six sectors.
  - 2.18. **State:** The State is the State of New Hampshire.
  - 2.19. **Sequel Server Reporting Service (SSRS):** Sequel Server Reporting Service is the software system used within WITS to generate reports used for evaluation and demonstration of the full array of services being provided and implemented through BDAS contracted providers.
  - 2.20. **State Epidemiological Outcomes Workgroup (SEOW):** The SEOW is a multidisciplinary advisory group, consisting of data experts from various state agencies that works to improve the quality and efficiency of data systems and the availability and utility of data products that describe substance use and behavioral health issues in order to inform prevention and treatment policy, programs, and services in the state.

Handwritten initials in black ink, appearing to be "JSI".



- 2.21. **State Fiscal Year:** Period of July 1 through June 30.
- 2.22. **Web Information Technology System (WITS):** WITS is a secure, 24/7 accessible web-based information technology system for the purpose of storing client demographic and other information. All BDAS contracted providers use WITS to report on the National Outcome Measures (NOMs) established by the SAMHSA, as required in the Federal Substance Abuse Prevention and Treatment Block Grant.
- 2.23. **Workforce:** Workforce is a wide range of professionals who come into contact with individuals with alcohol and other drug (AOD) issues as part of their work, including AOD specialists such as Master Licensed Alcohol and Drug Counselors (MLADC), Licensed Alcohol and Drug Counselors (LADC), Certified Recovery Support Workers (CRSW), and Certified Prevention Specialists (CPS), and other professions such as health, mental health, corrections, education, and human services. For the purposes of this RFP, this definition is to be interpreted as broadly as possible including, but not limited to, those professions listed above.

### 3. Education and Training Program – Scope of Work

- 3.1. The Contractor shall operate an education and training program that will provide:
  - 3.1.1. Learning opportunities that enhance skills of staff and providers who deliver alcohol and drug prevention, intervention, treatment, and recovery supports services, and that increase staff and providers knowledge and skills in applying outcome-supported and evidence-based policies, programs, and practices;
  - 3.1.2. Thirty (30) in-person trainings and eight (8) web-based trainings per State Fiscal Year.
  - 3.1.3. At least one (1) central and one (1) regional training will be scheduled each month inclusive of Section 3.1.2 with regional trainings rotating each month to different geographic locations within the public health network regions;
  - 3.1.4. Core competency needs of the state's prevention, treatment, and recovery support service providers, which meet the requirements for licensure and/or certification consistent with the New Hampshire Board of Alcohol and Other Drug Use Professionals, the New Hampshire Prevention Certification Board, and/or Substance Abuse and Mental Health Services Administration (SAMHSA).
  - 3.1.5. Specific needs and other emerging issues as determined by the Department and in consideration of the types and frequency of technical assistance that has been provided.
  - 3.1.6. The development and expansion of substance use disorder services by providing trainings as directed by the Department, including but not limited to,

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- 3.1.6.1. Impaired Driver Services Program
- 3.1.6.2. The healthcare delivery system, which may include, but is not limited to:
  - 3.1.6.2.1. Medication Assisted Treatment (MAT) in primary care and other medical settings;
  - 3.1.6.2.2. Ambulatory withdrawal management
  - 3.1.6.2.3. Partial Hospitalization
  - 3.1.6.2.4. Integrated SUD and Medical and/or mental health services
- 3.1.6.3. Recovery Support Services
- 3.1.6.4. Continuum of Care for Substance Misuse Services
- 3.1.7. Specific training to the Partnership for Success (PFS) Grant working in collaboration with the Department and assessing the relative training needs of PFS program providers.
- 3.1.8. Cross-training to providers and professionals within the addiction services field and across related fields to increase the knowledge base of each, leading to effective integration of Alcohol and other Drug Prevention, Intervention, Treatment and Recovery Support services with primary and behavioral health care.
- 3.2. The Contractor shall provide an education and training program that:
  - 3.2.1. Is affordable and accessible to participants;
  - 3.2.2. Meets multiple adult learning styles and levels;
  - 3.2.3. Delivers training, where appropriate, via an eLearning platform to reach a wide geographic audience; and
  - 3.2.4. Incorporates the Resiliency and Recovery Oriented Systems of Care (RROSC) model and concepts throughout all the trainings.
- 3.3. The Contractor shall maintain a sufficient pool of qualified trainers, vetted through the Advisory Committee and the Department's Oversight Committee and ensure that all trainers are qualified to teach specific courses.
- 3.4. The Contractor shall provide approved Continuing Education Credits, applicable to the training audience and certification needs such New Hampshire Board of Alcohol and Other Drug Use Professionals, the New Hampshire Prevention Certification Board, and/or Substance Abuse and Mental Health Services Administration (SAMHSA) and other licensing boards such as for mental health and medical certification.
- 3.5. The Contractor shall provide certificates to participants that complete the trainings and that include at a minimum the title, date and length of training, participant name, and any earned Continuing Education Credits.



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- 3.6. The Contractor shall market the education and training programs to increase provider community awareness of, and to increase attendance to events funded through this contract and other workforce development resources available in the state, region, and nationally, including but not limited to:
  - 3.6.1. Maintain and market a list of events offered through this contract via multiple avenues; and
  - 3.6.2. Maintain an electronic professional development calendar/clearinghouse of educational events, offered by other organizations throughout New Hampshire as well as bordering states.
- 3.7. The Contractor shall manage the education and training program as follows:
  - 3.7.1. Establish and maintain the administrative capacity to plan, coordinate, deliver, monitor, and evaluate all training activities delivered through this contract to meet the priorities and goals in Section 1.4.
  - 3.7.2. Develop and maintain a learning management system for the administration, documentation, tracking, reporting, delivery, and evaluation of training offered through this contract;
  - 3.7.3. Provide all materials, equipment, and physical space, as well as, logistical and staff support for the training and education programs delivered; and
  - 3.7.4. Manage a registration process.
- 3.8. The Contractor shall administer a process to award scholarships to New Hampshire prevention, intervention, treatment, and recovery support providers for attendance at approved training opportunities such as, but not limited to, those sponsored by the New England Institute of Addiction Studies (NEIAS), The Addictions Technology Transfer Center (ATTC), the Center for Substance Abuse Prevention (CAPT) and the National Prevention Research Conference as follows:
  - 3.8.1. Reserve a minimum of \$10,000 per State Fiscal Year for scholarships;
  - 3.8.2. Add \$2,000 from revenue reinvestment funds, defined in Section 3.10.2 per State Fiscal Year for scholarships.
  - 3.8.3. Seek final approval from the Department for all scholarship awards.
- 3.9. The Contractor shall offer trainings, under this contract, to Department staff, at no cost, pending availability of space.
- 3.10. The Contractor may collect registration fees from training participants to cover the amount of expenses that exceed the funding provided by the Department for this Scope of Work as follows:
  - 3.10.1. Provide the Department with a copy of the fee schedule for approval within ten (10) days of the contract effective date;






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- 3.10.2. Reinvest at least 80% of the registration fees collected to develop and/or provide additional trainings and to increase scholarship dollars as defined in this Scope of Work, Section 3.8.2;
- 3.10.3. Ensure the trainings are affordable and maintain their quality as evidenced through evaluations defined in Section 3.11;
- 3.10.4. Ensure registration fees are not charged to specific individuals, groups, or agencies as identified by the Department for targeted trainings, such as but not limited to the Partnership for Success and Impaired Driver Services Program;
- 3.10.5. Report revenues generated by registration fees that support the trainings in this contract by submitting monthly financial data on forms provided by the Department. Reinvestment funds will be spent on program and workforce enhancements;
- 3.10.6. The Contractor shall track revenues against reinvestment fund totals and report progress as part of monthly financial reporting.
- 3.11. The Contractor shall monitor the education and training program as follows:
  - 3.11.1. Evaluate after each completed training, at minimum, for the training content, instructor knowledge and ability, transfer of knowledge, skills and attitudes to training participants, and that the training met the goals of the trainee;
  - 3.11.2. Provide evaluation protocols, for Department approval within forty-five (45) days of the contract effective date, to evaluate the trainings programs
  - 3.11.3. Submit evaluation forms for Department approval prior to implementing.
  - 3.11.4. Demonstrate an eighty-five percent (85%) or better rating of trainee satisfaction through training evaluations, based on aggregate quarterly evaluation data.
  - 3.11.5. Ensure continuous quality improvement of the trainings to meet the goals defined in Section 1.4.
  - 3.11.6. Meet at least quarterly with the Department's Oversight Committee at a minimum to:
    - 3.11.6.1. Review training evaluations as defined in Section 3.11 and make recommendations how to enhance the training program;
    - 3.11.6.2. Review financial reports showing program revenues and expenditures;
    - 3.11.6.3. Review and approve training work plans defined in Section 1.6;
    - 3.11.6.4. Report on the name and number of trainings, the number of people who attended each trainings by their current role in the workforce; and

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- 3.11.6.5. Ensure all contract obligations are being met consistently.
- 3.11.7. Maintain an Advisory Committee including, but not limited to, members defined in Section 2.1. that will:
  - 3.11.7.1. Meet every six (6) months to review contractual requirements, landscape analyses from the annual survey and from key stakeholders, and post-training evaluation summaries to answer three standing questions:
    - 3.11.7.1.1. Are the trainings being provided meeting the training needs of the fields;
    - 3.11.7.1.2. Are the participants highly satisfied with trainings being provided; and
    - 3.11.7.1.3. What are the barriers and opportunities relative to training that can be addressed in the coming period?
  - 3.11.7.2. Provide responses to the questions in Section 3.11.7.1, to inform quality improvement plans for trainings that will be implemented in the subsequent 6-month period and reviewed at subsequent Advisory Committee meetings.
  - 3.11.7.3. Administer an electronic, annual survey, beginning within forty-five (45) days of contract award, and every twelve (12) months thereafter, using contact lists from a wide range of professional groups, including but not limited to the New Hampshire Boards of Alcohol and Drug Abuse Counseling, Mental Health Practice, Nursing, and Medicine; professional associations within multiple domains such as primary care, behavioral health, hospitals, alcohol and drug abuse prevention specialists and treatment counselors, law enforcement, school guidance counselors, business, and others, to assess, at a minimum:
    - 3.11.7.3.1. Certification and licensure needs;
    - 3.11.7.3.2. Training topic needs by learning track;
    - 3.11.7.3.3. Preferred session lengths, days, methods of training;
    - 3.11.7.3.4. Disabilities or learning preferences, and
    - 3.11.7.3.5. General recommendations for trainings
  - 3.11.7.4. Provide key findings of the annual survey in Section 3.11.7.3 in summary format to the Advisory Committee and Department Oversight Committee for consideration and feedback and for internal quality assurance processes.

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## 4. Technical Assistance, Program Evaluation, Data Analysis, Interpretation, and Support

### 4.1. Technical Assistance

- 4.1.1. The Contractor shall provide technical assistance in the form of advice, consultation, and guidance on delivering outcome-supported and evidence-based alcohol and other drug prevention, intervention, treatment, and recovery support services.
- 4.1.2. The Contractor shall provide technical assistance on an on-going basis based on the service providers' needs.
- 4.1.3. The Contractor shall provide technical assistance that compliments and supports trainings offered in this Contract by:
  - 4.1.3.1. Continuing skills development to increase the ability and capacity of providers to provide the services; and
  - 4.1.3.2. Assisting in the transfer of knowledge by helping providers to move the research-based knowledge or ideas into practice.
- 4.1.4. The Contractor shall provide technical assistance on topics including, but not limited to:
  - 4.1.4.1. Evidence-based and/or outcome-informed programs, policies and practices;
  - 4.1.4.2. Medication Assisted Treatments and withdrawal management to Medical and Behavioral health practices ;
  - 4.1.4.3. Integrated substance use disorder and medical and/or mental health services; and
  - 4.1.4.4. Peer Recovery Support Services to Recovery Community Organizations or other interested entities.
- 4.1.5. The Contractor shall provide technical assistance to the Department's contractors that support the Regional Public Health Network and direct service providers in:
  - 4.1.5.1. Best practices and evidence-based/informed programs;
  - 4.1.5.2. Work that interfaces with both substance misuse prevention and public health preparedness;
  - 4.1.5.3. Public health advisory councils;
  - 4.1.5.4. Development and enhancement of the continuum of care for substance misuse services;
  - 4.1.5.5. Substance misuse prevention;
  - 4.1.5.6. Engaging key community sectors such as health, education, safety, and family/community supports; and

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4.1.5.7. Identifying and meeting short, intermediate, and long term outcomes.

4.1.6. The Contractor shall provide technical assistance on the Substance Abuse and Mental Health Services Administration's Substance Abuse Prevention & Treatment Federal Block Grant (SAPT Block Grant) requirements including, but not limited to:

4.1.6.1. SAPT Block Grant priority areas:

4.1.6.1.1. Substance use disorder (SUD) treatment and interim services targeting pregnant women

4.1.6.1.2. SUD services for parenting women with minor children

4.1.6.1.3. SUD services targeting injection drug users

4.1.6.1.4. SUD services targeting individuals diagnosed with HIV/AIDS, Tuberculosis, and Viral Hepatitis

4.1.6.2. Conducting an Independent Peer Review of a minimum of one treatment contractor per state fiscal year;

4.1.6.3. Assisting the Department and its treatment providers in meeting National Outcome Measures (NOMS) for treatment in areas including, but not limited to:

4.1.6.3.1. Improved client employment and/or education

4.1.6.3.2. Improved stable housing

4.1.6.3.3. Increased abstinence from alcohol and/or drugs, and

4.1.6.3.4. Increased use of social and recovery supports

4.1.6.4. Assisting the Department and its Prevention providers in meeting the Block Grant federally required National Outcome Measures (NOMS) for Prevention:

4.1.6.4.1. Persons Served or Reached by Institute Of Medicine (IOM) category

4.1.6.4.2. Number of Evidence-Based Programs and Strategies

4.1.6.4.3. Relative Cost of Evidence-Based Strategies, and

4.1.6.4.4. Percentage of total Block Grant prevention dollars spent per Center for Substance Abuse Prevention (CSAP) strategy, IOM category and Evidence-Based and Best Practices

4.1.6.4.5. Improvement in overall services that impact population change



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- 4.1.6.5. Assisting the Department in providing guidance to contracted providers in entering quality data into the Web Information Technology System (WITS) on-line data system.
- 4.1.6.6. Assisting the Department in development of tools and guidance documents to assist end users to enter quality data into WITS.
- 4.1.6.7. Develop and Conduct at least thirteen process and outcome based evaluations per State Fiscal Year to measure effectiveness of state funded prevention, intervention, treatment and recovery support services, using evaluations approved by the Department.
- 4.1.7. The Contractor shall provide technical assistance in a variety of formats in consultation with the Department, such as but not limited to:
  - 4.1.7.1. Learning Collaboratives
  - 4.1.7.2. Communities of Practice
  - 4.1.7.3. Group Meetings
  - 4.1.7.4. On-Site Consultation
  - 4.1.7.5. Development of templates and guidance documents
- 4.1.8. The Contractor shall develop and provide Communities of Practice by identifying and convening professionals around a specific practice area within the continuum of care to:
  - 4.1.8.1. Increase best practice knowledge relative to effective SUD services;
  - 4.1.8.2. Build collegiality and professional mentoring among those delivering SUD services
  - 4.1.8.3. Improve communication between and within systems of care addressing SUD services; and
  - 4.1.8.4. Promote RROSC as a set of principles and practice constructs; and
  - 4.1.8.5. Provide training and technical assistance events and activities on such topics as:
    - 4.1.8.5.1. Student Assistance Programs
    - 4.1.8.5.2. Medication Assisted Treatment (MAT) in primary care and medical settings
    - 4.1.8.5.3. ASAM Level of Care determination and substance use disorder services (includes ambulatory withdrawal management and partial hospitalization as sub-topics)

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- 4.1.8.5.4. Integrated SUD and medical and/or mental health services
- 4.1.8.5.5. Recovery Support Services (peer and non-peer)
- 4.1.8.5.6. RPHNs and Community Sector programs, practices and policies
- 4.1.8.5.7. Continuum of Care development for community substance misuse services
- 4.1.9. The Contractor shall also provide Community of Practice that includes opportunities for more structured engagement, including, but not limited to:
  - 4.1.9.1. Bi-monthly phone check-ins based on interest and capacity
  - 4.1.9.2. Bi-monthly newsletter distribution for consistent information dissemination and communication of training opportunities and best practice successes
  - 4.1.9.3. Quarterly webinars or conference calls for members that will, at a minimum:
    - 4.1.9.3.1. Include new knowledge from research and practice via an expert consultant
    - 4.1.9.3.2. Allow for clinical or practice “rounds” where participants share de-identified individual cases or situations for peer consult
    - 4.1.9.3.3. Provide opportunities for peer sharing (e.g. general knowledge, successes and challenges), and
    - 4.1.9.3.4. Provide opportunities for troubleshooting systems or protocol challenges based on common barriers or experiences
  - 4.1.9.4. Quarterly webinars/conference call shall be followed by an invitation to request individualized technical assistance or expert consultation.
  - 4.1.9.5. On-site visits and one-on-one calls with technical assistance staff and/or expert consultants to meet individual professional needs
  - 4.1.9.6. Other networking and technical assistance services based on interest and capacity
- 4.1.10. The Contractor shall develop an evaluation system for all Community of Practice activities of one (1) hour or more that assesses participant perceptions of quality, satisfaction, and usefulness of technical assistance as well as training and technical assistance topics of interest.

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- 4.1.11. The Contractor shall at a minimum, provide the Community of Practice evaluation results at bi-monthly service provider meetings to improve Technical Assistance delivery, and to develop action plans for quality improvement with the Department at least quarterly
- 4.1.12. The Contractor shall maintain a website with functionality that includes, but is not limited to membership, discussion group, and cross-sharing functions that will allow participants to become resources to each other, share experiences, challenges, successes, peer trouble-shooting, tools and templates, articles, and other information and materials.
- 4.1.13. The Contractor shall monitor the website with experts in the topic area who will, at a minimum:
  - 4.1.13.1. Prompt virtual discussion groups
  - 4.1.13.2. Monitor them for T/TA or expert consultation needs
  - 4.1.13.3. Provide T/TA or expert consultation via the web structure when possible;
  - 4.1.13.4. Deliver information directly as information needs are identified
  - 4.1.13.5. Share timely news, research articles, best practice resources, and other information at least monthly
- 4.1.14. The Contractor shall establish a process to meet the requirements of the Substance Abuse and Mental Health Services Administration's Service to Science Guidelines for promising New Hampshire grown programs, including but not limited to:
  - 4.1.14.1. Convening, facilitating, and maintaining a panel of informed national and local subject matter experts to determine the efficacy of programs;
  - 4.1.14.2. Conduct broader outreach to attract more national subject matter experts to serve on the New Hampshire expert panel; and
  - 4.1.14.3. Establishing a process for identifying and selecting a NH program, at least one per year.
- 4.1.15. The Contractor shall provide technical assistance and evaluation for the Department and sub-grantees funded through the Substance Abuse and Mental Health Services Administration's Partnership for Success (PFS), including, but not limited to:
  - 4.1.15.1. Survey design, administration, reporting; and interpretation analysis for sub-recipients and stakeholders;
  - 4.1.15.2. Aggregating school level survey data to the sub-recipient level to report in the Federal PFS database; and

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- 4.1.15.3. Participating on the Department's/ Partnership for Success advisory and evaluation teams
- 4.1.16. The Contractor shall provide qualified subject matter experts with the approval of the Department, with the requisite experience and/or certifications in the specified service or topic area.
- 4.1.17. The Contractor shall assist the Department with the continued development and implementation of the Substance Use Disorder benefit under the New Hampshire Health Protection Program and/or Medicaid.
- 4.1.18. The Contractor, as directed by and at the discretion of, the Department, shall assist the Department in seeking and writing proposals for federal grants that become available.
- 4.1.19. The Contractor shall assist the Department in preparing state and federal reports.
- 4.1.20. The Contractor shall develop, update and upload website content for:
- 4.1.20.1. The NH Treatment Locator <http://nhtreatment.org/>
- 4.1.20.2. The stand-alone New Hampshire Web Site for professionals, <http://nhcenterforexcellence.org/> that provides best practice and other professional assistance information to BDAS contracted providers, community members, local coalitions, and other individuals concerned about Substance Misuse, Abuse, Prevention, Treatment and Recovery, including but not limited to, making publications, content and/or events created and/or developed for Technical Assistance, and data analysis through this RFP, available on this site.
- 4.1.21. The Contractor shall meet at least quarterly with the Department, at a minimum to:
- 4.1.21.1. Review technical assistance that had been provided to assess and enhance the technical assistance program;
- 4.1.21.2. Review financial reports showing program revenues and expenditures;
- 4.1.21.3. Review and approve technical assistance work plans; and
- 4.1.21.4. Ensure all contract obligations are being met consistently.

**4.2. Program Evaluation**

- 4.2.1. The Contractor shall provide quantitative and qualitative evaluation of the alcohol and other drug misuse prevention, intervention, treatment, and recovery support services in New Hampshire as follows:

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- 4.2.1.1. Develop and implement tools, surveys, and other resources to be utilized at the local, regional, and state level for evaluation that may include Core Measure Surveys, PARTNER Tool, and others as defined by the Department;
- 4.2.1.2. Administer annual evaluation surveys and reports to ensure the providers are meeting projected outcomes and, as a state, that we are meeting population level outcomes;
- 4.2.1.3. Conduct as defined by the Department, a minimum of six (6) program fidelity audits annually and evaluation of evidence-based interventions and best practice programs and policies;
- 4.2.1.4. Provide technical assistance to services providers in achieving positive outcomes;
- 4.2.1.5. Work in collaboration with the Department and service providers in the development of program level logic models that measure services for better health outcomes and other instruments to measure and evaluate results of services;
- 4.2.1.6. Work in collaboration with the Department and SAMHSA funded state level technical assistance provider(s) in achieving statewide quality improvements toward health improved outcomes; and
- 4.2.1.7. Provide evaluation and support for the Department's discretionary grant funded programs; such as but not limited to the Partnership for Success Grant, to ensure program fidelity, meeting federal and state evaluation requirements and program outcomes are being achieved.

**4.3. Data Analysis, Interpretation and Support**

- 4.3.1. The Contractor shall provide data analysis, interpretation and support for the purposes of decision-making and evaluation as follows:
  - 4.3.1.1. Gather substance use, misuse, and use disorder data from various sources such as the National Survey on Drug Use and Health (NSDUH), Youth Risk Behavior Survey (YRBS) and other Federal data sets;
  - 4.3.1.2. Analyze and interpret the data; and
  - 4.3.1.3. Produce and publish reports of the data.
- 4.3.2. The Contractor shall design, prepare and publish reports, upon the request of the Department, using data supplied by the Department and other sources, that includes:
  - 4.3.2.1. Designing and producing reports within Web Information Technology System (WITS) using the Sequel Server Reporting Service (SSRS) software system;

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- 4.3.2.2. Developing and publishing a system level annual status report, related to services provided and outcomes achieved for New Hampshire each year;
- 4.3.2.3. Developing and publishing semi-annual reports for the Governor's Commission on Alcohol and Drug Abuse Prevention, Treatment, and Recovery, as articulated in RSA 12-J:4.
- 4.3.2.4. Developing topic specific Issue Briefs at the direction of the Department.
- 4.3.3. The Contractor shall provide administrative oversight for the State Epidemiological Outcome Workgroup (SEOW) by convening SEOW members at least six (6) times a year, which includes:
  - 4.3.3.1. Recruiting other state and NH organizations' epidemiologists to ensure there is good representation from various fields such as Children Youth and Family Services, Department of Safety, Health and Medical;
  - 4.3.3.2. Convening, managing, and facilitating meetings, when appropriate, and maintaining records of meetings and activities related to the SEOW;
  - 4.3.3.3. Identifying, engaging and retrieving data sets from a diverse group of suppliers of relevant data;
  - 4.3.3.4. Participating with the Department in the collection and analysis of data;
  - 4.3.3.5. Translating data into a variety of formats that are useful to diverse audiences;
  - 4.3.3.6. Supporting the collection, analysis, and interpretation of drug and alcohol data and related consequences;
  - 4.3.3.7. Producing data products as required, at least six a year, to assist in using data to drive planning and outcomes;
  - 4.3.3.8. Assisting in identification of key data indicators and using these indicators in tracking progress across providers and program areas;
  - 4.3.3.9. Using epidemiological data to instruct BDAS in knowing how to make data driven decisions in the identification and selection of prevention programs and strategies; and
  - 4.3.3.10. Assisting BDAS in increasing the general awareness of PFS prevention substances misuse and related behavioral problems affecting the state and engage key stakeholders to mobilize and build capacity to support PFS prevention efforts.

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## 5. Building Long-Term Sustainability for Workforce Development

- 5.1. The Contractor shall increase long-term sustainability of workforce development efforts to address substance misuse by leveraging multiple resources to increase and expand the amount of professional Training and Technical Assistance Program Evaluation, and Data Analysis, Interpretation, and Support offered.
- 5.2. The Contractor shall provide a quarterly report to the Department describing the activities to increase long-term sustainability of workforce developments.

## 6. Medication Assisted Treatment – Prescription Drug and Opioid Addiction (MAT-PDOA) Grant Requirements

- 6.1. The Contractor shall provide technical assistance, as indicated by the Department, to providers on the SAMHSA Medication Assisted Treatment - Prescription Drug and Opioid Addiction (MAT-PDOA) Grant requirements, which may include, but are not limited to:
  - 6.1.1. Outreach and engagement strategies to increase participation in and access to MAT.
  - 6.1.2. Assessment to determine diagnosis, level of care, and recommended medications for MAT.
  - 6.1.3. Effective implementation of evidence-based MAT services and practices.
  - 6.1.4. Implementation of a plan to mitigate the risk of diversion and ensure the appropriate use/dose of medication by patients.
  - 6.1.5. Provision of peer and other recovery support services designed to improve access and retention in MAT.
  - 6.1.6. Screening and assessment for co-occurring disorders.
  - 6.1.7. Use of the state Prescription Drug Monitoring Program (PDMP), in compliance with relevant state rules or regulations.
- 6.2. The Contractor shall provide quantitative and qualitative evaluation of the MAT-PDOA Grant which includes, but is not limited to:
  - 6.2.1. Development of a performance assessment based on local performance data to:
    - 6.2.1.1. Monitor program effectiveness.
    - 6.2.1.2. Ensure the program is reaching the targeted populations.
  - 6.2.2. Provide quarterly evaluation reports including data tables and a summary of findings.
  - 6.2.3. Provide final report to include detailed analysis on all enrolled participants.

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6.3. The Contractor shall provide data analysis, interpretation and support for the MAT-PDOA Grant as follows:

- 6.3.1. Facilitate the collection and reporting of high quality process and outcome data using the federally required data tools.
- 6.3.2. Work closely with Federally Qualified Healthcare Centers (FQHCs) to tailor a data collection and data management approach that meets SAMHSA's Government Performance and Results Modernization Act of 2010 (GPRA) data reporting requirements at the following web location: (<https://www.whitehouse.gov/omb/performance/gprm-act>).
- 6.3.3. Integrate data quality assessment procedures into regular data management practices to assure that data accurately reflects program implementation and performance.
- 6.3.4. Develop a summary report of aggregate data based on an overall analysis of the data collection and performance measure activities.

## 7. Data Transferability

7.1. The Contractor shall provide all data, products, and/or material generated through this contract to the Bureau of Drug and Alcohol Services (BDAS) within thirty (30) days of the completion of the contract. BDAS shall maintain ownership of said data, products, and/or material. More detail can be found in Form P-37, Section 9, Data/Access/Confidentiality/Preservation.



## Exhibit A – 2 –Amendment #3

### Scope of Services

#### 1. Young Adult (Ages 18 to 25 Years) Assessment

- 1.1. The Contractor shall provide information and technical assistance to the Regional Public Health Networks' Substance Misuse Prevention coordinators. The Contractor shall:
  - 1.1.1. Ensure coordinators understand and interpret the young adult data available through the young adult assessment, which includes a survey and focus groups specific to each region.
  - 1.1.2. Make recommendations to each Regional Public Health Network coordinator on strategies that meet the needs of young adults in the specific region, as indicated in the young adult assessment report.
- 1.2. The Contractor shall submit criteria to assess places of employment and higher education to determine regional readiness to implement best practice policies on alcohol and other drugs to the Department.
- 1.3. The Contractor shall develop an evaluation plan in consultation with the Department for young adult strategies that is consistent with Federal reporting requirements.

#### 2. Media Messaging for Young Adults

- 2.1. The Contractor shall provide staffing, expertise and services for the continuation of the Social Marketing Campaign that specifically targets the young adult population (ages eighteen (18) to twenty-five (25) years), in order to:
  - 2.1.1. Create awareness of the risks of underage drinking and high-risk alcohol use, such as binge drinking.
- 2.2. The Contractor shall conduct activities to ensure the deliveries of substance misuse prevention media messages are appropriate for a variety of venues, as approved by the Department. Activities include, but are not limited to:
  - 2.2.1. Development of an evaluation plan of the young adult social media campaign pilot, which will include an evaluation of the process, outputs, and intermediate outcomes, and include recommendations for improvements. The evaluation plan must be approved by the Department no later than sixty (60) days from the contract effective date.
  - 2.2.2. Based on the evaluation findings and recommendations, development of two (2) campaign strategies that are culturally sensitive and



## Exhibit A – 2 –Amendment #3

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relevant to the audience and region of the State with input from the Partnership for Success 2015 Advisory Council and approval by the Department no later than ninety (90) days from the contract effective date.

### 3. Partnership for Success (PFS) Project Success Student Assistance Programs

- 3.1. The Contractor shall provide training, technical assistance, program evaluation, data analysis, interpretation, and support for the Student Assistance Program to increase staff and provider's knowledge and skills in applying outcome-supported and evidence-based policies, programs, and practices to ensure fidelity to the Project Success model.
- 3.2. The Contractor shall collaborate with the Department to provide recommendations on key data products based on the evaluation findings of the PFS 2015 grant to a variety of stakeholders, which include but are not limited to:
  - 3.2.1. School administration and boards.
  - 3.2.2. School communities.
  - 3.2.3. The Governor's Commission on Alcohol and Drug Abuse Prevention, Treatment and Recovery.
- 3.3. The Contractor shall participate in collaboration with the Department in the Orientation Programs for PFS 2015 schools and new Student Assistance Program staff, which shall include but are not limited to:
  - 3.3.1. Introduction to Project Success and its components.
  - 3.3.2. How to implement the Student Assistance Program in schools.
  - 3.3.3. Introduction to CLAS and the NH PFS Disparities impact statement.
  - 3.3.4. How to use the Department program management database system P-WITS.

### 4. Partnership for Success (PFS) 2015

- 4.1. The Contractor shall collaborate with the Department to identify and recommend professional development trainings for Project Success Student Assistance Program staff and sub-recipients in order to:
  - 4.1.1. Improve skills and increase capacity of staff and grantees in providing services to youth and young adults.
  - 4.1.2. Assist grantees with meeting the needs of youth and young adults.





## Exhibit A – 2 –Amendment #3

4.2. The Contractor shall collaborate with the Department to ensure all federal reporting for the Partnership for Success 2015 requirements are met.

### 5. Partnership for Success (PFS) State Epidemiological Outcomes Workgroup (SEOW)

5.1. The Contractor shall consult with the SEOW, as described in Exhibit A-Amendment #3, Section 4.3.3.

5.1.1. Identify and analyze data sources to assist in assessing patterns of substance misuse and its consequences for youth and young adults.

5.1.2. Seek recommendations in setting priorities among populations and communities of high-risk and high-need.

5.1.3. Seek recommendations on the evaluation methodologies for youth and young adult strategies and programs.

5.2. The Contractor shall consult with representatives from the SEOW in reviewing all PFS related evaluation findings, reports and dissemination plans produced by the Contractor and on areas of concern or areas in need of improvement. The Contractor shall provide the recommendations to the Department for final approval.

5.3. The Contractor shall provide technical assistance to the Department and the Governor's Commission on Alcohol and Drug Abuse Prevention, Treatment, and Recovery (hereafter referred to as "Governor's Commission") on data collection, data analysis, and reporting. The Contractor shall:

5.3.1. Provide assistance to the SEOW and the Governor's Commission Data and Evaluation Taskforce with assembling a dashboard of measures for semi-annual reporting as directed by 2016 Senate Bill 533 (SB533). Reporting shall include, but is not limited to:

5.3.1.1. The number of known drug overdoses, broken out by drug(s) involved.

5.3.1.2. The number of deaths attributable to overdoses, as reported by the chief medical examiner, broken out by drug(s) involved.

5.3.1.3. The number of people known to be in treatment or recovery programs supported by the Governor's Commission Funding.

5.3.1.4. The accessibility and availability of treatment programs, including waitlists.



### Exhibit A – 2 –Amendment #3

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- 5.3.1.5. The number of individuals in drug court programs, as reported by the judicial branch.
- 5.3.1.6. The number of individuals in diversion programs, as reported by the judicial branch.
- 5.3.1.7. The number of convictions for drug related offenses, as reported by the judicial branch.
- 5.3.1.8. The number of persons incarcerated for drug related offenses, as reported by the department of corrections.
- 5.3.1.9. Funds expended and balances remaining, programs and strategies created or sustained by the funds, and an estimate of the number of individuals served by these funds.
- 5.3.1.10. Barriers experienced when attempting to access data with proposed strategies to develop or enhance data capacity.
- 5.3.1.11. Performance outcomes pursuant to National Outcomes Measurement Standards (NOMS), as required with federal funding sources.
- 5.3.2. Collect, assemble, and/or analyze, as appropriate, measures that are currently available for reporting by the date established by the Governor's Commission.
- 5.3.3. Coordinate with data related professionals who work in various departments and divisions of state government, including but not limited to the Department of Safety, Department of Corrections, and the Department of Justice, to:
  - 5.3.3.1. Identify characteristics of available data, which includes, but is not limited to:
    - 5.3.3.1.1. Source.
    - 5.3.3.1.2. Frequency.
    - 5.3.3.1.3. Quality (completeness, accuracy, reliability, validity).
    - 5.3.3.1.4. Ownership.
    - 5.3.3.1.5. Confidentiality considerations.
    - 5.3.3.1.6. Limitations.
  - 5.3.3.2. Ascertain current availability of data and metrics relevant to the dashboard of measures enumerated in Section 5.3.1.



## Exhibit A – 2 –Amendment #3

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5.3.3.3. Identify barriers to data access and availability needed for reporting of dashboard measures.

5.3.4. Collaborate with the SEOW and the Governor's Commission Data and Evaluation Taskforce to develop strategies for data system, reporting or capacity enhancements in order to mitigate barriers to successful reporting of dashboard measures.

### 6. Reporting

6.1. The Contractor shall provide quarterly reports to the Department that include but are not limited to:

6.1.1. Narrative summary of activities conducted in Section 1, Young Adult (Ages 18 to 25 Years) Assessment.

6.1.2. Detailed status of media messaging activities described in Section 2, Media Messaging – Young Adults.

6.1.3. Detailed status of Partnership for Success (PFS) 2015 activities as described in Section 4.

6.1.4. Narrative summary of PFS SEOW technical assistance provided in accordance with Section 5.

6.1.5. Detailed status of the dashboard of measures assembly described in Section 5.3.1.

6.2. The Contractor shall provide a quarterly comparison of budgeted to expended funds for activities described in this Exhibit.

### 7. Deliverables

7.1. The services described in Section 1, Young Adult (Ages 18 to 25 Years) Assessment, shall be completed by December 30, 2017.

7.2. The Contractor shall complete all activities related to the Young Adult Social Media campaign by December 30, 2017.

7.3. The Contractor shall complete the services identified in Sections 3 and 4, Partnership for Success (PFS) Project Success Student Assistance Programs, no later than December 30, 2017.

7.4. The Contractor shall collect, assemble, and/or analyze, as appropriate, measures that are currently available for reporting by the Governor's Commission, as described in Section 5.3.1 no later than the date(s) set by the Governor's Commission.

Exhibit B-3, Budget - Amendment #3

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

Bidder/Program Name: JSI Research & Training Institute, Inc. d/b/a Community Health Institute

Budget Request for: Training and Technical Assistance/Program Evaluation and Data Analysis/Interpretation and Support

Budget Period: July 1, 2017 through December 30, 2017

Line Item	Total Program Cost		Contractor Share / Match		Funded by DHHS contract share	
	Direct Incremental	Indirect Fixed	Direct Incremental	Indirect Fixed	Direct Incremental	Indirect Fixed
1. Total Salary/Wages	\$ 329,435.99	\$ -	\$ 329,435.99	\$ -	\$ 329,435.99	\$ -
2. Employee Benefits	\$ 125,185.68	\$ -	\$ 125,185.68	\$ -	\$ 125,185.68	\$ -
3. Consultants	\$ 8,500.00	\$ -	\$ 8,500.00	\$ -	\$ 8,500.00	\$ -
4. Equipment	\$ 10,212.52	\$ -	\$ 10,212.52	\$ -	\$ 10,212.52	\$ -
Rental	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Repair and Maintenance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Purchase/Depreciation	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
5. Supplies	\$ 16,471.80	\$ -	\$ 16,471.80	\$ -	\$ 16,471.80	\$ -
Educational	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Lab	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Pharmacy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Medical	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Office	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
6. Travel	\$ 3,450.00	\$ -	\$ 3,450.00	\$ -	\$ 3,450.00	\$ -
7. Occupancy	\$ 32,943.60	\$ -	\$ 32,943.60	\$ -	\$ 32,943.60	\$ -
8. Current Expenses	\$ 24,707.70	\$ -	\$ 24,707.70	\$ -	\$ 24,707.70	\$ -
Telephone	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Postage	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Subscriptions	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Audit and Legal	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Insurance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Board Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
9. Software	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
10. Marketing/Communications	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
11. Staff Education and Training	\$ 6,588.71	\$ -	\$ 6,588.71	\$ -	\$ 6,588.71	\$ -
12. Subcontracts/Agreements	\$ 126,000.00	\$ -	\$ 126,000.00	\$ -	\$ 126,000.00	\$ -
13. Other (specific details mandatory)	\$ 3,250.00	\$ -	\$ 3,250.00	\$ -	\$ 3,250.00	\$ -
Information Systems	\$ -	\$ 13,506.88	\$ -	\$ 13,506.88	\$ -	\$ 13,506.88
HR	\$ -	\$ 13,506.88	\$ -	\$ 13,506.88	\$ -	\$ 13,506.88
General Administration	\$ -	\$ 13,506.88	\$ -	\$ 13,506.88	\$ -	\$ 13,506.88
Payroll and Accounting	\$ -	\$ 13,506.88	\$ -	\$ 13,506.88	\$ -	\$ 13,506.88
TOTAL	\$ 686,746.00	\$ 54,027.50	\$ 740,773.50	\$ -	\$ 686,746.00	\$ 54,027.50

Indirect As A Percent of Direct 7.9%

[Empty box]

Contractor Initials: 

Date: 5/11/2017

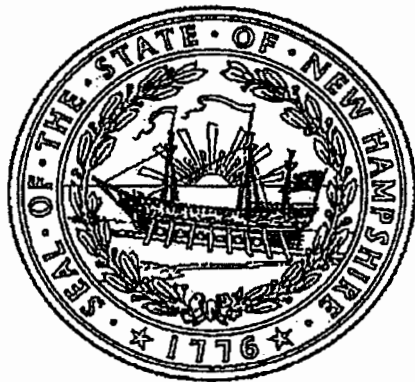
# State of New Hampshire

## 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 cursive script, appearing to read "William M. Gardner".

William M. Gardner  
Secretary of State

**CERTIFICATE OF VOTE/AUTHORITY**

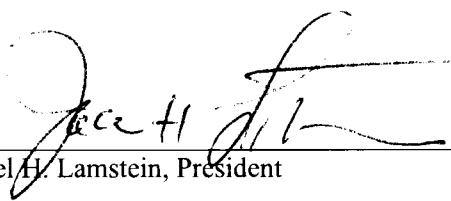
I, Joel H. Lamstein, of the JSI Research & Training Institute, Inc., d/b/a Community Health Institute, do hereby certify that:

1. I am the duly elected President of the JSI Research & Training Institute, Inc., d/b/a Community Health Institute;
2. By Unanimous Consent in Writing of the Board of Directors in Lieu of the 2008 Annual Meeting, the following is true copy of one resolution duly adopted by the Board of Directors of the JSI Research & Training Institute, Inc., d/b/a Community Health Institute, duly dated October 24, 2008;

RESOLVED: Appointment of Jonathan Stewart as Director of the Community Health Institute with the authority to enter into contracts and agreements binding the Corporation.

3. I further certify that the foregoing resolutions have not been amended or revoked and remain in full force and effect as of May 11, 2017.

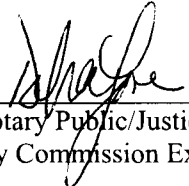
IN WITNESS WHEREOF, I have hereunto set my hand as the President of the JSI Research & Training Institute, Inc., d/b/a Community Health Institute this 11th day of May, 2017.

  
\_\_\_\_\_  
Joel H. Lamstein, President

STATE OF New Hampshire

COUNTY OF Merrimack

The foregoing instrument was acknowledged before me this 11<sup>th</sup> day of May, 2017 by Joel H. Lamstein.

  
\_\_\_\_\_  
Notary Public/Justice of the Peace  
My Commission Expires: October 16, 2018

**DEBRA L. LOVE, Notary Public**  
**My Commission Expires October 16, 2018**



JOHNSNO-01

DMEANEY

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/30/2016

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: <b>Judy Yeary</b>		
	PHONE (A/C, No, Ext):	FAX (A/C, No):	
	E-MAIL ADDRESS: <b>JYeary@masoninsure.com</b>		
INSURED <b>JSI d/b/a Community Health Institute JSI Research &amp; Training Institute, Inc. 501 South Street 2nd Floor Bow, NH 03304</b>	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A:	<b>Federal Insurance Company</b>	<b>20281</b>
	INSURER B:	<b>Executive Risk Indemnity</b>	<b>35181</b>
	INSURER C:		
	INSURER D:		
	INSURER E:		
	INSURER F:		

### COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC <input checked="" type="checkbox"/> OTHER <b>Combined Agg \$10M</b>			35873320	09/09/2016	09/09/2017	EACH OCCURRENCE \$ <b>1,000,000</b> DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>1,000,000</b> MED EXP (Any one person) \$ <b>10,000</b> PERSONAL & ADV INJURY \$ <b>1,000,000</b> GENERAL AGGREGATE \$ <b>2,000,000</b> PRODUCTS - COMP/OP AGG \$ <b>2,000,000</b> \$
A	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			73546634	09/09/2016	09/09/2017	COMBINED SINGLE LIMIT (Ea accident) \$ <b>1,000,000</b> BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			79861066	09/09/2016	09/09/2017	EACH OCCURRENCE \$ <b>20,000,000</b> AGGREGATE \$ <b>20,000,000</b> \$
A	<input type="checkbox"/> 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	09/09/2016	09/09/2017	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ <b>1,000,000</b> E.L. DISEASE - EA EMPLOYEE \$ <b>1,000,000</b> E.L. DISEASE - POLICY LIMIT \$ <b>1,000,000</b>
A	<b>Directors &amp; Officers</b>			81595534	11/09/2016	11/09/2017	<b>EACH OCC/GEN AGG</b> <b>3,000,000</b>
B	<b>ERRORS &amp; OMISSIONS</b>			82120859	11/09/2016	11/09/2017	<b>EACH OCC/GEN AGG</b> <b>1,000,000</b>

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 Chubb form 80-02-2367 (5-07). All forms available for your review upon request.

### CERTIFICATE HOLDER

### CANCELLATION

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

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 Institute, Inc. Mission Statement**

JSI Research and Training Institute was incorporated in 1979 as a 501(c)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.

## **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 OMB Circular A-133**

**September 30, 2015**

**JSI Research and Training Institute, Inc. and Affiliate  
September 30, 2015**

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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, 2015, 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, 2015, 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 U.S. Office of Management and Budget Circular A-133, *Audits of States, Local Governments, and Non-Profit Organizations*, 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 12, 2015. In our opinion, the summarized consolidated comparative information presented herein as of and for the year ended September 30, 2014 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 February 10, 2016, 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.

A handwritten signature in black ink, appearing to read "Norman R. Ferguson, CPA". The signature is written in a cursive style with a large initial "N" and "R".

Duxbury, Massachusetts  
February 10, 2016

**JSI Research and Training Institute, Inc. and Affiliate**  
**CONSOLIDATED STATEMENT OF FINANCIAL POSITION**  
September 30, 2015  
(With Comparative Totals for 2014)

	2015	2014
<b>ASSETS</b>		
Current Assets:		
Cash and cash equivalents	\$ 32,723,562	\$ 29,466,831
Receivables for program work	18,380,102	12,193,072
Loans receivable - related party	130,870	425,470
Field advances - program	3,831,076	2,612,580
Employee advances	268,427	221,271
Prepaid expenses	3,700	3,700
Total Current Assets	55,337,737	44,922,924
Property and Equipment:		
Furniture and equipment	625,913	625,913
Leasehold improvements	30,355	30,355
	656,268	656,268
Less: Accumulated depreciation	(619,202)	(603,262)
Net Property and Equipment	37,066	53,006
Other Assets	83,336	83,336
<b>TOTAL ASSETS</b>	<b>\$ 55,458,139</b>	<b>\$ 45,059,266</b>
<b>LIABILITIES AND NET ASSETS</b>		
Current Liabilities:		
Accounts payable and payroll withholdings	\$ 6,171,223	\$ 5,026,325
Accrued vacation	1,581,896	1,563,950
Advances for program work	17,530,808	14,217,480
Loans payable - related party	-	-
Notes payable	-	-
Contingencies	-	-
Total Current Liabilities	25,283,927	20,807,755
Net Assets:		
Unrestricted	30,169,212	24,246,511
Temporarily restricted	5,000	5,000
Total Net Assets	30,174,212	24,251,511
<b>TOTAL LIABILITIES AND NET ASSETS</b>	<b>\$ 55,458,139</b>	<b>\$ 45,059,266</b>

See notes to consolidated financial statements.

**JSI Research and Training Institute, Inc. and Affiliate**  
**CONSOLIDATED STATEMENT OF ACTIVITIES**  
Year Ended September 30, 2015  
(With Comparative Totals for 2014)

	<b>2015</b>	<b>2014</b>
<b>UNRESTRICTED NET ASSETS:</b>		
Public Support and Revenue		
Public Support:		
Government grants and contracts:		
U.S. Government	\$ 210,063,095	\$ 173,962,790
Commonwealth of Massachusetts	4,161,101	4,947,642
Other grants and contracts	50,876,520	45,345,787
Program income	405,334	95,478
Contributions	3,117,911	2,061,708
In-kind project contributions	2,010,273	7,244,720
Interest income	11,440	12,236
Total Unrestricted Support and Revenue	270,645,674	233,670,361
Expenses		
Program Services:		
International programs	224,104,084	190,033,358
Domestic programs	14,498,901	14,255,597
Total Program Services	238,602,985	204,288,955
Supporting Services:		
Management and General	25,808,825	24,224,914
Fundraising	311,163	225,386
Total Supporting Services	26,119,988	24,450,300
Total Expenses	264,722,973	228,739,255
Increase (Decrease) in Unrestricted Net Assets	5,922,701	4,931,106
<b>TEMPORARILY RESTRICTED NET ASSETS</b>		
Net assets released from restriction	-	-
Increase (decrease) in temporarily restricted net assets	-	-
<b>Increase (decrease) in net assets</b>	<b>5,922,701</b>	<b>4,931,106</b>
<b>Net Assets at Beginning of Year</b>	<b>24,251,511</b>	<b>19,320,405</b>
<b>Net Assets at End of Year</b>	<b>\$ 30,174,212</b>	<b>\$ 24,251,511</b>

See notes to consolidated financial statements.

**JSI Research and Training Institute, Inc. and Affiliate**  
**CONSOLIDATED STATEMENT OF FUNCTIONAL EXPENSES**  
Year Ended September 30, 2015  
(With Comparative Totals for 2014)

	PROGRAM SERVICES			SUPPORTING SERVICES			TOTAL EXPENSES
	International Programs	Domestic Programs	Total	Management And General	Fundraising	Total	
Salaries	\$ 22,267,515	\$ 6,385,750	\$ 28,653,265	\$ 6,262,396	\$ 180,937	\$ 6,443,333	\$ 35,096,598
Consultants	13,763,894	4,177,488	17,941,382	718,091	67,200	785,291	18,726,673
Cooperating National Salaries	33,345,783	-	33,345,783	516,111	-	516,111	33,861,894
Travel	16,017,306	643,405	16,660,711	528,599	128	528,727	17,189,438
Allowance & Training	8,777,124	5,961	8,783,085	309,204	-	309,204	9,092,289
Sub-contracts	73,066,441	1,806,467	74,872,908	-	-	-	74,872,908
Equipment, Material and Supplies	5,598,616	54,609	5,653,225	287,927	138	288,065	5,941,290
Other Costs	49,257,132	1,425,221	50,682,353	17,170,557	62,760	17,233,317	67,915,670
In-kind project expenses	2,010,273	-	2,010,273	-	-	-	2,010,273
Depreciation	-	-	-	15,940	-	15,940	15,940
<b>TOTAL EXPENSE</b>	<b>\$ 224,104,084</b>	<b>\$ 14,498,901</b>	<b>\$ 238,602,985</b>	<b>\$ 25,806,825</b>	<b>\$ 311,163</b>	<b>\$ 26,119,988</b>	<b>\$ 264,722,973</b>
							<b>\$ 228,739,255</b>

See notes to consolidated financial statements.



**JSI Research and Training Institute, Inc. and Affiliate**  
**CONSOLIDATED STATEMENT OF CASH FLOWS**  
Year Ended September 30, 2015  
(With Comparative Totals for 2014)

	<b>2015</b>	<b>2014</b>
<b>Cash Flows From Operating Activities:</b>		
Increase (Decrease) in net assets	\$ 5,922,701	\$ 4,931,106
Adjustments to reconcile change in net assets to net cash provided by operating activities:		
Depreciation	15,940	18,012
(Increase) Decrease in receivables for program work	(6,187,030)	(6,662,821)
(Increase) Decrease in field advances - program	(1,218,496)	243,209
(Increase) Decrease in employee advances	(47,156)	(39,417)
(Increase) Decrease in prepaid expenses	-	164
(Increase) Decrease in other assets	-	(3,138)
Increase (Decrease) in accounts payable and payroll withholdings	1,144,898	1,012,582
Increase (Decrease) in accrued vacation	17,946	107,337
Increase (Decrease) in advances for program work	3,313,328	(10,535,890)
Net Cash Provided (Used) By Operating Activities	2,962,131	(10,928,856)
<b>Cash Flows From Investing Activities:</b>		
Loans made	(36,111)	(454,957)
Loans repaid	330,711	360,198
Acquisition of property and equipment	-	(811)
Net Cash Provided (Used) By Investing Activities	294,600	(95,570)
Net Increase (Decrease) in Cash and Cash Equivalents	3,256,731	(11,024,426)
Cash and Cash Equivalents at Beginning of Year	29,466,831	40,491,257
Cash and Cash Equivalents at End of Year	<b>\$ 32,723,562</b>	<b>\$ 29,466,831</b>

See notes to consolidated financial statements.

**JSI Research and Training Institute, Inc. and Affiliate**  
**NOTES TO CONSOLIDATED FINANCIAL STATEMENTS**  
**September 30, 2015**

**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, 2015**

**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 \$1,500 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, 2015**

**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 2012, 2013, 2014 and 2015, 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 30<sup>th</sup> year end and its affiliate files tax returns based on a June 30<sup>th</sup> 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, 2015**

**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, 2015 there was no activity in temporarily restricted or 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, 2014, from which the summarized information was derived.

**Reclassification**

Certain amounts for 2014 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, 2015**

**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, 2015:

Current assets:	
Cash and cash equivalents (invested)	<u>\$ 16,161,589</u>
	<u>\$ 16,161,589</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, 2015:

	<u>Unrestricted</u>
Interest income	<u>\$ 11,440</u>
Total investment return	<u>\$ 11,440</u>

**JSI Research and Training Institute, Inc. and Affiliate**  
**NOTES TO CONSOLIDATED FINANCIAL STATEMENTS - CONTINUED**  
**September 30, 2015**

**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, 2015 was \$0.

Receivables for program work consist of the following at September 30, 2015:

U.S. Agency for International Development	\$ 11,173,185
U.S. Department of Health and Human Services	646,017
U.S. Department of State	139,794
U.S. Department of Labor	51,349
Commonwealth of Massachusetts	316,750
Other - non-governmental	<u>6,053,007</u>
	<b><u>\$ 18,380,102</u></b>

**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, 2015 is \$130,870.

**JSI Research and Training Institute, Inc. and Affiliate**  
**NOTES TO CONSOLIDATED FINANCIAL STATEMENTS - CONTINUED**  
**September 30, 2015**

**NOTE 7 – PROPERTY AND EQUIPMENT AND ACCUMULATED DEPRECIATION**

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

	<b>Cost</b>	<b>Accumulated Depreciation</b>	<b>Net</b>
Furniture and equipment	\$ 625,913	\$ (588,847)	\$ 37,066
Leasehold improvements	30,355	(30,355)	-
	<b>\$ 656,268</b>	<b>\$ (619,202)</b>	<b>\$ 37,066</b>

Depreciation expense was \$15,940 for the year ended September 30, 2015.

**NOTE 8 – OTHER ASSETS**

Other assets consist of the following at September 30, 2015:

Deposits	\$ 46,391
Artwork - donated	36,945
	<b>\$ 83,336</b>

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, 2015 as follows:

JSI Research and Training Institute, Inc.	\$ 1,301,257
World Education, Inc. (Affiliate)	280,639
	<b>\$ 1,581,896</b>



**JSI Research and Training Institute, Inc. and Affiliate**  
**NOTES TO CONSOLIDATED FINANCIAL STATEMENTS - CONTINUED**  
**September 30, 2015**

**NOTE 10 – ADVANCES FOR PROGRAM WORK**

Advances for program work consist of the following at September 30, 2015:

Other - non-governmental	
Partnership for Supply Chain Management, Inc. (related party)	\$ 6,135,820
Bill & Melinda Gates Foundation	5,407,688
UNICEF	1,026,850
Other	<u>4,960,450</u>
	<b><u>\$ 17,530,808</u></b>

**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, 2015 is \$0.

**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 August 12, 2015. 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, 2016 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, 2015, the outstanding balance is \$0 and no interest was incurred on this loan during the year ended September 30, 2015.

**JSI Research and Training Institute, Inc. and Affiliate**  
**NOTES TO CONSOLIDATED FINANCIAL STATEMENTS - CONTINUED**  
**September 30, 2015**

**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, 2015, the outstanding balance is \$0. No interest was incurred on this loan during the year ended September 30, 2015. (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, 2015. 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, 2015, 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, 2014. 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.

**NOTE 14 – TEMPORARILY RESTRICTED NET ASSETS**

At September 30, 2015, the Welthy Fisher Fund of World Education, Inc. is the beneficiary of an irrevocable life income trust agreement. Under the terms of the agreement, the donor will receive either a fixed percentage of the initial fair market value of the gift or the actual income earned by the trust. Upon the death of the donor, the funds are released to World Education, Inc. for its unrestricted use.

**JSI Research and Training Institute, Inc. and Affiliate**  
**NOTES TO CONSOLIDATED FINANCIAL STATEMENTS - CONTINUED**  
**September 30, 2015**

**NOTE 14 – TEMPORARILY RESTRICTED NET ASSETS - continued**

No assets were released from donor restriction by occurrence of events specified by the donor during the year ended September 30, 2015. The temporarily restricted net assets balance at September 30, 2015 is \$5,000.

**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 Company’s calculation of the surplus for fiscal year 2015 and on a cumulative basis:

	<b>Commonwealth Surplus Retention Net Assets</b>	<b>Other Net Assets</b>	<b>Total Net Assets</b>
Beginning of Year	\$ 854,932	\$ 23,396,579	\$ 24,251,511
Current Year	<u>104,335</u>	<u>5,818,366</u>	<u>5,922,701</u>
End of Year	<b><u>\$ 959,267</u></b>	<b><u>\$ 29,214,945</u></b>	<b><u>\$ 30,174,212</u></b>

**JSI Research and Training Institute, Inc. and Affiliate**  
**NOTES TO CONSOLIDATED FINANCIAL STATEMENTS - CONTINUED**  
**September 30, 2015**

**NOTE 16 – COMMONWEALTH OF MASSACHUSETTS**

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

Receivables from program work at October 1, 2014	\$ 295,121
Receipts	(4,139,472)
Disbursements/expenditures	<u>4,161,101</u>
Receivables from program work at September 30, 2015	<u>\$ 316,750</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, 2015, John Snow, Inc. billed JSI Research and Training Institute, Inc. \$26,822,283 for consulting services (technical support). This amount is reflected under the program services-consulting line item (\$13,735,463) and program services – other costs line item (\$13,086,820) on the statement of functional expenses. In addition, JSI Research and Training Institute, Inc. performed consulting services (technical support) for John Snow, Inc. totaling \$9,290,945.

The two companies also share facilities and pool various overhead expenses. For the year ended September 30, 2015, JSI Research and Training Institute, Inc. incurred \$19,671,337 of overhead expenses (supporting services), of which \$5,713,097 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, 2016, 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, 2015 was 2.199%. At September 30, 2015, 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, 2015**

**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, 2015, the loan receivable balance is \$130,870 and the loan payable balance is \$0.

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, 2015 are summarized as follows:

Administrative and technical support	\$ 411,365
Other direct charges (including rent of \$703,496)	<u>1,138,912</u>
	<u>\$ 1,550,277</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, 2015 totaling \$273,102 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 Footnote 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, 2015**

**NOTE 17 – RELATED PARTY TRANSACTIONS - continued**

**Partnership for Supply Chain Management, Inc. - continued**

During the year ended September 30, 2015, JSI Research and Training Institute, Inc. billed PSCM \$61,492,925 for services performed with a cost of \$58,643,920 and a fee of \$2,849,005. At September 30, 2015, PSCM advanced the Organization \$6,135,820 for program work.

During the year ended September 30, 2015, PSCM made an unrestricted contribution of \$3,000,000 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.)	\$ 1,569,479
	<u>\$ 1,569,479</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 \$2,851,621 for the year ended September 30, 2015.

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 \$340,016 in the year ended September 30, 2015.

**JSI Research and Training Institute, Inc. and Affiliate**  
**NOTES TO CONSOLIDATED FINANCIAL STATEMENTS - CONTINUED**  
**September 30, 2015**

**NOTE 19 – COMMITMENTS**

**Operating Leases**

The JSI Research and Training Institute, Inc. leases space for general offices under operating leases expiring from 2014 through 2018. The leases contain renewal options for periods of up to 5 years.

During the year ended September 30, 2015, rentals under long-term lease obligations were \$508,041. Future obligations over the primary terms of the Company's long-term leases as of September 30, 2015 are:

<u>Year Ended</u> <u>September 30,</u>	
2016	\$ 384,243
2017	258,901
2018	170,468
Thereafter	<u>-</u>
	<b><u>\$ 813,612</u></b>

World Education, Inc. (Affiliate) leases space for general offices on a year-to-year basis. Rent expense for the year ended September 30, 2015 was \$703,496.

**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, 2015:

	<u>Income</u> <u>Received</u>	<u>% of</u> <u>Total Income</u>
U.S. Agency for International Development	\$ 137,079,156	50.65%
Partnership for Supply Chain Management, Inc. - (Related Party)	<u>61,492,925</u>	<u>22.72%</u>
	<b><u>\$ 198,572,081</u></b>	<b><u>73.37%</u></b>

**JSI Research and Training Institute, Inc. and Affiliate**  
**NOTES TO CONSOLIDATED FINANCIAL STATEMENTS - CONTINUED**  
**September 30, 2015**

**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 \$2,010,273 for the year ended September 30, 2015, 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, 2015, the following donated materials and services received by the Organization have been used to fulfill matching requirements on active grants:

36521	Uganda STAR-EC	\$ 90
36662	Madagascar CBIHP	(460,936)
36697	SPRING	2,030,719
36895	Mozambique M-SIP	9,371
36991	AIDS Free	37,712
63101	Senegal/Journalism	14,749
63114	Uganda	23,295
64024	Tanzania	282,513
64026	Uganda	35
64057	Zimbabwe	<u>72,725</u>
		<b><u>\$ 2,010,273</u></b>

**NOTE 22 – SUBSEQUENT EVENTS**

The Organization has evaluated subsequent events through February 10, 2016, 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, 2015**

Federal Grantor/Pass-through Grantor Program Title	Agency or Pass-through Number	Federal CFDA Number	Federal Expenditures
<b>U.S. AGENCY FOR INTERNATIONAL DEVELOPMENT</b>			
<b>Direct Grants:</b>			
36030 - Georgia HWG	114-A-00-03-00157-00	98.001	\$ (5,816)
36100 - CAPACITY	176-A-00-04-00014-00	98.001	(7,262)
36514 - Liberia RBHS	669-A-00-09-00001-00	98.001	2,199,222
36521 - Uganda HIV/AIDS/TB	617-A-00-09-00007-00	98.001	6,433,323
36528 - Nigeria TSHIP	620-A-00-09-00014-00	98.001	12,930,136
36532 - Turkmenistan YC	120-A-00-09-00029-00	98.001	440,960
36662 - Madagascar CBIHP	687-A-00-11-00013-00	98.001	7,857,160
36697 - SPRING	AID-OAA-A-11-00031	98.001	23,596,255
36702 - Nepal CHX Cord Care	AID-OAA-A-11-00073	98.001	562,174
36747 - Ukraine HWUP	AID-121-A-11-00003	98.001	1,230,053
36800 - Advancing Partners	AID-OAA-A-12-00047	98.001	36,686,327
36807 - Live Learn & Play	AID-OAA-L-12-00003	98.001	120,606
36845 - Pakistan HSSP	AID-391-A-13-00002	98.001	6,230,528
36895 - Mozambique M-SIP	AID-656-A-13-00006	98.001	954,639
36932 - Senegal LLP	AID-685-A-14-00001	98.001	288,744
36991 - AIDSFREE	AID-OAA-A-14-00046	98.001	13,900,950
37024 - Tanzania CHSS	AID-621-A-14-00004	98.001	2,189,596
<b>Total Direct Grants</b>			<b><u>115,607,595</u></b>
<b>Pass-through Grants:</b>			
Passed through Partnership for Supply Chain Management, Inc. (PSCM):			
36344/36524 - Supply Chain Management System	GPO-I-00-05-00032-00	98.001	58,643,920
Passed through World Education:			
36591 - Tanzania OVC	621-A-00-10-00024-00	98.001	58,989
36840 - Zimbabwe - Vanc. Bantwana	AID-6133-A-13-00002	98.001	64,298
Passed through Family Health International (FHI):			
36620 - Africa FHI Neglected Tropical Disease	AID-OAA-A-10-00050	98.001	439,968
Passed through International Business Initiatives, Corporation (IBI):			
36826 - Liberia Governance and Economic Management Support Program	669-C-00-11-00050-00	98.001	107,318
Passed through Johns Hopkins University:			
37099 - Ethiopia SBCC	AID-663-A-15-000011	98.001	9,887
<b>Total Pass-through Grants</b>			<b><u>59,334,380</u></b>
<b>Total - CFDA #98.001 - USAID Foreign Assistance for Programs Overseas</b>			<b><u>174,941,975</u></b>

See notes to Schedule of Expenditures of Federal Awards.

**JSI Research and Training Institute, Inc.**  
**SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS**  
**Year Ended September 30, 2015**

Federal Grantor/Pass-through Grantor Program Title	Agency or Pass-through Number	Federal CFDA Number	Federal Expenditures
<b>U.S. AGENCY FOR INTERNATIONAL DEVELOPMENT - CONTINUED</b>			
<b>Direct Grant:</b>			
36098 - Pakistan MNH Prog. Paiman	391-A-00-05-01037-00	98.004	(96,571)
<b>Total - CFDA #98.004 - Non-Governmental Organization Strengthening (NGO)</b>			<u>(96,571)</u>
<b>TOTAL - U.S. AGENCY FOR INTERNATIONAL DEVELOPMENT</b>			<b>\$ <u>174,845,484</u></b>
 <b>U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES</b>			
<b>Pass-through Grants:</b>			
<b>Passed through NACCHO:</b>			
36595 - NH MRC Conferences	2010-051013	93.008	\$ 176
36689 - NH MRC Conferences	2011-041218	93.008	<u>165</u>
<b>Total CFDA #93.008 - Medical Reserve Corps Small Grant Programs</b>			<u>341</u>
<b>Direct Grant:</b>			
37087 - Adolescent HIV/AIDS Prevention	MAIAH000001	93.057	<u>62,171</u>
<b>Total CFDA #93.057 - National Resource Center for HIV Prevention Among Adolescents</b>			<u>62,171</u>
<b>Direct Grant:</b>			
36901 - CDC - Strategic Assessments for Strategic Action in India	1U2GGH001132-01	93.067	<u>528,620</u>
<b>Total CFDA #93.067 - Global AIDS</b>			<u>528,620</u>
<b>Pass-through Grants:</b>			
<b>Passed through State of New Hampshire:</b>			
36879 - Public Health Program Services Support	PO# 1031592	93.069	(765)
36880 - Public Health Program Services Support	PO# 1031592	93.069	114,248
37090 - Public Health Program Services Support	PO# 1031592	93.069	<u>51,424</u>
<b>Total CFDA #93.069 - Public Health Emergency Preparedness</b>			<u>164,907</u>

See notes to Schedule of Expenditures of Federal Awards.

**JSI Research and Training Institute, Inc.**  
**SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS**  
**Year Ended September 30, 2015**

Federal Grantor/Pass-through Grantor Program Title	Agency or Pass-through Number	Federal CFDA Number	Federal Expenditures
<b>U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES - CONTINUED</b>			
<b>Pass-through Grants:</b>			
Passed through State of Vermont:			
36847 - Asthma Control Program	23940	93.070	39,568
37096 - Asthma Control Program	29370	93.070	198
Passed through State of New Hampshire:			
36880 - Public Health Program Services Support	PO# 1031592	93.070	45,170
37090 - Public Health Program Services Support	PO# 1031592	93.070	40
<b>Total CFDA #93.070 - Environmental Public Health and Emergency Response</b>			<b><u>84,976</u></b>
<b>Pass-through Grant:</b>			
Passed through Puerto Rico Academy of Medical Directors, Inc.:			
37031 - Cuidate and Cuidalos Training of Trainers	2015-DS0758	93.092	21,225
<b>Total CFDA #93.092 - Affordable Care Act Personal Responsibility Education Program</b>			<b><u>21,225</u></b>
<b>Pass-through Grants:</b>			
Passed through State of New Hampshire:			
36880 - Public Health Program Services Support	PO# 1031592	93.110	37,244
37090 - Public Health Program Services Support	PO# 1031592	93.110	2,482
Passed through State of New Hampshire Family Voices:			
37081 - Epilepsy Needs Assessment	Agreement @ 6-30-15	93.110	8,525
<b>Total CFDA #93.110 - Maternal and Child Health Federal Consolidated Programs</b>			<b><u>48,251</u></b>
<b>Direct Grant:</b>			
37103 - HITEQ	U30CS29366	93.129	7,203
<b>Total CFDA #93.129 - Technical and Non-Financial Assistance to Health Centers</b>			<b><u>7,203</u></b>
<b>Pass-through Grant:</b>			
Passed through State of Rhode Island:			
36501 - Epidemiology/Public Health Data	3160295	93.130	6,143
<b>Total CFDA #93.130 - Cooperative Agreements to States/ Territories for the Coordination and Development of Primary Care Offices</b>			<b><u>6,143</u></b>

See notes to Schedule of Expenditures of Federal Awards.

**JSI Research and Training Institute, Inc.**  
**SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS**  
**Year Ended September 30, 2015**

Federal Grantor/Pass-through Grantor Program Title	Agency or Pass-through Number	Federal CFDA Number	Federal Expenditures
<b>U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES - CONTINUED</b>			
<b>Pass-through Grant:</b>			
Passed through State of Rhode Island:			
36501 - Epidemiology/Public Health Data	3160295	93.136	33,397
<b>Total CFDA #93.136 - Injury Prevention and Control Research and State and Community Based Programs</b>			<b>33,397</b>
<b>Pass-through Grants:</b>			
Passed through Health Research, Inc.:			
36989 - National Quality Center Evaluation Consultation Services	4538-03	93.145	90,930
37089 - NQC Evaluation Project	Agreement @ 7-01-15	93.145	16,492
<b>Direct Grant:</b>			
36904 - Ryan White ACE	UF2HA26520	93.145	1,414,531
<b>Total CFDA #93.145 - AIDS Education and Training Centers</b>			<b>1,521,953</b>
<b>Pass-through Grants:</b>			
Passed through Action for Boston Community Development, Inc.:			
36935 - FamPlan Data Systems		93.217	18,447
37047 - FamPlan Data Systems		93.217	26,722
Passed through State of New Hampshire:			
36935 - FamPlan Data Systems	POW 1039867	93.217	11,632
Passed through State of Rhode Island:			
36935 - FamPlan Data Systems	POW 3307663	93.217	16,473
Passed through Planned Parenthood of Southern New England:			
36935 - FamPlan Data Systems		93.217	19,905
37047 - FamPlan Data Systems		93.217	11,759
Passed through Planned Parenthood of Northern New England:			
36935 - FamPlan Data Systems		93.217	9,078
37047 - FamPlan Data Systems		93.217	34,934
Passed through Health Imperatives, Inc.:			
36935 - FamPlan Data Systems		93.217	6,428
37047 - FamPlan Data Systems		93.217	11,282
Passed through Planned Parenthood League of Massachusetts:			
36935 - FamPlan Data Systems		93.217	2,361
37047 - FamPlan Data Systems		93.217	4,144

See notes to Schedule of Expenditures of Federal Awards.

**JSI Research and Training Institute, Inc.**  
**SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS**  
**Year Ended September 30, 2015**

Federal Grantor/Pass-through Grantor Program Title	Agency or Pass-through Number	Federal CFDA Number	Federal Expenditures
<b>U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES - CONTINUED</b>			
<b>Pass-through Grants - continued:</b>			
Passed through Health Quarters, Inc.:			
36935 - FamPlan Data Systems		93.217	4,578
37047 - FamPlan Data Systems		93.217	8,034
Passed through Tapestry Health Systems:			
36935 - FamPlan Data Systems		93.217	4,634
Passed through Family Planning Association of Maine:			
36935 - FamPlan Data Systems		93.217	12,149
37047 - FamPlan Data Systems		93.217	21,323
Passed through Massachusetts Department of Public Health:			
37047 - FamPlan Data Systems		93.217	9,489
Passed through Vermont Department of Health:			
37047 - FamPlan Data Systems		93.217	4,173
<b>Total CFDA #93.217 - Family Planning Services</b>			<b><u>237,545</u></b>
<b>Pass-through Grant:</b>			
Passed through First Nations Community Healthsource:			
37000 - NCQA PCMH Recognition Technical Assistance	Agreement @ 6-13-14	93.224	2,033
<b>Total CFDA #93.224 - Consolidated Health Centers</b>			<b><u>2,033</u></b>
<b>Pass-through Grant:</b>			
Passed through State of Rhode Island:			
36501 - Epidemiology/Public Health Data	3160925	93.236	1,812
<b>Total CFDA #93.236 - Grants to States to Support Oral Health Workforce Activities</b>			<b><u>1,812</u></b>
<b>Pass-through Grants:</b>			
Passed through Buildings Bright Futures State Advisory Council, Inc.:			
36850 - Vermont L.A.U.N.C.H. Project	13/7	93.243	55,059
Passed through State of New Hampshire:			
36875 - NH Center for Excellence - Drug and Alcohol	1025785	93.243	445,563
Passed through County of Cheshire, New Hampshire:			
36889 - Drug Court Program	Agreement @ 8-19-13	93.243	39,828
Passed through Action for Boston Community Development, Inc.:			
36903 - Entre Nosotras FY 14	Agreement @ 10-19-13	93.243	16,647

See notes to Schedule of Expenditures of Federal Awards.

**JSI Research and Training Institute, Inc.**  
**SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS**  
**Year Ended September 30, 2015**

Federal Grantor/Pass-through Grantor Program Title	Agency or Pass-through Number	Federal CFDA Number	Federal Expenditures
<b>U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES - CONTINUED</b>			
<b>Pass-through Grants - continued:</b>			
Passed through State of Rhode Island:			
37023 - PFS Training and Technical Assistance Services	3426881	93.243	33,337
Passed through Goodwin Community Health:			
37054 - GCH MS YRBS Evaluation Services	Agreement @ 4-19-15	93.243	<u>1,307</u>
<b>Total CFDA #93.243 - Substance Abuse and Mental Health Services Projects of Regional and National Significance</b>			<u><b>591,741</b></u>
<b>Direct Grants:</b>			
36777 - National Training Center - Quality Assurance, Quality Improvement, Evaluation	FPTPA006025	93.260	1,068,933
36787 - Reproductive Health Prevention Training and Technical Assistance	FPTPA006015	93.260	191,616
36792 - National Training Center for Management and Systems Improvement	FPTPA006023	93.260	1,115,176
36794 - Region VIII Sexual Health	FPTPA006016	93.260	<u>163,076</u>
<b>Total - CFDA #93.260 - Family Planning - Personnel Training</b>			<u><b>2,538,801</b></u>
<b>Pass-through Grants:</b>			
Passed through State of New Hampshire:			
36880 - Public Health Program Services Support	PO# 1031592	93.268	99,442
37090 - Public Health Program Services Support	PO# 1031592	93.268	<u>6,348</u>
<b>Total CFDA #93.268 - Immunization Cooperative Agreements</b>			<u><b>105,790</b></u>
<b>Pass-through Grants:</b>			
Passed through United Way of Greater Nashua:			
36937 - Nashua DFC Evaluation	Agreement @ 3-5-14	93.276	3,445
Passed through Center for Social Innovation:			
36980 - BRSS TACS	HHSS280201100002C	93.276	36,905
Passed through Sullivan County, New Hampshire:			
37026 - MS YRBS Evaluation Services	150952	93.276	6,744
Passed through Mary Hitchcock Memorial Hospital:			
37036 - Upper Valley Drug Free Communities Grant Evaluation	Agreement @ 1-29-15	93.276	8,243
Passed through Narragansett Prevention Partnership:			
37037 - NPP Evaluation	Agreement @ 1-25-15	93.276	8,374

See notes to Schedule of Expenditures of Federal Awards.

**JSI Research and Training Institute, Inc.**  
**SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS**  
**Year Ended September 30, 2015**

Federal Grantor/Pass-through Grantor Program Title	Agency or Pass-through Number	Federal CFDA Number	Federal Expenditures
<b>U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES - CONTINUED</b>			
<b>Pass-through Grants - continued:</b>			
Passed through Center for Social Innovation:			
37058 - BRSS TACSII	HHSS280201100002C	93.276	30,887
37062 - BRSS TACS	HHSS280201100002C	93.276	486
Passed through SoROCK:			
37072 - Evaluation Support Services	Agreement @ 5-20-15	93.276	<u>5,401</u>
<b>Total CFDA #93.276 - Drug-free Communities Support Program Grants</b>			<u><b>100,485</b></u>
<b>Pass-through Grants:</b>			
Passed through State of New Hampshire:			
36843 - Tobacco Helpline	1028499	93.283	218,445
36880 - Public Health Program Services Support	PO# 1031592	93.283	14,996
36906 - NH Top QL Partnership	Agreement @ 9-4-13	93.283	2,717
Passed through State of Rhode Island:			
36501 - Epidemiology/Public Health Data	3160295	93.283	3,922
36849 - Smoker's Helpline - Quitline Tobacco Cessation	3320510	93.283	49,229
Passed through Commonwealth of Massachusetts Department of Public Health:			
HIV/AIDS Research, Training and Support	INTF-2915M04900315005	93.283	248,405
Passed through State of Vermont:			
37041 - Vermont Tobacco Control Program	28405	93.283	<u>10,399</u>
<b>Total - CFDA #93.283 - Centers for Disease Control and Prevention - Investigations and Technical Assistance</b>			<u><b>548,113</b></u>
<b>Direct Grant:</b>			
36891 - PPHF 2013 - OSTI.TS Partnerships	1U38OT000188	93.292	99,574
<b>Pass-through Grant:</b>			
Passed through Yale University:			
37070 - CT QI Project	SNP6247797	93.292	<u>11,683</u>
<b>Total - CFDA #93.292 - National Public Health Improvement Initiative</b>			<u><b>111,257</b></u>

See notes to Schedule of Expenditures of Federal Awards.



**JSI Research and Training Institute, Inc.**  
**SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS**  
**Year Ended September 30, 2015**

Federal Grantor/Pass-through Grantor Program Title	Agency or Pass-through Number	Federal CFDA Number	Federal Expenditures
<b>U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES - CONTINUED</b>			
<b>Pass-through Grants:</b>			
Passed through Black Ministerial Alliance of Greater Boston, Inc.:			
36664 - Healthy Futures	Agreement @ 6-1-11	93.297	138,167
36750 - Healthy Futures Health Education	Agreement @ 4-20-12	93.297	300
36848 - Teen Pregnancy Prevention Initiative	Agreement @ 5-1-13	93.297	10,879
Passed through Massachusetts Alliance on Teen Pregnancy:			
37079 - MATP Consulting	Agreement @ 6-8-15	93.297	24,480
<b>Total - CFDA #93.297 - Teenage Pregnancy Prevention Program</b>			<b>173,826</b>
<b>Pass-through Grant:</b>			
Passed through University of Southern Maine:			
37093 - Maine Food Security	Agreement @ 8-1-15	93.331	2,472
<b>Total - CFDA #93.331 - Partnerships to Improve Community Health</b>			<b>2,472</b>
<b>Pass-through Grants:</b>			
Passed through State of Vermont:			
36853 - Maternal, Infant, and Early Childhood Home Visitation Program	24086	93.505	11,155
Passed through State of New Hampshire:			
37090 - Public Health Program Services Support	PO# 1031592	93.505	4,754
<b>Total - CFDA #93.505 - Affordable Care Act Maternal, Infant, and Early Childhood Home Visiting Program</b>			<b>15,909</b>
<b>Pass-through Grants:</b>			
Passed through Town of Hudson, Massachusetts:			
36754 - MetroWest Moves	Agreement @ 5-9-12	93.531	48,539
Passed through State of Vermont:			
36930 - Vermont Oral Health Coalition	25965	93.531	31
<b>Total - CFDA #93.531 - PPHF 2012 - Community Transition Grants</b>			<b>48,570</b>
<b>Pass-through Grant:</b>			
Passed through State of New Hampshire:			
36880 - Public Health Program Services Support	PO# 1031592	93.538	29,090
<b>Total - CFDA #93.538 - Affordable Care Act - Nat'l. Environmental Public Health Tracking Program</b>			<b>29,090</b>

See notes to Schedule of Expenditures of Federal Awards.

**JSI Research and Training Institute, Inc.**  
**SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS**  
**Year Ended September 30, 2015**

Federal Grantor/Pass-through Grantor Program Title	Agency or Pass-through Number	Federal CFDA Number	Federal Expenditures
<b>U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES - CONTINUED</b>			
<b>Pass-through Grant:</b>			
Passed through State of New Hampshire:			
36843 - Tobacco Helpline	1028499	93.735	5,375
<b>Direct Grant:</b>			
37015 - Tobacco Use Prevention	U58DP005338	93.735	<u>64,123</u>
<b>Total - CFDA #93.735 - State Public Health Approaches for Ensuring Quitline Capacity.</b>			<u>69,498</u>
<b>Pass-through Grants:</b>			
Passed through Ozarks Regional YMCA:			
36835 - Transformation Engagement Project	Agreement @ 2-28-13	93.737	108,198
36929 - Ozarks Regional Food Policy Council	Agreement @ 1-12-14	93.737	<u>4,041</u>
<b>Total - CFDA #93.737 - Community Transformation Grants</b>			<u>112,239</u>
<b>Pass-through Grant:</b>			
Passed through Granite United Way:			
37074 - CHIP Process in the Capital Area	Agreement @ 5-28-15	93.749	<u>2,580</u>
<b>Total - CFDA #93.749 - PPHF - Public Health Laboratory Infrastructure</b>			<u>2,580</u>
<b>Pass-through Grant:</b>			
Passed through State of New Hampshire:			
37090 - Public Health Program Services Support	POW 1031592	93.753	<u>1,331</u>
<b>Total - CFDA #93.753 - Child Lead Poisoning Surveillance (PPHF)</b>			<u>1,331</u>
<b>Pass-through Grants:</b>			
Passed through State of New Hampshire:			
37048 - National Diabetes Prevention Program	161611-B001	93.757	119,099
37068 - Technical Assistance Network for Rural Health Clinics	1043188	93.757	<u>79,895</u>
<b>Total - CFDA #93.757 - State and Local Public Health Actions to Prevent Obesity, Diabetes, Heart Disease and Stroke (PPHF)</b>			<u>198,994</u>
<b>Pass-through Grants:</b>			
Passed through State of Rhode Island:			
36501 - Epidemiology/Public Health Data	3160295	93.758	13,869
Passed through Commonwealth of Massachusetts Dept. of Public Health:			
Preventive Health and Health Services	INTF-4300-M04500824048	93.758	100,000

See notes to Schedule of Expenditures of Federal Awards.

**JSI Research and Training Institute, Inc.**  
**SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS**  
**Year Ended September 30, 2015**

Federal Grantor/Pass-through Grantor Program Title	Agency or Pass-through Number	Federal CFDA Number	Federal Expenditures
<b>U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES - CONTINUED</b>			
<b>Pass-through Grants - continued:</b>			
Passed through United Way of the Greater Seacoast:			
37073 - Community Health Improvement Planning	Agreement @ 5-28-15	93.758	590
Passed through State of New Hampshire:			
37090 - Public Health Program Services Support	PO# 1031592	93.758	<u>11,954</u>
<b>Total - CFDA #93.758 - Preventive Health and Health Services Block Grant Funded Solely with Prevention and Public Health Funds (PPHF)</b>			<u><b>126,413</b></u>
<b>Pass-through Grant:</b>			
Passed through State of Colorado:			
37080 - Hospital Quality Incentive Payment	PO UHAA 20160000000000000820	93.778	<u>7,334</u>
<b>Total - CFDA #93.778 - Medical Assistance Program</b>			<u><b>7,334</b></u>
<b>Pass-through Grants:</b>			
Passed through State of New Hampshire:			
36880 - Public Health Program Services Support	PO# 1031592	93.889	41,363
37090 - Public Health Program Services Support	PO# 1031592	93.889	<u>22,480</u>
<b>Total - CFDA #93.889 - National Bioterrorism Hospital Preparedness Program</b>			<u><b>63,843</b></u>
<b>Pass-through Grant:</b>			
Passed through Massachusetts Alliance on Teen Pregnancy:			
37046 - Young Men Matter, Too	YEPMP140092	93.910	<u>19,750</u>
<b>Total - CFDA #93.910 - Family and Community Violence Prevention Program</b>			<u><b>19,750</b></u>
<b>Pass-through Grant:</b>			
Passed through Mid-State Health Center:			
36953 - PATT Evaluation	MS1415-1	93.912	<u>11,280</u>
<b>Total - CFDA #93.912 - Rural Health Care Services Outreach</b>			<u><b>11,280</b></u>
<b>Pass-through Grants:</b>			
Passed through State of Rhode Island:			
36501 - Epidemiology/Public Health Data	3160295	93.913	1,961

See notes to Schedule of Expenditures of Federal Awards.

**JSI Research and Training Institute, Inc.**  
**SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS**  
**Year Ended September 30, 2015**

Federal Grantor/Pass-through Grantor Program Title	Agency or Pass-through Number	Federal CFDA Number	Federal Expenditures
<b>U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES - CONTINUED</b>			
<b>Pass-through Grants - continued:</b>			
Passed through State of New Hampshire:			
36880 - Public Health Program Services Support	PO# 1031592	93.913	23,546
36988 - Rural Health and Primary Care	PO# 1038916	93.913	10,293
37068 - Technical Assistance Network for Rural Health Clinics	1043188	93.913	<u>27,228</u>
<b>Total - CFDA #93.913 - Grants to States for Operation of Offices of Rural Health</b>			<b><u>63,028</u></b>
<b>Pass-through Grant:</b>			
Passed through Boston Public Health Commission:			
36453 - BPHC Quality Management	6307A	93.914	<u>191,224</u>
<b>Total - CFDA #93.914 - HIV Emergency Relief Project Grants</b>			<b><u>191,224</u></b>
<b>Pass-through Grants:</b>			
Passed through State of New Hampshire:			
36880 - Public Health Program Services Support	PO# 1031592	93.917	63,551
37090 - Public Health Program Services Support	PO# 1031592	93.917	608
Passed through Commonwealth of Massachusetts Department of Public Health:			
HIV Care	INTF-4971-M045008224092	93.917	<u>377,667</u>
<b>Total - CFDA #93.917 - HIV Care Formula Grants</b>			<b><u>441,826</u></b>
<b>Direct Grant:</b>			
36967 - Healthy Start Performance Project	UF5MC26845	93.926	<u>1,536,877</u>
<b>Total - CFDA #93.926 - Healthy Start Initiative</b>			<b><u>1,536,877</u></b>
<b>Direct Grant:</b>			
36945 - CDC CBA FY15 - FY19	U65PS004406	93.939	<u>826,403</u>
<b>Total - CFDA #93.939 - HIV Prevention Activities - NGO Based</b>			<b><u>826,403</u></b>
<b>Pass-through Grants:</b>			
Passed through State of New Hampshire:			
36880 - Public Health Program Services Support	PO# 1031592	93.940	42,368
Passed through State of Connecticut Department of Public Health:			
37028 - HIV Prevention	2014-0186	93.940	<u>82,644</u>
<b>Total - CFDA #93.940 - HIV Prevention Activities - Health Department Based</b>			<b><u>125,012</u></b>

See notes to Schedule of Expenditures of Federal Awards.

**JSI Research and Training Institute, Inc.**  
**SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS**  
**Year Ended September 30, 2015**

Federal Grantor/Pass-through Grantor Program Title	Agency or Pass-through Number	Federal CFDA Number	Federal Expenditures
<b>U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES - CONTINUED</b>			
<b>Pass-through Grant:</b>			
Passed through Commonwealth of Massachusetts Department of Public Health:			
HIV/AIDS Surveillance	INTF-4971-M04500824092	93.944	<u>32,258</u>
<b>Total - CFDA #93.944 - HIV/AIDS Surveillance</b>			<u><b>32,258</b></u>
<b>Pass-through Grant:</b>			
Passed through South County Hospital Healthcare System:			
37091 - South County Health Equity Zone	Agreement @ 5-1-15	93.945	<u>2,398</u>
<b>Total - CFDA #93.945 - Assistance Programs for Chronic Disease Prevention and Control</b>			<u><b>2,398</b></u>
<b>Direct Grant:</b>			
36615 - CDC Teen Pregnancy	US8DP002906	93.946	<u>330,469</u>
<b>Total - CFDA #93.946 - Cooperative Agreements to Support State-Based Safe Motherhood and Infant Initiative Programs</b>			<u><b>330,469</b></u>
<b>Pass-through Grants:</b>			
Passed through State of Rhode Island:			
36801 - Prevention Resource Center	3316844	93.959	173,399
Passed through United Way of the Greater Seacoast:			
37073 - Community Health Improvement Planning	Agreement @ 5-28-15	93.959	<u>885</u>
<b>Total - CFDA #93.959 - Block Grants for Prevention and Treatment of Substance Abuse</b>			<u><b>174,284</b></u>
<b>Pass-through Grants:</b>			
Passed through State of Rhode Island:			
36501 - Epidemiology/Public Health Data	3160295	93.994	38,511
Passed through State of New Hampshire:			
36880 - Public Health Program Services Support	PO# 1031592	93.994	2,203
Passed through State of Vermont:			
37067 - Title V and Title X Needs Assessment	28817	93.994	<u>28,711</u>
<b>Total - CFDA #93.994 - Maternal &amp; Child Health Services Block Grant to the States</b>			<u><b>69,425</b></u>
<b>TOTAL - U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES</b>			<u><b>\$ 11,393,097</b></u>

See notes to Schedule of Expenditures of Federal Awards.

**JSI Research and Training Institute, Inc.**  
**SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS**  
**Year Ended September 30, 2015**

Federal Grantor/Pass-through Grantor Program Title	Agency or Pass-through Number	Federal CFDA Number	Federal Expenditures
<b>U.S. DEPARTMENT OF HOMELAND SECURITY</b>			
<b>Direct Grants:</b>			
United States Coast Guard -			
36857 - Nat'l. Estimate of Life Jacket Wear Rate	3313FAN1302.15	97.012	\$ 2,965
36969 - Nat'l. Estimate of Life Jacket Wear Rate	3314FAN1402.09	97.012	86,372
37076 - Nat'l. Life Jacket Wear Rate	3315FAN1502.05	97.012	132,058
<b>Pass-through Grant:</b>			
Passed through the State of Washington:			
36958 - WA Parks Lifejackets	315-126	97.012	524
<b>Total CFDA #97.012 - Boating Safety Financial Assistance</b>			<b>221,919</b>
<b>TOTAL - U.S. DEPARTMENT OF HOMELAND SECURITY</b>			<b>\$ 221,919</b>
<b>U.S. ENVIRONMENTAL PROTECTION AGENCY</b>			
<b>Direct Grant:</b>			
36789 - Reducing Asthma Disparities Through Adult Basic Education	96161301	66.034	\$ 13,279
<b>Total CFDA #66.034 - Surveys Studies Research Investigations, Demonstrations and Special Purpose Activities Relating to the Clean Air Act</b>			<b>13,279</b>
<b>Pass-through Grant:</b>			
Passed through State of Rhode Island:			
36501 - Epidemiology/Public Health Data	3160295	66.472	1,037
<b>Total CFDA #66.472 - Beach Monitoring and Notification Program Implementation Grants</b>			<b>1,037</b>
<b>Pass-through Grants:</b>			
Passed through State of New Hampshire:			
36880 - Public Health Program Services Support	PO# 1031592	66.707	53,668
37090 - Public Health Program Services Support	PO# 1031592	66.707	1,122
<b>Total CFDA #66.707 - TSCA Title IV State Lead Grants Certification of Lead-Based Paint Professional</b>			<b>54,790</b>
<b>TOTAL - U.S. ENVIRONMENTAL PROTECTION AGENCY</b>			<b>\$ 69,106</b>

See notes to Schedule of Expenditures of Federal Awards.

**JSI Research and Training Institute, Inc.**  
**SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS**  
**Year Ended September 30, 2015**

Federal Grantor/Pass-through Grantor Program Title	Agency or Pass-through Number	Federal CFDA Number	Federal Expenditures
<b>U.S. DEPARTMENT OF JUSTICE - CONTINUED</b>			
<b>Pass-through Grants:</b>			
Passed through State of New Hampshire:			
36931 - Court Diversion	PO# 1035374	16.540	<u>\$ 28,345</u>
<b>Total - CFDA #16.540 - Juvenile Justice and Delinquency Prevention - Allocation to States</b>			<u>28,345</u>
<b>Pass-through Grants:</b>			
Passed through County of Cheshire, New Hampshire:			
36902 - Cheshire County Drug Court	Agreement @ 9-20-13	16.585	13,423
Passed through State of New Hampshire Admin. Office of the Courts:			
37043 - Rockingham County Adult Drug Court	Agreement @ 1-16-15	16.585	<u>2,730</u>
<b>Total - CFDA #16.858 - Department of Justice, Bureau of Justice Assistance Grant</b>			<u>16,153</u>
<b>TOTAL U.S. DEPARTMENT OF JUSTICE</b>			<u>\$ 44,498</u>
<b>TOTAL FEDERAL AWARDS</b>			<u>\$ 186,574,024</u>

**JSI Research and Training Institute, Inc.**  
**NOTES TO SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS**  
September 30, 2015

**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, 2015. The information in this Schedule is presented in accordance with the requirements of OMB Circular A-133, *Audits of States, Local Governments, and Non-Profit Organizations*. 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 OMB Circular A-122, *Cost Principles for Non-Profit Organizations*, wherein certain types of expenditures are not allowable or are limited as to reimbursement.
- (2) Catalog of Federal Domestic Assistance (CFDA) numbers are presented when available.



**JSI Research and Training Institute, Inc.**  
**NOTES TO SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS**  
September 30, 2015

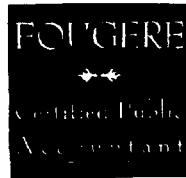
**NOTE 3 – SUBRECIPIENTS**

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	\$ 8,387
Clean Air Act	66.340	2,000
National Resources Center for HIV Prevention Among Adolescents	93.057	41,596
Public Health Emergency Preparedness	93.069	90,337
Cooperative Agreements to Promote Adolescent Health through School-Based HIV/STD Prevention and School-Based Surveillance	93.079	1,797
Injury Prevention and Control Research and State and Community Based Programs	93.136	53
AIDS Education and Training Centers	93.145	220,975
Family Planning Services	93.217	36,443
Substance Abuse and Mental Health Services - Projects of Regional and National Significance	93.243	12,830
Family Planning - Personnel Training	93.260	270,000
Centers for Disease Control and Prevention - Investigations and Technical Assistance	93.283/93.735	230,210
Building Capacity of the Public Health System to Improve Population Health	93.424	53,083
Capacity Building Assistance to Strengthen Public Health Immunization	93.539/93.268	1,322
ACA - State Innovation Models: Funding for Model Design and Model Testing Assistance	93.624	97,363
State and Local Public Health Actions to Prevent Obesity, Diabetes, etc.	93.757	20,400
Grants to States for Operation of Offices of Rural Health	93.913/93.757	27,566
HIV Care Formula Grants	93.917	71,778
Healthy Start Initiative	93.926	45,499
HIV Prevention Activities - Health Department Based	93.940	658
HIV Demonstration, Research, Public and Professional Education Projects	93.941	150
RI Prevent Resource Center	93.959	695
USAID Foreign Assistance for Program Overseas	98.001	<u>57,144,191</u>
Total Federal Awards Provided to Subrecipients		<b>\$ 58,377,332</b>
Non-Federal Awards Provided to Subrecipients		<u>1,644,775</u>
		<b><u>\$ 60,022,107</u></b>

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

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**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, 2015, 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 February 10, 2016.

**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, appearing to read "Norman Joyce CPA". The signature is fluid and cursive, with the letters "N" and "J" being particularly prominent.

Duxbury, Massachusetts  
February 10, 2016

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**INDEPENDENT AUDITOR'S REPORT ON COMPLIANCE FOR EACH MAJOR  
PROGRAM AND ON INTERNAL CONTROL  
OVER COMPLIANCE IN REQUIRED BY OMB CIRCULAR A-133**

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 Circular A-133 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, 2015. 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 OMB Circular A-133, *Audits of States, Local Governments, and Non-Profit Organizations*. Those standards and OMB Circular A-133 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, 2015.

### **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 OMB Circular A-133, 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 U.S. Office of Management and Budget Circular A-133, *Audits of States, Local Governments, and Non-Profit Organizations*. 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 OMB Circular A-133. Accordingly, this report is not suitable for any other purpose.

A handwritten signature in black ink, appearing to read "Thomas J. Fogarty CPA". The signature is written in a cursive style with a large initial "T".

Duxbury, Massachusetts  
February 10, 2016

**JSI Research and Training Institute, Inc. and Affiliate**  
**SCHEDULE OF FINDINGS AND QUESTIONED COSTS**  
September 30, 2015

**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 Section 510(a) of OMB Circular A-133:	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 Section 530 of OMB Circular A-133	Yes

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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, 2014.



JSI Research & Training Institute, Inc.

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Boston, Massachusetts 02210  
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617 482-9485 Email

**CONFIDENTIAL**



**JSI Research & Training Institute, Inc.**

**Officers**

<b><u>Name</u></b>	<b><u>Title</u></b>	<b><u>Address &amp; Telephone #</u></b>
Joel H. Lamstein	President	
Joel H. Lamstein	Treasurer	
Patricia Fairchild	Secretary	
Joanne McDade	Assistant Secretary	

**Board of Directors**

<b><u>Name</u></b>	<b><u>Title</u></b>
Joel H. Lamstein	Director
Alexander K. Baker	Director
Patricia Fairchild	Director

JSI Research & Training Institute, Inc.

44 Farnsworth Street      617 482-9485 Voice  
Boston · Massachusetts      617 482-0617 Fax  
02210 · 1211      [jsi@jsi.com](mailto:jsi@jsi.com) Email



**Board of Directors, cont.**

**CONFIDENTIAL**

<b><u>Name</u></b>	<b><u>Title</u></b>	<b><u>Address &amp; Telephone #</u></b>
Kenneth J. Olivola	Director	
David E. Bloom	Director	
Leland Goldberg	Director	
Carolyn Hart	Director	
Louis Kaplow	Director	
Paul Osterman	Director	
Nancy Turnbull	Director	
Michael Useem	Director	

# KARYN DUDLEY MADORE

JSI/CHI, 501 South Street, 2nd floor, Bow, New Hampshire 03304 (603) 573-3305

[kmadore@jsi.com](mailto:kmadore@jsi.com)

## EDUCATION

CERTIFIED AS A COMMUNICATOR IN PUBLIC HEALTH (CCPH) BY THE NATIONAL PUBLIC HEALTH INFORMATION COALITION (NPHIC), SPRING 2015

UNIVERSITY OF SOUTH FLORIDA, TAMPA, COLLEGE OF PUBLIC HEALTH GRADUATE CERTIFICATE PROGRAM  
HEALTH COMMUNICATION IN PUBLIC HEALTH GRADUATION SUMMER 2014

PLYMOUTH STATE COLLEGE, PLYMOUTH, NEW HAMPSHIRE  
*M.Ed. 1995*

PLYMOUTH STATE COLLEGE, PLYMOUTH, NEW HAMPSHIRE  
*B.S., 1987*

## EXPERIENCE

**Community Health Institute/JSI Research & Training Institute, Inc., Bow, New Hampshire**  
*Operations Director, August 1998 to present*

### **NH Operations Director**

Serve as Operations Director for the JSI-NH office, d.b.a. Community Health Institute. Provide operational oversight of office functions and operations including project and support staff workload division, professional and skill development and liaison to other JSI offices and departments.

### **JSI-NH Health Communications Director**

Serve as Health Communications Director for the JSI-NH office, d.b.a. Community Health Institute. As Health Communications Director, provide overall strategic direction, administration, and management of health communications services to a variety of projects. Oversee the development of marketing and communication campaigns, print materials, and collateral as well as print material distribution services to ensure that all materials and campaigns are of high quality, effective, and innovative.

### **National Healthy Start Branding and Communications Lead**

Maternal and Child Health Bureau (MCHB), Division of Healthy Start and Perinatal Services (DHSPS), Washington, DC. Branding and Communications Lead for the Supporting Healthy Start Performance Project (SHSPP) to provide capacity building assistance (CBA) to approximately 100 Healthy Start grantees to ensure program effectiveness in achieving the goals to reduce infant mortality, reduce health disparities and improve perinatal health outcomes. CBA incorporates technical assistance, training, technology transfer and information transfer and dissemination.

### **NH Immunization Marketing (SFY2011 – Present)**

Serve as Project Director to develop a creative health marketing campaign, for the NH Immunization Program, that identifies priority audiences, best-practice outreach strategies, partner communication channels, effective educational outreach materials to advance the understanding of the health benefits of vaccines and immunizations and increase NH immunization rates. The team will review existing state and national materials, and create new graphics and logos.

### **NH Tobacco Addiction Treatment Services (TATS) – SFY2008 to present**

Serve as Project Director for the NH TATS project, which is a follow on to the NH Tobacco Use Cessation and Counter Marketing Project completed in FY07. This contract serves as the hub for the NH Tobacco Resource Center, which incorporates: 1) the NH Smokers' Helpline offering free and confidential counseling and services in English, Spanish and Portuguese; 2) the promotion of the NH Smokers' Helpline through a variety of traditional and non-traditional media outlets; and 3) [www.trytostoph.org](http://www.trytostoph.org), a web-based resource for NH tobacco users and 4) QuitWorks-NH a resource for NH clinicians working with their patients to quit using tobacco by providing them with a single portal for referring their patients who use tobacco for state-of-the-art treatment ([www.quitworksnh.org](http://www.quitworksnh.org)). This initiative also includes the continued development of a consortium of health insurers who are willing to promote TTS-NH to their subscribers directly and endorse QuitWorks-NH to their contracted health care providers.

**NH Immunization Marketing (SFY2011 – Present)**

Serve as Project Director to develop a creative health marketing campaign, for the NH Immunization Program, that identifies priority audiences, best-practice outreach strategies, partner communication channels, effective educational outreach materials to advance the understanding of the health benefits of vaccines and immunizations. The team will review existing state and national materials, and if needed, create new graphics and logos, with the overarching goal of increasing NH immunization rates.

**NH Environmental Public Health Tracking Program Data Utilization and Outreach Project (April 2012 to present)**

Works with NH DHHS Environmental Public Health Tracking Program (EPHT) staff and partners to increase the utilization of the EPHT's data portal and other communication tools by developing a communication plan consisting of contemporary marketing and outreach strategies. Assist EPHT in developing a user analytics data collection process for web-based tools.

**Mobilizing Action Toward Community Health (MATCH) 2011**

Served as lead in partnership with DHHS and the North Country Health Consortium to develop videos to introduce the County Health Rankings Report, the New Hampshire State Health Report and to inform about the role of public health in the state. CHI will work with the state in identifying local or statewide "success stories" to highlight. CHI staff will assist in drafting scripts and work with videographers to complete the video projects.

**Expand and Promote Try-To-Stop Resource Center**

Serve as Project Director to expand and promote the NH Tobacco Helpline. With funding from the American Recovery and Reinvestment Act (ARRA), this project includes a population based media campaign that promotes free Nicotine Replacement Therapy (NRT) kits to a variety of audiences, including a pilot with employees of the Department of Transportation and their families, and then the entire state of NH. A variety of media will be used to promote the NH Tobacco Helpline including radio, TV, newspaper, bus and web advertising. Additionally, the plan includes a pilot project to implement systems change through Families First, where they will implement an electronic referral form to contact the Helpline rather than the fax referral currently in place.

**NH tobacco & Obesity Policy Project**

Serve as Project Director to implement a feasibility assessment for implementing high-impact public policy in three identified domains of licensed child care settings, public schools and workplaces. This assessment is timely and a critical opportunity for NH stakeholders to engage in a collaborative educational process that will likely result in strengthening regulatory rules, implementation of high-impact public policy access strategies, educating municipalities and legislators and building stronger public health partnerships.

**NH County Rankings Video Project**

Co-Lead the process to collaborate with the NH State County Health Rankings Team to produce one or more 10 minute videos. The video(s) will focus on Public Health in NH as it relates to the NH County Health Rankings and the NH State Health Report. Data from the reports will be linked to stories gathered around the state that illustrate community actions to improve health or people impacted by improvements in public health. The video(s) will be used to educate and motivate NH individuals and communities into action to improve the health of their community and state

**New Hampshire Public Health Emergency Planning Technical Assistance and Training**

Co-created the development and implementation of a Public Information Officer Training for public health and safety officials and representatives of human service organizations likely to be called upon to fill a Public Information Officer (PIO) role in a public health event. The goal of this Regional PIO Training is to strengthen the communication skills of individuals to perform the role of a PIO in a public health emergency, including but not limited to press releases, speaking with the press, key messaging, and audience definition. The trainings continue on an as needed basis.

**New Hampshire Personal Emergency Preparedness Campaign**

Facilitating the NH based effort to create and launch a multi-year personal emergency preparedness campaign based on the NH BRFSS data that identified gaps in NH resident's personal preparedness to be launched September 2009.

**NH Teen Foster Conference**

Served as Project Director for the 3<sup>rd</sup>, 4<sup>th</sup> and 5<sup>th</sup> annual NH Teen Foster Conferences working closely with the DCYF staff and Youth Advisory Board, to develop workshops and materials that are most interesting and helpful to the youth to meet their mission and goals to build life skills as these youth transition out of the NH foster care system. This is the third year facilitating this positive youth development process.

**Communication Training**

Researched, customized and implement a social communication training to help individuals identify their personal communication strengths and weaknesses in times of stress through interactive workshops. This training is an effective tool in organizational and leadership development, team building, and career planning and conflict resolution. To date this training has been provided to the following organizations: NH Tobacco Prevention and Control Program, NH Red Cross Granite Chapter, Community Health Institute, MIT Medical and JSI and continues to be offered by request.

**NH HIV Logistics and Capacity Building**

Served as Project Director for the NH HIV Logistics and Capacity Building Project and directed our team as we provided logistical and capacity building support for the NH HIV community planning process and for HIV prevention and care service agencies during state fiscal years 2006, 2007 and 2008. Through an informed participatory process the Community Planning Group sought to promote effective HIV care and prevention programs in NH to improve the quality of life for individuals living with HIV/AIDS infection and to reduce the further spread of HIV/AIDS infection.

**NH HIV Endowment Grant**

Fiscal Agent and coordinator for the NH HIV/AIDS Care Service Delivery System Planning project, which sought to improve access to and delivery of HIV care services to people living with HIV/AIDS in NH, funded by the NH Endowment for Health. The planning process included investigation of service delivery system models for HIV care to people living with HIV/AIDS in other states, convene meetings of agencies that provide HIV services to people living with HIV/AIDS in NH and other stakeholders in order to actively engage them in a planning process to restructure the NH statewide HIV care service delivery system; and produce a process and outcomes report that guided the HIV community in the implementation of the required restructuring of the HIV care service delivery system in NH.

**Massachusetts Institute of Technology, Medical Department**

Conducted a customer service assessment and training as part of an overall focused practice review resulting in the development of a customized customer service training for employees of the Department, building on the training originally developed for the OB/GYN service by customizing it for use in other services and to provide training sessions.

**NH Tobacco Use Cessation and Counter Marketing (TUCCM)**

Served as Program and Media Manager for the NH TUCCM project completed June 30, 2007. This project incorporated three major components: 1) the toll free NH Smokers' Helpline offering services in English, Spanish and Portuguese through which smokers and other citizens of NH receive information on any aspect of tobacco and may be referred to state-of-the-art prevention and tobacco treatment resources, if appropriate; 2) the promotion of the NH Smokers' Helpline through a variety of traditional and non-traditional media outlets; and 3) a Tobacco Education Clearinghouse.

**NH Try-To-STOP TOBACCO Resource Center**

Served as Program Manager for the NH Try-To-STOP TOBACCO Resource Center, which incorporated three major components: 1) the Tobacco-Free Helpline offering services in English, Spanish and Portuguese through which smokers and other citizens of New Hampshire receive information on any aspect of tobacco and may be referred to state-of-the-art prevention and tobacco treatment resources, if appropriate; 2) the [www.trytostop.org](http://www.trytostop.org) web site, home of the Quit Wizard, a self-guided, evidence-based Internet smoking cessation program; and 3) a Tobacco Education Clearinghouse.

**Tobacco Technical Assistance and Development (TA)**

Served as Project Director and TA Coordinator to develop and implemented a comprehensive needs assessment and strategic planning process that allowed the NH Tobacco Prevention and Control Program and its community partners to maximize the impact of limited resources with an emphasis on those who are most disparately impacted by tobacco. Concurrently, this project provided TA to existing NH tobacco cessation coalitions and utilized the data collected through the needs assessment to fund additional NH tobacco coalitions around the state.

**New England Rural Health RoundTable (NERHRT) Annual Symposium**

Served as Project Director for the NERHRT Annual Symposium held in October 2006 and attend by 150 members who came together to share information and assist in promoting their mission of providing support and resources to rural health professionals throughout New England in order to improve the health and well-being of their communities.

**Conference on Aging**

Served as Media Coordinator for the New Hampshire Division of Elderly and Adult's annual conference on aging to generate awareness regarding the 2006 Conference on Aging through the NH media, specifically, statewide daily and weekly newspapers, newsletters, radio and television stations. The overall media strategy included the creation and

distribution of a calendar announcement to statewide media, a pre-conference press release, a media advisory inviting the media to the event and a post-event press release.

#### **Healthy Child Care New Hampshire & Health & Safety Curriculum**

Project Director and co-coordinator of training's and networking opportunities to a newly created cadre of Child Care Health Consultants working to assure safe healthy child care environments and to ensure health access for children in child care settings. The development of a statewide Health & Safety Curriculum was used to train NH child care providers in best practices and informed the process of training a cadre of Child Care Health Consultants.

#### **New Hampshire Central Integrated Service Systems (CISS)**

Served as Project Director and co-coordinator of training's and networking opportunities to 6 nurse consultants and others working in childcare and Healthy Start settings to build a system for assuring health and social support services in child care environments. This was achieved by contracting with 6 communities to support the services of a maternal and child health nurse consultant in Title XX contracted care settings to build collaborative relationships between child care facilities and child health providers. The fourth year of this project sent three consultants to North Carolina's National Training Institute for Child Care Health Consultants (CCHCs) who then assisted in training a cadre of CCHCs.

#### **NH Youth Tobacco Survey**

Participated in the volunteer training for the NH Youth Tobacco Survey (NHYTS) and administered the survey in both middle schools and high schools. The NHYTS is intended to enhance the capacity of agencies and organizations to design, implement, and evaluate tobacco prevention and control programs. The NHYTS data makes a significant contribution to understanding the influence of tobacco marketing, advertising and products on the youth of NH

#### **Community Grant Program**

Served as Project Director to provide and coordinate technical assistance for the Office of Planning and research and their New Hampshire Community Grant Program, which was part of a public trust fund established with federal Medicaid funds, and was designed to support community-based health initiatives.

#### **New Hampshire Health Care Transition Fund (NHHCTF)**

Researched and prepared *The NHHCTF Grantee Directory* as a reference tool for organizations across NH, who were involved with health care planning, delivery and evaluation. The Community Grant Program, part of a public trust fund established with federal Medicaid funds, was designed to support community-based health initiatives.

#### **NH Osteoporosis State-Wide Conference**

Served as Project Director for the NH Osteoporosis Conference providing an educational opportunity for health professionals and health educators with the overarching goal of offering up-to-date information on the risk factors, costs, and complications associated with this bone thinning disease as well as ways to reduce risk for osteoporosis

#### **Turning Point: Collaborating for a New Century in Public Health**

Collected data and reported findings of the local level public health infrastructure. Turning Point is a two-year grant from the Robert Wood Johnson and W.K. Kellogg Foundations'. Initiative goals are to identify and assess priority public health issues and develop strategies for improving the delivery of public health services in the state.

**Plymouth State College, Plymouth, New Hampshire**

*Director of the Office of Alumni Relations, March 1995 to October 1995*

**The Circle Program, Plymouth, New Hampshire**

*Volunteer Coordinator/Mentor, August 1995 to August 1997*

#### ***Current Professional Associations***

*Public Relations Society of America, Member*

*National Public Health Information Coalition, Member*

*American Marketing Association, Member*

#### **OTHER ACTIVITIES**

**Rivier University School of Nursing, Public Health, Nashua, New Hampshire**

*Adjunct Professor, Spring 2015 and Spring 2016*

Fall 2015, Instructed Undergraduate level course entitled, "XXXXXXX"  
Fall 2015, Instructed Master's level course entitled, "XXXXX".  
Spring 2016, currently instructing Undergraduate level course entitled, "XXXXXXX"

**SELECTED PRESENTATIONS | TRAININGS THESE ARE JUST EX. BELOW FOR FORMAT  
ADD:**

***Presentations:***

*Presentations at the Emergency Preparedness Conferences – 2 years  
New Orleans – Dear Me Presentation – also presented another location  
HS – Elevator Speech Presentation*

***Trainings:***

*MIT  
PIO and other related*

*Let Your Imagination Run Wild: Using Discussion-Based Exercises to Improve Emergency Preparedness. NH Integrated  
Emergency Volunteer Training Conference. Lebanon and Durham, NH, April 16, 2011 and May 14, 2011, October 18, 2014.*

*Assessing and Mitigating Risks to the Health, Behavioral Health, and Public Health Systems: A new focus and approach. NH  
Emergency Preparedness Conference, Manchester, NH. June 27, 2013.*

*Help Your Community Prepare! Family Emergency Preparedness Train-the-Trainer. NH Integrated Emergency Volunteer  
Training Conference. Manchester, NH. June 9, 2012.*

*Strategic Planning: Setting a Course for Your Unit. NH Medical Reserve Corps Leadership Summit. Concord, NH, June 11,  
2011.*

*Family Emergency Preparedness Train-the-Trainer Program. NH MRC Training Conference. Plymouth, NH, June 5, 2010.*

*Let Your Imagination Run Wild: Using Discussion-Based Exercises to Improve Emergency Preparedness. JSI All Staff Meeting.  
Washington, DC, May 6, 2010.*

*Emergencies Happen...even in Home Care. Tales from the Field Panel Discussion. Home Care Association of New Hampshire  
Conference. Concord, NH, September 19, 2007.*

**PAST PROFESSIONAL ASSOCIATIONS**

Concord Area Red Cross Board of Directors: 2001–2007, Vice-Chair, 2004–2005, President, 2005–2007  
Comprehensive Cancer Collaborative Tobacco Prevention Workgroup  
MSA Violation Monitoring National Workgroup  
CDC Media Network Representative for NH  
NH Tobacco-Free Coalition  
Tobacco Health Systems Change Collaborative 13 Past Workgroup Member – 13 States, CDC Funded  
Circle Program, Mentor, from 1993 to 1998

# SHASTA A. JORGENSEN, M.P.H.

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## EDUCATION

BOSTON UNIVERSITY SCHOOL OF PUBLIC HEALTH, BOSTON, MASSACHUSETTS  
*Master of Public Health, Concentration in Social and Behavioral Science, 2010*

UNIVERSITY OF REDLANDS, REDLANDS, CALIFORNIA  
*Bachelor of Arts, International Relations, 2001*

## EXPERIENCE

### **JSI/CHI, Bow, New Hampshire**

*Project Manager, February 2012 to present*

*Project Coordinator, March 2009 to 2012*

*Project Assistant, February 2003 to February 2009*

JSI provides consultation to health care organizations in the areas of health services delivery, public health, practice management, information for decision-making, and program evaluation. Clients include government agencies, public and private health care providers (hospitals, group practices, community health centers, family planning organizations, health maintenance organizations, community-based coalitions and social service agencies). JSI is a health care consulting firm working with clients in the public and private sectors. Areas of technical expertise include: Project management and implementation, health education and material development, training, and quality improvement.

### **New Hampshire SBIRT Initiative, Trainer**

Funded by the NH Charitable Foundation in partnership with the Conrad N. Hilton Foundation, provide training to NH health care providers in varying stages of implementation participating in an action learning collaborative of 10 pediatric-behavioral health partners including hospital-based and FQHC-based practices to make SBIRT (Screening, Brief Intervention, and Referral to Treatment) a standard of care. The training builds knowledge and skills through role play and practice on utilizing motivational interviewing techniques with patients identified at greater risk of substance misuse.

### **Partnerships for Quitline Sustainability, Project Director**

Provide consultation and technical assistance to the health department on the development of quitline cost sharing relationships with private health plans insurers in an effort to support tobacco quitline operations. Develop strategies based on research around health plan cessation programs/benefits to engage private health plans in a cost sharing partnership with NH Tobacco Helpline.

### **Asthma Program: Quality Improvement (QI) Action Learning Collaborative and Technical Assistance, Connecticut Department of Public Health Services (CT DPHS), Quality Improvement Coach, 2015**

Develop and deliver a QI Action Learning Collaborative for community-based programs, including school-based health centers and community health centers, to improve asthma management. This two-year project will support programs to develop QI capacity through an ALC, and provide support through ongoing coaching.

### **NH Tobacco Helpline**

*New Hampshire Department of Health and Human Services, Tobacco Prevention and Control Program*

Responsible for program and administrative management of the NH Tobacco Helpline. Serve as primary contact, along with the Project Director, for contract with TPCP for the NH Tobacco Helpline and subcontractors. In collaboration with the management team, monitor progress in meeting goals of overall contract workplan and overall project. Assist TPCP in promoting the Helpline services to statewide organizations. Facilitate alliances among state agencies and/or organizations that serve similar priority populations. Oversee budget and serve as fiscal contact for additional services as determined by TPCP. Provide technical assistance regarding counter-marketing and public awareness initiatives. Oversee Program Assistant and Program Support staff activities and duties.

### **Expand and Promote the Try-TO-STOP TOBACCO Resource Center of NH**

*New Hampshire Department of Health and Human Services*

Served as Project Coordinator to expand, promote and increase awareness and utilization of the evidence-based cessation



tools and resources offered through the Try-To-STOP TOBACCO Resource Center of NH through the creation of a strategic plan that includes a population based media campaign and outreach to NH physicians and other clinical and public health professionals such as the Community Health Access Network (CHAN), the NH Medical Society, NH health insurance providers as well as statewide partners to implement systemic adoption of the US PHSG.

#### **Dover Youth Empowerment Model Evaluation**

*City of Dover*

Data Manager for the Dover Youth Empowerment Model Evaluation. Collected evidence of effectiveness of this youth empowerment model for the innovators of this model. Efforts included getting the program elected as a Center for Substance Abuse Prevention's Service-to-Science program and furthering the program along the continuum of evidence for eligibility in the SAMHSA National Registry of Evidence-based Programs.

#### **Multistate Learning Collaborative**

*Robert Wood Johnson Foundation*

Project Coordinator for the RWJF-funded Multistate Learning Collaborative (MLC-3), a national collaborative effort to improve public health services and the health of communities by linking public health processes to health outcomes. Managed two learning collaboratives addressing childhood obesity and health improvement planning, and tobacco cessation among pregnant women and workforce development. Developed assessment tools and conduct public health network capacity assessments to inform NH public health regionalization process.

#### **Engaging Smokers in Cessation through Financial Assistance Program**

*Legacy Foundation*

Through funding from the American Legacy Foundation coordinated with financial assistance programs in NH and RI to implement a demonstration project to connect low-income individuals who smoke with evidence-based cessation services. Trained credit counselors to assess smoking status of all clients, advise on the high personal costs of smoking and impact on their budget and refer clients to the state's quitline and developed tools to track progress of project.

#### **New Hampshire Tobacco Use Cessation and Counter Marketing**

*New Hampshire Department of Health and Human Services*

Project Assistant of the New Hampshire Tobacco Cessation and Counter Marketing Project funded by the NH DHHS. This project incorporates three major components: 1) the toll free NH Smokers' Helpline offering services in English, Spanish and Portuguese through which smokers and other citizens of New Hampshire receive information on any aspect of tobacco and may be referred to state-of-the-art prevention and tobacco treatment resources, if appropriate; 2) the promotion of the NH Smokers' Helpline through a variety of traditional and non-traditional media outlets; and 3) a Tobacco Education Clearinghouse, which develops and distributes in bulk quantities high quality, culturally appropriate tobacco education materials.

#### **Rural Health and Primary Care Section**

*New Hampshire Department of Health and Human Services*

Project Assistant for the Healthcare Workforce Shortage Designation process for the state of New Hampshire. Purpose of project is to identify areas of the state that meet the federal criteria for Healthcare Professional Shortage Areas (HPSAs) and Medically Underserved Areas/Populations (MUA/Ps). Primary responsibilities include data managing of provider survey and make follow up calls to non-responsive providers.

#### **Vulnerable Populations Emergency Preparedness Needs Assessment**

*NH Bureau of Emergency Management*

Responsible for providing administrative and logistical support to the project including meeting logistics, focus group transcription and data management of emergency management director survey. The assessment includes collaboration with agencies working with special populations and in disaster response, an emergency management director survey and focus group data collection to detail emergency preparedness needs of these populations, identify gaps in organized emergency planning related to special populations, and develop recommendations to improve the capacity of emergency response system to meet these needs.

### **OTHER EDUCATION**

Attended Public Health Improvement Training: Advancing Performance in Agencies, Systems and Communities, 2015

Completed *Motivational Interviewing* workshop at Health Education and Training Institute, Concord, NH, 2010

Completed *Basic Skills for Working with Smokers*, University of Massachusetts Medical School, 2008

Attended National Conference on Tobacco or Health, Minneapolis, MN, 2007

Attended World Tobacco Conference, Washington, D.C., 2006

Attended National Tobacco Conference, Boston, MA, 2004

# MELISSA SCHOEMMELL

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## EDUCATION

UNIVERSITY OF NEW HAMPSHIRE  
*Master's in Public Health, 2013*

UNIVERSITY OF NEW HAMPSHIRE  
*Bachelors of Science, Health Management and Policy, 2008*

## EXPERIENCE

**JSI d/b/a Community Health Institute, Bow, New Hampshire**  
*Program Coordinator, October 2015 to present*

### **New Hampshire Center for Excellence**

Support staff for the NH Center for Excellence, a state-wide technical assistance and resource center for the implementation of evidence-based interventions in alcohol and other drug prevention, intervention, treatment and recover services. Primary role responsibilities include supporting the operational functions of the center, preparing literature reviews, presentation and other materials, and providing other technical assistance needs.

**City of Nashua, Division of Public Health and Community Services, Nashua, New Hampshire**

*Health Program Specialist, 2013–2015*

Promotion of health programs, community forums, presentations and initiatives within the health department and among community partners, coordination of relevant and timely health information to target audiences, development of all marketing and health promotion materials, maintenance of web and social media presence, and in the event of a public health emergency, served as the Public Information Officer in the local emergency operations center.

*Program Assistant, 2013–2015*

Planning, coordination and facilitation of Homeland Security Exercise and Evaluation Program (HSEEP) compliant Public Health Emergency Preparedness workshops, drills trainings and exercises, facilitation and participation in emergency responses, and assisted with the development and maintenance of standard operating procedures.

**City of Manchester Health Department, Manchester, New Hampshire**

*Consultant, 2013*

Conducted a neighborhood health assessment using Healthy Eating Active Living (HEAL) methodology in Manchester, NH. Assessments included a walkability audit, GIS analysis and a survey of resident perceptions. Provided recommendations to assist in the development of a "Community Schools Model" at a local elementary school.

**New Hampshire Asthma Control Program, New Hampshire Department of Health and Human Services, Concord, New Hampshire**

*Intern, 2013*

Conducted a cross-sectional survey of smoke-free publicly assisted housing in New Hampshire and presented findings at the New Hampshire Public Health Association Annual Meeting.

**Boston Children's Hospital, Boston, Massachusetts**

*Program Coordinator, 2008–2013*

Coordination of the Intermediate Care Program and Medicine ICU Resident Rotations, developed and maintained the website, planning of events (conferences, holiday events, meetings, retreats, travel arrangements), oversaw compliance of required federal and state licensure for physicians, and assisted in grant writing and application process for both NIH and privately funded grants.

## SKILLS | CERTIFICATIONS

Computer: Microsoft (Word, Excel, PowerPoint, Access, Publisher), Adobe Professional Suite, SPSS

Volunteer Activities: Board of Director, New Hampshire Public Health Association, *2013 to present* and Chair of the New Hampshire Public Health Association Communications Committee, *2013 to present*

*Certifications:* FEMA Certifications (ICS-100, 200, 300, 400, 700, 800), Homeland Security Exercise and Evaluation Program (HSEEP) and Medical terminology

## **AWARDS**

New Hampshire Public Health Association Young Professional Award, *2015*

First place for the UNH Master's in Public Health capstone project, "Community Schools: A Unifying Thread, Assessment and Recommendations for the Implementation of the Community School Model at Bakersville Elementary School", *2013*

Third place at the New Hampshire Public Health Association annual meeting for poster presentation, "Cross-Sectional Survey of Smoke-Free Publicly Assisted Housing in NH - Findings and Recommendations, *2013*

# LISA M. BRYSON

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## EDUCATION

PLYMOUTH STATE UNIVERSITY, PLYMOUTH, NEW HAMPSHIRE  
*Bachelor of Art, Concentrations in Graphic Design and Printmaking, 1998*

## EXPERIENCE

### CHI/JSI, Bow, New Hampshire

*Graphic Designer and Staff Associate, November 2013 to present*

Supports a variety of on-going public health projects in regards to design, formatting and layout of reports and literature as well as administrative assistance. JSI is a health care consulting firm working with clients in the public and private sectors. Since 1978, JSI has provided consulting, research and training services for agencies and organizations seeking to improve the health of individuals, communities and nations.

#### *Current Projects:*

##### **National Healthy Start Branding and Communications Graphic Designer**

Maternal and Child Health Bureau (MCHB), Division of Healthy Start and Perinatal Services (DHSPS), Washington, DC. Branding and Communications Graphic Designer for the Supporting Healthy Start Performance Project (SHSPP) to provide capacity building assistance (CBA) to approximately 100 Healthy Start grantees to ensure program effectiveness in achieving the goals to reduce infant mortality, reduce health disparities and improve perinatal health outcomes. CBA incorporates technical assistance, training, technology transfer and information transfer and dissemination.

##### **New Hampshire Center for Excellence Graphic Designer**

Graphic Designer and Support staff for the NH Center for Excellence, a state-wide technical assistance and resource center for the implementation of evidence-based interventions in alcohol and other drug prevention, intervention, treatment and recover services. Primary role responsibilities include supporting the operational functions of the center, preparing literature reviews, presentation and other materials, and providing other technical assistance needs.

##### **Health Resources & Services Administration Bureau of Primary Health Care Health Information Technology Evaluation and Quality (HITEQ) Center Graphic Designer**

Conducted a national needs assessment to determine opportunities and strengths in Electronic Health Record use and optimization for the purposes of data-driven quality improvement and Meaningful Use achievement; developed broad strategies to address key themes identified in the national needs assessment; and developed strategy-driven training, TA, peer learning opportunities, and resources for FQHCs. This cooperative agreement with BPHC supports health centers' full optimization of EHR systems and Health Information Technology to collect accurate clinical data for continuous, data-driven quality improvement.

#### *Past or Completed Projects:*

##### **Prediabetes Media Development and Placement Services**

Responsible for a statewide media campaign that will target adults at high risk of developing prediabetes including quantitative research of the target audience, message themes and draft material.

##### **Poison Control Innovation/Transformation Project**

Develop and implement multi-pronged market research protocol to inform the development of a three-year innovation/transformation plan for the American Association for Poison Control Centers. Served as administrative and research assistant.

##### **Bureau of Primary Health Care (BPHC)**

Data Coordinator for the Uniform Data System, an initiative that collects information from the BPHC-funded practice sites throughout the country. The data collected provides insight for the financial and operational parameters of the health centers and informs decisions made by legislature. Primary role responsibilities include technical phone assistance for health centers and consultants, software validation testing, resource development, and data management.

**Manchester Department of Public Health, Manchester Neighborhood Health Improvement Strategy**

Provide project support and final report design to Manchester Department of Public Health in six community forums with community stakeholders and leaders in creation of a Neighborhood Health Improvement Strategy (NHIS).

**Arsenic in Private Well Water**

Worked with the Dartmouth Toxic Metals Superfund Research Program to create intervention material to increase home owners' readiness to voluntarily test their well water for arsenic. Developed message themes and conducted end user testing to identify factors influencing home owners' interest in testing.

**COMPUTER SKILLS**

Microsoft Office

Adobe InDesign

Adobe Photoshop

Adobe Illustrator

Adobe Lightroom

Social Media

Email Marketing Platform (Constant Contact)

**CREATIVE SKILLS**

Photography

Color Matching

Drawing

# CHRISTIN H. D'OVIDIO

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## EDUCATION

NATIONAL PUBLIC HEALTH INFORMATION COALITION, MARIETTA, GEORGIA  
*Certified Communicator in Public Health, 2015*

UNIVERSITY OF SOUTH FLORIDA, TAMPA, FLORIDA  
*Graduate Certificate Degree, Social Marketing for Public Health, 2013*

NEW SCHOOL UNIVERSITY, NEW YORK, NEW YORK  
*Master of Fine Arts, Acting & Fine Arts Production, 2002*

MILLS COLLEGE, OAKLAND, CALIFORNIA  
*Bachelor of Arts, Dramatic Arts & Communications, 1998*

## EXPERIENCE

JSI, Bow, New Hampshire

*Marketing and Communications Coordinator, 2016*

### **New Hampshire Tobacco Helpline Media, Marketing & Health Communications (present)**

Serve as Marketing and Communications Coordinator for the NH THOS/TATS projects, and NH Tobacco Use Cessation and Counter Marketing Projects. This contract serves as communication hub for the NH Tobacco Helpline and its social media, web ([www.TryToStopNH.org](http://www.TryToStopNH.org)) and text counterparts and QuitWorks-NH a resource for NH clinicians working with their patients to quit using tobacco by providing them with a single portal for referring their patients who use tobacco for state-of-the-art treatment ([www.quitworksnh.org](http://www.quitworksnh.org)). Annually, Statewide media campaigns are conducted to expand and promote the NH Tobacco Helpline. Mass-media campaigns are recognized by the Centers for Disease Control and Prevention as a best practice for tobacco control; all campaigns utilize formative research and make use of best practices in social marketing for behavioral change. In 2010, with funding from the American Recovery and Reinvestment Act (ARRA), this project included a population based media campaign that promoted free Nicotine Replacement Therapy (NRT) to a variety of priority populations.

### **NH Immunization Marketing, Communication & Web Development (present)**

Serve as Project Manager to develop a creative health marketing campaign for the NH Immunization Program that identifies priority audiences, best-practice outreach strategies, partner communication channels, and effective educational outreach materials to advance the understanding of the health benefits of vaccines and immunizations and increase NH immunization rates. Currently developing a new website to promote a Statewide media campaign and evaluating current social media usage for coordination and adjustments.

### **Prediabetes Media Development and Placement Services (present)**

Serve as Marketing and Communication Coordinator to assist with development, management and evaluation of a statewide campaign targeting NH adults at high risk for Type 2 diabetes and to educate NH adults on prediabetes and the National Diabetes Prevention Program (NDPP), in order to prevent or delay the development of Type 2 diabetes.

### **National Healthy Start Branding and Communications Team Member (present)**

Maternal and Child Health Bureau (MCHB), Division of Healthy Start and Perinatal Services (DHSPS), Washington, DC. Branding and communications team member for the Supporting Healthy Start Performance Project (SHSPP) to provide capacity building assistance (CBA) to approximately 100 Healthy Start grantees, to ensure program effectiveness in achieving the goals of reducing infant mortality, reducing health disparities and improving perinatal health outcomes. CBA incorporates technical assistance, training, technology transfer and information transfer and dissemination. Currently developing a National media campaign to extend the reach and recognition of Healthy Start and increase enrollment at the local level.

### **Vermont Health Care Innovation Project (VHCIP): State-led Evaluation - Learning Dissemination Plan Lead (present)**

Lead developer of the VHCIP Learning Disseminations Plan which will include the dissemination of findings from the State-led Evaluation Study and project-wide results. Once finalized, the team will work collaboratively with Vermont to

implement the plan. Potential audiences for learning diffusion will include a diverse set of stakeholders within the state as well as regional and national audiences who look to Vermont as a bellwether for state led reform. The plan will include: appropriately targeted products, targeted channels, diffusion of evaluation results, reports, conference presentations, webinars, articles, social media, engagement and web-based products.

**State of New Hampshire, Department of Health and Human Services (DHHS), Concord, New Hampshire**  
*Health Communications Planner, 2008-2016*

Responsible for the development, implementation and coordination of multiple Division of Public Health Services (DPHS) Programs' public relations, media, social media, counter-marketing, and social marketing activities statewide. Developed and implement Health Communication Interventions with a specialty in Social Marketing plan development including budget development, formative research, and evaluation planning. Managed multi-media contracts of behalf of the Tobacco Prevention and Cessation Program (TPCP). Oversaw development, day-to-day operations and design, and analytics of the TPCP and Asthma Control Program (2010-2011 ) websites as well oversaw the content of the DPHS, Chronic Disease Prevention Section of the DHHS website. Acted as the media liaison between the Centers for Disease Control and Prevention's, Office of Smoking and Health and the DPHS. Developed federally required Communications Plans for the: NH Oral Health Program, NH Tobacco Prevention and Cessation Program, the NH Coordinated Chronic Disease Prevention and Screening Section, and assisted in the development of the NH Comprehensive Collaborative Communication Plan.

**Salmon Press, Meredith, New Hampshire**  
*Classifieds Manager, 2006-2008*

**Employees Only Restaurant, New York, New York**  
*Event Planner, 2005-2006*

## **ORAL PRESENTATIONS**

*Public Health Chronic Disease Workforce.* (November 2015). Presentation to Public Health 101 at Rivier University, Nashua, NH.

*E-cigarettes and Current National and New Hampshire Policy.* (September 2014). Public Policy Training for NH Comprehensive Cancer Collaborative members, Concord, NH.

*Dear Me New Hampshire: Low-cost Marketing with a Big Impact.* (April 2012). Break Free Alliance, Promising Practices. New Orleans, LA.

*Marketing on a Shoestring Budget.* (August 2009). National Conference on Health Communication Marketing and Media. Atlanta, GA.

## **HONORS AND AWARDS**

*Dear Me New Hampshire 2013-2014 Campaign Summary Report.* (2015) BRONZE MEDAL, National Public Health Information Coalition

*Certified Lean Green Belt,* (2015). New Hampshire Bureau of Education and Training

*Certified NH Supervisor Certificate Program,* (2010). New Hampshire Department of Health & Human Services

## **PROFESSIONAL ORGANIZATIONS/VOLUNTEER ACTIVITIES**

Board Member, Partnership for Drug Free New Hampshire, Member of the National Public Health Information Coalition, Member of the New Hampshire Public Health Association (Communications Committee, Membership Committee), Comprehensive Cancer Collaborative Communications Workgroup (2014), Board President, Concord Commons Condominium Association (2015), Co-Chair, NH Department of Health and Human Services (DHHS), Division of Public Health Services (DPHS), Health Promotions User Group (2015), Co-Chair, NH Oral Health Communications Stakeholder Workgroup (2015), Co-Chair, Coordinated Chronic Disease Communications Committee (2014), DPHS, Strategic Planning, Public Health Messaging Strategy Workgroup and Internal Communications Workgroup Member (2011), CDC, Office on Smoking and Health Media Advisory Group –Member, former Steering Member (2015)

## **COMPUTER SKILLS**

Adobe Creative Suite, MS Office, Google Analytics, basic WordPress, social media, the Internet.

## KEY ADMINISTRATIVE PERSONNEL

NH Department of Health and Human Services

**Contractor Name:** JSI Research & Training Institute, Inc.

**Name of Program:** **RFP #16-DHHS-DCBCS-BDAS-02, Section 3.4 Technical Assistance, Program Evaluation, and Data Analysis, Interpretation and Support SFY2016 and SFY17 Contract Amendment**

✓	Karyn Madore	Communications Team Lead	\$101,500	9.57%
✓	Shasta Jorgensen	Media Buyer	\$62,000	4.78%
✓	Melissa Schoemmell	Communications Team Member	\$52,500	4.78%
			\$0	0.00%
			\$0	0.00%
			\$0	0.00%
<b>TOTAL SALARIES (Not to exceed Total/Salary Wages, Line Item 1 of Budget request)</b>				

✓	Karyn Madore	Communications Team Lead	\$104,545	12.50%
✓	Shasta Jorgensen	Media Buyer	\$63,860	12.50%
✓	Melissa Schoemmell	Communications Team Member	\$54,075	12.50%
✓	Lisa Bryson	Graphic Designer	\$46,350	8.15%
✓	Christin D'Ovidio	Evaluator	\$64,375	6.25%
			\$0	0.00%
<b>TOTAL SALARIES (Not to exceed Total/Salary Wages, Line Item 1 of Budget request)</b>				



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

Jeffrey A. Meyers  
 Commissioner

Katja S. Fox  
 Director

105 PLEASANT STREET, CONCORD, NH 03301  
 603-271-6738 1-800-804-0909  
 Fax: 603-271-6105 TDD Access: 1-800-735-2964

July 21, 2016

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

**REQUESTED ACTION**

Authorize the Department of Health and Human Services, Division Behavioral Health, Bureau of Drug and Alcohol Services to enter into a **sole source** amendment to an existing agreement with JSI Research & Training Institute, Inc. d/b/a Community Health Institute, 501 South Street, 2<sup>nd</sup> Floor, Bow, NH 03304 (Vendor # 161611-B001), for the provision of training and technical assistance by including the distribution of young adult assessment data; the creation of a young adult media messaging campaign; enhancements to the student assistance program; and administration of the 2017 Youth Risk Behavior Survey by increasing the price limitation by \$493,249, from \$1,704,747 to \$2,197,996.00, with no change to the contract completion date of June 30, 2017, effective upon the date of Governor and Executive Council approval. The Governor and Executive Council approved the original contract on December 16, 2015, (Item #28), and subsequent amendment on June 29, 2016 (Item 25A). 55% Federal Funds, 35% Other and 10% General Funds.

Funds are available in the following account for State Fiscal Year 2017.

**05-95-49-49150-2990 HEALTH AND SOCIAL SERVICES, DEPT. OF HEALTH AND HUMAN SERVICES, HHS: BUREAU OF DRUG AND ALCOHOL SERVICES, CLINICAL SERVICES**

State Fiscal Year	Class/Account	Class Title	Job Number	Current Budget	Increase (Decrease) Amount	Revised Modified Budget
2016	102-500734	Contracts for Prog Svc	49155369	\$8,000	\$0	\$8,000
2016	102-500734	Contracts for Prog Svc	49156501	\$23,500	\$0	\$23,500
2016	102-500734	Contracts for Prog Svc	49156504	\$16,250	\$0	\$16,250
2017	102-500734	Contracts for Prog Svc	49155369	\$16,000	\$0	\$16,000
2017	102-500734	Contracts for Prog Svc	49156501	\$47,000	\$0	\$47,000
2017	102-500734	Contracts for Prog Svc	49156504	\$32,500	\$0	\$32,500
			<b>Sub-total</b>	<b>\$143,250</b>	<b>\$0</b>	<b>\$143,250</b>

**05-95-49-491510-2988 HEALTH AND SOCIAL SERVICES, DEPT. OF HEALTH AND HUMAN SERVICES, HHS: BUREAU OF DRUG AND ALCOHOL SERVICES, PREVENTION SERVICES**

State Fiscal Year	Class/ Account	Class Title	Job Number	Current Modified Budget	Increase (Decrease) Amount	Revised Modified Budget
2016	102-500734	Contracts for Prog Svc	49153338	\$57,500	\$0	\$57,500
2016	102-500734	Contracts for Prog Svc	49156502	\$69,100	(34600)	\$34,500
2016	102-500734	Contracts for Prog Svc	49156504	\$16,250	\$0	\$16,250
2017	102-500734	Contracts for Prog Svc	49156502	\$484,400	\$94,600	\$579,000
2017	102-500734	Contracts for Prog Svc	49157603	\$112,000	\$0	\$112,000
2017	102-500734	Contracts for Prog Svc	49153338	\$165,000	\$100,000	\$265,000
2017	102-500734	Contracts for Prog Svc	49156504	\$32,500	\$0	\$32,500
			<b>Sub-total</b>	<b>\$936,750</b>	<b>\$160,000</b>	<b>\$1,096,750</b>

**05-95-49-491510-2407 HEALTH AND SOCIAL SERVICES, DEPT. OF HEALTH AND HUMAN SERVICES, HHS: BUREAU OF DRUG AND ALCOHOL SERVICES, PSF2 GRANT**

State Fiscal Year	Class/ Account	Class Title	Job Number	Current Modified Budget	Increase (Decrease) Amount	Revised Modified Budget
2017	102-500734	Contracts for Prog Svc	49152407	0	\$188,000	\$188,000
			<b>Sub-total</b>	<b>0</b>	<b>\$188,000</b>	<b>\$188,000</b>

**05-95-49-491510-2989 HEALTH AND SOCIAL SERVICES, DEPT. OF HEALTH AND HUMAN SERVICES, HHS: BUREAU OF DRUG AND ALCOHOL SERVICES, GOVERNOR COMMISSION FUNDS**

State Fiscal Year	Class/ Account	Class Title	Job Number	Current Budget	Increase (Decrease) Amount	Revised Modified Budget
2016	102-500734	Contracts for Prog Svc	49158501	\$208,249	\$0	\$208,249
2017	102-500734	Contracts for Prog Svc	49158501	\$416,498	\$145,249	\$561,747
			<b>Sub-total</b>	<b>\$624,747</b>	<b>\$145,249</b>	<b>\$769,996</b>
			<b>TOTAL</b>	<b>\$1,704,747</b>	<b>\$493,249</b>	<b>\$2,197,996</b>

## EXPLANATION

This request is **sole source** because the additional funding increases the price limitation by more than 10% of the total contract value.

The purpose for this request is to include the distribution of young adult assessment data; the creation of a young adult media messaging campaign; enhancements to the student assistance program; and administration of the 2017 Youth Risk Behavior Survey to the existing contract for training and technical assistance.

The vendor provides significant training, technical assistance, and data evaluation to the Department, the Governor's Commission on Alcohol and Drug Abuse Prevention, Treatment and Recovery (Governor's Commission), contractors, and community level stakeholders, statewide. The funding will be used to enhance existing training, technical assistance and evaluation capacity to ensure the State has appropriate and sufficient resources to address the implementation and monitoring of new strategies identified by the Governor's Commission, which include but are not limited to the expansion of peer recovery support services as well as increasing capacity for ambulatory medication assisted treatment (MAT) and withdrawal management. The vendor will provide additional data collection, analysis and reporting technical assistance for the Bureau of Drug and Alcohol Services and the Governor's Commission.

Additionally, the vendor will administer the Youth Risk Behavior Survey, which is managed jointly by the Bureau of Public Health Statistics, the Bureau of Drug and Alcohol Services, and the Department of Education. The management of the Youth Risk Behavior Survey is complex because it requires:

- The development of the New Hampshire specific Center for Disease Control survey.
- The provision of technical assistance to more than 80 participating NH high schools.
- The collection, analysis and compiling of the survey data into end user reports utilized by participating schools, the Department of Education, the Department of Health and Human Services, the Governor's Commission, and community level stakeholders across the state.

The vendor will also support additional training, technical assistance, and evaluation for state and sub-grantees funded through the Substance Abuse and Mental Health Services Administration's Partnership for Success grant. The Partnership for Success grant provides funding to states for the alignment and leveraging of prevention resources and priorities at the federal, state and community levels. This amendment also requires the vendor to assist the State Epidemiological Outcomes Workgroup SEOW to assemble a dashboard of measures for semi-annual reporting as directed by 2016 Senate Bill 533.

The original contract was selected through a competitive bid process. The Department published a Request for Proposals for training, technical assistance, program evaluation, and data analysis, interpretation, and support (RFP #16-DHHS-DCBCS-BDAS-02) on the Department of Health and Human Services website September 9, 2015 to October 19, 2015. The Department received one application. The application was reviewed and scored by a team of individuals with program specific knowledge. JSI Research & Training Institute, Inc. was selected for the contract.

The Contract contains language that the Department reserves the right to renew the contract for up to two (2) additional years, subject to the continued availability of funds, satisfactory performance of contracted services and Governor and Executive Council approval.

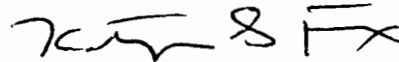
Should the Governor and Executive Council not approve this request, the Department would be unable to meet requirements as directed by 2016 Senate Bill 533.

Area Served: Statewide.

Source of Funds: 55% Federal Funds from United States Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Substance Abuse Prevention and Treatment Block Grant, CFDA #93.959 FAIN 15B1NHSAPT and Partnership for Success 2015 grant, CFDA #93.243 FAIN 15SP20796A. 35% Other Funds from the Governor's Commission on Alcohol and Drug Abuse Prevention, Intervention and Treatment and 10% General Funds.

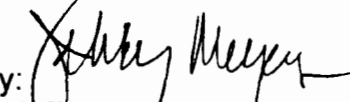
In the event that Federal Funds become no longer available, General Funds will not be requested to support these programs.

Respectfully submitted,



Katja S. Fox  
Director

Approved by:



Jeffrey A. Meyers  
Commissioner



**New Hampshire Department of Health & Human Services  
Training, Technical Assistance, Program Evaluation and  
Data Analysis, Interpretation & Support**

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**State of New Hampshire  
Department of Health and Human Services  
Amendment #2 to the Training, Technical Assistance, Program  
Evaluation and Data Analysis, Interpretation & Support Contract**

This 2<sup>nd</sup> Amendment to the Training, Technical Assistance, Program Evaluation and Data Analysis, Interpretation & Support contract (hereinafter referred to as "Amendment #2") dated this 19<sup>th</sup> day of July, 2016 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 and Training Institute, Inc. d/b/a Community Health Institute (hereinafter referred to as "the Contractor"), a nonprofit company with a place of business at 501 South Street 2<sup>nd</sup> Floor, Bow, NH 03304.

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on December 16, 2015 (Item #28), and amended by an agreement (Amendment #1 to the Contract) approved on June 29, 2016 (Item #29A), 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 Form P-37, General Provisions, Paragraph 18, Amendment, the State may modify the contract by written agreement of the parties and approval of the Governor and Executive Council; and

WHEREAS the parties have agreed to add to the scope of services and increase the price limitation with no change to the Contract Completion Date in Block 1.7, Form P-37, General Provisions; 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 to amend the contract as follows:

1. Form P-37, General Provisions, Block 1.8, Price Limitation to read:  
\$2,197,996
2. Exhibit A, Section 4, Technical Assistance, Program Evaluation, and Data Analysis, Interpretation and Support, Subsection 4.1.3, Data Analysis, Interpretation and Support, Paragraph 4.1.3.3, to read:
  - 4.1.3.3 The Contractor shall provide administrative oversight for the State Epidemiological Outcome Workgroup (SEOW) by convening SEOW members at least six times a year, which includes:
    1. Recruiting other state and NH organizations' epidemiologists to ensure there is a good representation from various fields, such as



**New Hampshire Department of Health & Human Services  
Training, Technical Assistance, Program Evaluation and  
Data Analysis, Interpretation & Support**

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- Children Youth and Family Services, Department of Safety, Health and Medical;
2. Convening, managing, and facilitating meetings, when appropriate, and maintaining records of meetings and activities related to the SEOW;
  3. Identifying, engaging and retrieving data sets from a diverse group of suppliers and relevant data;
  4. Participating with the Department in the collection and analysis of data;
  5. Translating data into a variety of formats that are useful to diverse audiences;
  6. Supporting the collection, analysis, and interpretation of drug and alcohol data and related consequences;
  7. Producing data products as required, at least six a year, to assist in using data to drive planning and outcomes;
  8. Assisting in identification of key data indicators and using these indicators in tracking progress across providers and program areas;
  9. Using epidemiological data to instruct BDAS in knowing how to make data driven decisions in the identification and selection of prevention programs and strategies;
  10. Assisting BDAS in increasing the general awareness of PFS prevention substances misuse and related behavioral problems affecting the state and engage key stakeholders to mobilize and build capacity to support PFS prevention efforts.
3. Add Exhibit A-2 – Amendment #2, Scope of Services.
  4. Add Exhibit A-3 – Amendment #2, Scope of Services, 2017 NH Youth Risk Behavior Survey (YRBS).
  5. Delete Exhibit B-2 Budget Amendment #1 and replace with Exhibit B-2, Budget Amendment #2.



New Hampshire Department of Health & Human Services  
Training, Technical Assistance, Program Evaluation and  
Data Analysis, Interpretation & Support

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,

State of New Hampshire  
Department of Health and Human Services

7/25/16  
Date

[Signature]  
Name: Katja S. Fox  
Title: Director

JSI Research and Training Institute, Inc. d/b/a  
Community Health Institute, Inc.

7-21-16  
Date

[Signature]  
NAME Jonathan Stewart  
TITLE Regional Director

Acknowledgement:

State of New Hampshire, County of Merrimack on 7-21-16,  
before the undersigned officer, personally appeared the person identified 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

[Signature]  
Name and Title of Notary or Justice of the Peace

DEBRA L. LOVE, Notary Public  
My Commission Expires October 16, 2018

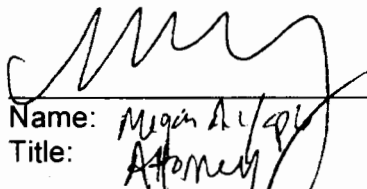


**New Hampshire Department of Health & Human Services  
Training, Technical Assistance, Program Evaluation and  
Data Analysis, Interpretation & Support**

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

OFFICE OF THE ATTORNEY GENERAL

8/5/14  
Date \_\_\_\_\_

  
Name: Megan A. Kelly  
Title: Attorney

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:





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## Exhibit A – 2 –Amendment #2

### Scope of Services

#### 1. Young Adult (Ages 18 to 25 Years) Assessment

- 1.1. The Contractor shall collaborate with the Department and the Partnership for Success (PFS) Advisory Council to develop a strategy to distribute the final young adult assessment report to key stakeholders and the public. The Contractor shall:
  - 1.1.1. Meet with the Department, in person, a minimum of two (2) times prior to September 30, 2016 to discuss strategic distribution of the assessment.
  - 1.1.2. Meet with both the Department and the PFS Advisory Council, in person, a minimum of one (1) time prior to September 30, 2016.
- 1.2. The Contractor shall provide information and technical assistance to the Regional Public Health Networks' Substance Misuse Prevention coordinators. The Contractor shall:
  - 1.2.1. Ensure coordinators understand and interpret the young adult data available through the young adult assessment, which includes a survey and focus groups specific to each region.
  - 1.2.2. Make recommendations to each Regional Public Health Network coordinator on strategies that meet the needs of young adults in the specific region, as indicated in the young adult assessment report.
- 1.3. The Contractor shall submit criteria to assess places of employment and higher education to determine regional readiness to implement best practice policies on alcohol and other drugs to the Department. The Contractor shall utilize recommendations resulting from the final young adult assessment report and the regional technical assistance provided to:
  - 1.3.1. Identify two (2) regions with the greatest readiness to conduct policy making level of work.
  - 1.3.2. Make recommendations to the Department and the identified Regional Public Health Networks to pilot implementation of alcohol and other drug best practice policies in either workplace settings or higher education settings.

#### 2. Media Messaging – Young Adults (Ages 18 to 25 Years)

- 2.1. The Contractor shall provide staffing, expertise and services to implement a Five Phase Social Marketing Campaign that specifically targets the young adult population (ages 18 to 25 years), in order to:



- 2.1.1. Create awareness of the risks of underage drinking and high risk alcohol use.
- 2.1.2. Prevent and reduce the misuse of prescription drugs, which includes but is not limited to, illicit opioids, through creative key messaging.
- 2.2. The Contractor shall conduct activities to ensure the deliveries of substance misuse prevention media messages are appropriate for a variety of venues, as approved by the Department. Activities shall be conducted in five (5) phases, which include:
  - 2.2.1. **Phase 1** - Developing a written plan that includes a time line with all necessary steps outlined to advance a statewide young adult media messaging campaign that includes culturally competent messaging that targets young adults in all geographic parts of the State. The Contractor shall:
    - 2.2.1.1. Utilize current data on the young adult culture by geographic regions of the State to determine 10 top venues to engage for media messaging.
    - 2.2.1.2. Determine the best venues available to reach young adults based on input from various young adult focus groups.
    - 2.2.1.3. Create a written plan that includes a timeline with deliverables for each step of the plan and specifies venues that will be used for the media messaging campaign, no later than December 30, 2016.
  - 2.2.2. **Phase 2** - Conducting an environmental scan of local and national young adult prevention messages and images related to the prevention of underage high risk alcohol use and the reduction of the misuse and abuse of prescription drugs, including but not limited to illicit opioids. The Contractor shall:
    - 2.2.2.1. Gather local and national underage high risk alcohol use and prescription drug misuse prevention messages and images.
    - 2.2.2.2. Create media messages that are NH specific by adapting existing materials, which credit the messages to the funding associated with the Partnership for Success 2015.
    - 2.2.2.3. Develop additional materials, as needed based on spot placement, including but not limited to vignettes with personal NH stories.
    - 2.2.2.4. Review relevant NH survey data to inform key messages.
    - 2.2.2.5. Ensure all materials developed are presented to the Department for approval no later than December 30, 2016.



2.2.3. **Phase 3** - Testing media messages and materials for target audience receptivity, as approved by the Department, no later than February 28, 2017. The Contractor shall:

2.2.3.1. Convene focus groups of young adults ensuring representation from each geographic area to ensure messages reach the various cultures within the State.

2.2.3.2. Gather data from focus groups to determine reach and effectiveness of messaging.

2.2.4. **Phase 4** - Establishing placement of media developed in Phase 3, as approved by the Department no later than March 30, 2017. The Contractor shall:

2.2.4.1. Ensure media placement activities are far reaching in the New Hampshire audience and include, but are not limited to:

2.2.4.1.1. Preparing media buy plans for Department review and approval.

2.2.4.1.2. Requesting proposals from media outlets for spot placements.

2.2.4.1.3. Negotiating media placement rates to provide added value for each media buy.

2.2.4.1.4. Invoicing media outlets and paying for media buys.

2.2.4.1.5. Extending campaign reach after the paid media run ends by running public service announcements. The Contractor shall:

2.2.4.1.5.1. Foster buy-in and a shared mission with all collaborators.

2.2.4.1.5.2. Leverage both buy-in and mission to facilitate a change in systems.

2.2.4.1.5.3. Ensure the campaign endures after the media buys cease by creating and printing enduring materials including, but not limited to posters, brochures and displays.

2.2.4.2. Collaborate with healthcare and community partners, as identified by the Department, to distribute media through their networks.

2.2.5. **Phase 5** – Implementing a strategic Marketing Plan to disseminate key messages in appropriate media and community channels, based



on Phases 1 through 4, no later than April 30, 2017. The Contractor shall ensure:

2.2.5.1. Messages are delivered over a minimum of three (3) communication modes.

2.2.5.2. A minimum of one (1) young adult coalition is engaged to assist with dissemination of media messages. Phase 5 to be completed by April 30, 2017.

2.3. The Contractor shall utilize varied and culturally competent messages, platforms and communications channels to ensure all media messages inform the young adult population in all regions of the State.

2.4. The Contractor shall submit all media messages, and related materials, including but not limited to electronic copies of production files for all media messages, to the Department on a bi-weekly basis for review and approval prior to publishing and/or publically releasing, or distributing any media messages.

2.5. The Contractor shall ensure all funding for media messages is used for :

2.5.1. Technology needs.

2.5.2. Consultant services.

2.5.3. Materials publication.

2.5.4. Advertising time.

2.5.5. Other costs as determined by an advisory committee of staff, regional public health staff, consumers, and other stakeholders.

### **3. Partnership for Success (PFS) Project Success Student Assistance Programs.**

3.1. The Contractor shall make written recommendations to the Department regarding improvements to the evaluation plan, which may include but is not limited to, conducting focus groups with students and parents who participate in the student assistance program. The Contractor shall:

3.1.1. Collaborate with the PFS Advisory Council to review outcome data from surveys administered in participating PFS funded schools.

3.1.2. Process data entered into the Bureau of Drug and Alcohol Services' P-WITS system by PFS funded schools related to student assistance programs.

3.2. The Contractor shall collaborate with the Department to provide recommendations on key data products based on the final evaluation of the PFS II grant to a variety of stakeholders, which include but are not limited to:

3.2.1. School administration and boards.



- 3.2.2. School communities.
- 3.2.3. The Governor's Commission on Alcohol and Drug Abuse Prevention, Treatment and Recovery.
- 3.3. The Contractor shall collaborate with the Department to conduct a final sustainability training workshop for PFS II funded schools in order to assist the schools with identifying elements needed to submit in the school sustainability plan, as required by schools' PFS II contracts. The Contractor shall:
  - 3.3.1. Develop workshop plans.
  - 3.3.2. Submit workshop plans to the Department for approval.
  - 3.3.3. Secure the venue for conducting the training workshop.
  - 3.3.4. Design a sign in sheet, registration form and evaluation form for attendees to complete at the workshop.
  - 3.3.5. Submit all items related to the workshop to the Department for approval prior to scheduling the training workshop.
- 3.4. The Contractor shall provide written recommendations to the Department for PFS 2015 schools on an Orientation Program for new Student Assistance Program staff, which shall include but not be limited to:
  - 3.4.1. Introduction to Project Success and its components.
  - 3.4.2. How to implement the Student Assistance Program in schools.
  - 3.4.3. Introduction to CLAS and the NH PFS Disparities impact statement.
  - 3.4.4. How to use the BDAS program management database system P-WITS.
- 3.5. The services described in Section 3, Partnership for Success (PFS) Project Success Student Assistance Programs, shall be completed by September 30, 2016.

#### **4. Partnership for Success (PFS) 2015**

- 4.1. The Contractor shall develop a state-level logic model that illustrates the resources, activities, outputs and outcomes for the PFS 2015 grant initiatives, as required by SAMHSA. The Contractor shall:
  - 4.1.1. Submit the state-level logic model to the Department for review and approval.
  - 4.1.2. Make recommendations and provide technical assistance to sub-recipients at the community level to produce their own logic models based on local data and goals based on Department review and approval as described in Section 4.1.1.



- 4.2. The Contractor shall collaborate with the Department to identify and recommend professional development trainings for Project Success Student Assistance Program staff and sub-recipients in order to:
  - 4.2.1. Improve skills and increase capacity of staff and grantees in providing services to youth and young adults.
  - 4.2.2. Assist grantees with meeting the needs of youth and young adults.
- 4.3. The Contractor shall collaborate with the Department to make recommendations to sub-recipients and grantees on the development and implementation of regional networks for peer supervision and mentoring for student assistance program staff. The Contractor shall ensure regional networks provide opportunities for staff to:
  - 4.3.1. Meet in order to receive peer supervision and mentoring for professional growth and development.
  - 4.3.2. Receive trainings from topic area experts.
  - 4.3.3. Review complex cases.
  - 4.3.4. Seek input on strategies or resources that may assist students.
  - 4.3.5. Discuss professional ethics and boundaries.
  - 4.3.6. Receive feedback from peers based on clinical standards.

## **5. Partnership for Success (PFS) State Epidemiological Outcomes Workgroup (SEOW)**

- 5.1. The Contractor shall consult with the SEOW, as described in Exhibit A, Scope of Services, subparagraph 4.1.3.3, to:
  - 5.1.1. Identify and analyze data sources to assist in assessing patterns of substance misuse and its consequences for youth and young adults.
  - 5.1.2. Seek recommendations in setting priorities among populations and communities of high-risk and high-need.
- 5.2. The contractor shall consult with the SEOW in reviewing all PFS related evaluation findings, reports and dissemination plans produced by the contractor and seek consult on areas of concern or areas in need of improvement. The contractor shall provide the recommendations to BDAS for final approval.
- 5.3. The Contractor shall provide technical assistance to the Department and the Governor's Commission on Alcohol and Drug Abuse Prevention, Treatment, and Recovery (Governor's Commission) on data collection, data analysis, and reporting. The Contractor shall:
  - 5.3.1. Provide assistance to the SEOW and the Governor's Commission Data and Evaluation Taskforce with assembling a dashboard of



measures for semi-annual reporting as directed by 2016 Senate Bill 533 (SB533). Annual reporting shall include, but is not limited to:

- 5.3.1.1. The number of known drug overdoses, broken out by drug(s) involved.
- 5.3.1.2. The number of deaths attributable to overdoses, as reported by the chief medical examiner, broken out by drug(s) involved.
- 5.3.1.3. The number of people known to be in treatment or recovery programs supported by commission funding.
- 5.3.1.4. The accessibility and availability of treatment programs, including waitlists.
- 5.3.1.5. The number of individuals in drug court programs, as reported by the judicial branch.
- 5.3.1.6. The number of individuals in diversion programs, as reported by the judicial branch.
- 5.3.1.7. The number of convictions for drug related offenses, as reported by the judicial branch.
- 5.3.1.8. The number of persons incarcerated for drug related offenses as reported by the department of corrections.
- 5.3.1.9. Funds expended and balances remaining, programs and strategies created or sustained by the funds, and an estimate of the number of individuals served by these funds.
- 5.3.1.10. Barriers experienced when attempting to access data with proposed strategies to develop or enhance data capacity.
- 5.3.1.11. Performance outcomes pursuant to National Outcomes Measurement Standards (NOMS), as required with federal funding sources.
- 5.3.2. Collect, assemble or analyze, as appropriate, measures that are currently available for reporting by the Governor's Commission no later than September 30, 2016.
- 5.3.3. Coordinate with data related professionals who work in various departments and divisions of state government, including but not limited to the Departments of Safety, Corrections and Justice, to:
  - 5.3.3.1. Identify characteristics of available data, which includes, but is not limited to:
    - 5.3.3.1.1. Source.
    - 5.3.3.1.2. Frequency.



- 5.3.3.1.3. Quality (accuracy, reliability, validity, completeness)
- 5.3.3.1.4. Ownership.
- 5.3.3.1.5. Confidentiality considerations.
- 5.3.3.1.6. Limitations.
- 5.3.3.2. Ascertain current availability of data and metrics relevant to the dashboard of measures enumerated in Section 5.3.1.
- 5.3.4. Collaborate with data related professionals in various state departments and divisions to identify barriers to data access and availability needed for reporting of dashboard measures.
- 5.3.5. Collaborate with the SEOW and the Governor's Commission Data and Evaluation Taskforce to develop strategies for data system, reporting or capacity enhancements in order to mitigate barriers identified in Section 5.3.4. for successful reporting of dashboard measures.

## 6. Reporting

- 6.1. The Contractor shall provide quarterly reports to the Department that include but are not limited to:
  - 6.1.1. Narrative summary of activities conducted in Section 1, Young Adult (Ages 18 to 25 Years) Assessment.
  - 6.1.2. Detailed status of media messaging activities described in Section 2, Media Messaging – Young Adults (Ages 18 to 25 Years).
  - 6.1.3. Detailed status of Partnership for Success (PFS) 2015 activities as described in Section 4.
  - 6.1.4. Narrative summary of PFS SEOW technical assistance provided in accordance with Section 5.
  - 6.1.5. Detailed status of the dashboard of measures assembly described in Section 5.3.1.
- 6.2. The Contractor shall provide a quarterly comparison of budgeted to expended funds for activities described in Exhibit A-2, Amendment #2, Scope of Services.
- 6.3. The Contractor shall provide a final report no later than October 31, 2016 that summarizes all activities in Exhibit A, Scope of Services completed no later than September 30, 2016.

## 7. Deliverables

- 7.1. The services described in Section 1, Young Adult (Ages 18 to 25 Years) Assessment, shall be completed by September 30, 2016.





- 7.2. The Contractor shall submit copies of all media messages and related materials to the Department no later than thirty (30) days prior to the intended release of the messages.
- 7.3. The Contractor shall complete Phase 1 as described in Section 2.2.1 and provide the written plan to the Department no later than December 30, 2016.
- 7.4. The Contractor shall complete Phase 2 as described in Section 2.2.2 and provide a written summary of findings to the Department no later than December 30, 2016.
- 7.5. The Contractor shall complete testing of media messages as described in Phase 3 of Section 2.2.3 and provide a summary of findings to the Department no later than February 28, 2017.
- 7.6. The Contractor shall provide the written media placement plan described in Phase 4 of Section 2.2.4 to the Department no later than March 30, 2017.
- 7.7. The Contractor shall implement the strategic Marketing Plan described in Phase 5 of Section 2.2.5 no later than April 30, 2017.
- 7.8. The Contractor shall complete the services identified in Section 3, Partnership for Success (PFS) Project Success Student Assistance Programs, no later than September 30, 2016.
- 7.9. The Contractor shall complete all services identified in Section 4, Partnership for Success (PFS) 2015, no later than September 30, 2016.
- 7.10. The Contractor shall collect, assemble or analyze, as appropriate, measures that are currently available for reporting by the Governor's Commission, as described in Section 5.3.1, no later than September 30, 2016.



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**Exhibit A – 3 – Amendment #2**  
**Scope of Services**  
**2017 NH Youth Risk Behavior Survey (YRBS)**

**1. General Project & Administration**

- 1.1. The Contractor shall provide administrative assistance to the Department for the implementation of the Centers for Disease Control and Prevention 2017 NH Youth Risk Behavior Survey (YRBS), which is a paper based survey of 99 questions completed by approximately 45,000 students across most all of NH's 80+ public high schools. The Contractor shall:
  - 1.1.1. Print up to 45,000 scannable surveys formatted in accordance with the requirements of the Centers for Disease Control (CDC) (<http://www.cdc.gov/healthyyouth/data/yrbs/index.htm>) and the Department, in booklet form.
  - 1.1.2. Deliver the surveys to the schools in accordance with the survey design.
  - 1.1.3. Distribute and collect classroom and school level sample information forms, Exhibit 3 to 5 as outlined in YRBS 2017 Manual.
  - 1.1.4. Scan the completed surveys.
  - 1.1.5. Develop a clean dataset of coded results.
  - 1.1.6. Provide the data to the Department in a clean data file in ASCII format.
- 1.2. The Contractor shall provide one (1) FTE staff who shall be available:
  - 1.2.1. ½ time as administrative support.
  - 1.2.2. ½ time as hands-on assistance.
- 1.3. Provide a Project Manager as a single point of contact who shall coordinate all aspects of the project, as directed by the Department.

**2. Booklet Production**

- 2.1. The Contractor shall print scannable, as described in Section 1.1.1 surveys in booklet form for use by schools, statewide. The Contractor shall
  - 2.1.1. Ensure surveys include questions and response categories, as provided by the Department, which shall be based on CDC requirements.
  - 2.1.2. Print up to 45,000 booklets, each of which shall be six (6) pages printed double sided for a total of (twelve) 12 pages per booklet.
  - 2.1.3. Set up packets of booklets, which shall include but not be limited to:



- 2.1.3.1. Labels.
- 2.1.3.2. Instructions.
- 2.1.3.3. Surveys.
- 2.1.3.4. Envelopes.
- 2.1.4. Package the packets in boxes with:
  - 2.1.4.1. Envelopes.
  - 2.1.4.2. Sharpened Pencils in bundles of 25.
  - 2.1.4.3. Extra surveys.
- 2.1.5. Label and deliver boxes in Section 2.1.4 to participating schools, as identified by the Department.

### **3. Project Set Up**

- 3.1. The Contractor shall ensure hardware/software is in place to process completed surveys. The Contractor shall:
  - 3.1.1. Develop a scan application program to read completed surveys.
  - 3.1.2. Develop a key-entry program for manual data entry of completed surveys that are received in a damaged condition.
  - 3.1.3. Ensure a 'Test Deck' quality procedure is utilized on the applications in Section 3.1.1 and Section 3.1.2 by completing sample forms and:
    - 3.1.3.1. Scanning the sample forms.
    - 3.1.3.2. Key entering the sample forms.
    - 3.1.3.3. Ensuring the data collected from the samples are verified, accurate and approved prior to going live with scanning completed surveys.
  - 3.1.4. Ensure internal capacity to scan booklets and provide data sets to the Department.
  - 3.1.5. Design a system for batching and scanning each classroom by school and classroom based on school and classroom identifiers.
- 3.2. The Contractor shall ensure each package delivered to each school contains Contractor contact information in the event that the receiving school has questions regarding the survey.

### **4. Survey Processing**

- 4.1. The Contractor shall receive and scan completed surveys. The Contractor shall:



- 4.1.1. Coordinated delivery of completed surveys from the schools to the Contractor.
- 4.1.2. Separate non-survey correspondence received and ship the correspondence to the Department.
- 4.1.3. Notify the Department of any apparent irregularities that may compromise the integrity of the survey data.
- 4.1.4. Scan surveys in batches by classroom and school.
- 4.1.5. Key-enter and verify surveys damaged to the extent that they cannot be scanned.
- 4.2. The Contractor shall develop a clean dataset of coded results.
- 4.3. The Contractor shall provide data to the Department in a clean data file in ASCII format, via uploading the electronic files into the secure site URL to be provided by the Department.

## 5. Deliverables

- 5.1. The Contractor shall provide a project roll out time line to the Department no later than 15 days from the contract effective date, which shall include a tracking form schedule indicating delivery dates to each selected school.
- 5.2. The Contractor shall print and package up to 45,000 surveys and prepare them to be delivered to a minimum of 80 schools, statewide.
- 5.3. The Contractor shall deliver up to 45,000 surveys to a minimum of 80 schools, statewide.
- 5.4. The Contractor shall ensure all completed surveys received are either scanned or manual keyed in and uploaded into the Department provided URL no later than June 30, 2016.
- 5.5. The Contractor shall collect and return all classroom and school level information forms described in Section 1.1.3, to the Department no later than June 30, 2016.

Exhibit B-2, Budget - Amendment #2

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


Bidder/Program Name: JSI Research & Training Institute, Inc. db/a Community Health Institute

Budget Request for: Training and Technical Assistance/Program Evaluation and Data Analysis/Interpretation and Support

Budget Period: July 1, 2016 through June 30, 2016

Line Item	Total Program Cost			Contractor Share / Match			Funded by DHHS contract share			Total
	Direct	Indirect	Total	Direct	Indirect	Total	Direct	Indirect	Total	
1. Total Salary/Wages	\$ 565,131.18	\$ -	\$ 565,131.18	\$ -	\$ -	\$ -	\$ 565,131.18	\$ -	\$ 565,131.18	
2. Employee Benefits	\$ 222,349.84	\$ -	\$ 222,349.84	\$ -	\$ -	\$ -	\$ 222,349.84	\$ -	\$ 222,349.84	
3. Consultants	\$ 20,000.00	\$ -	\$ 20,000.00	\$ -	\$ -	\$ -	\$ 20,000.00	\$ -	\$ 20,000.00	
4. Equipment	\$ 52,861.81	\$ -	\$ 52,861.81	\$ -	\$ -	\$ -	\$ 52,861.81	\$ -	\$ 52,861.81	
Rental	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Repair and Maintenance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Purchase/Depreciation	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
5. Supplies	\$ 47,895.68	\$ -	\$ 47,895.68	\$ -	\$ -	\$ -	\$ 47,895.68	\$ -	\$ 47,895.68	
Educational	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Lab	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Pharmacy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Medical	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Office	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
6. Travel	\$ 7,283.12	\$ -	\$ 7,283.12	\$ -	\$ -	\$ -	\$ 7,283.12	\$ -	\$ 7,283.12	
7. Occupancy	\$ 58,513.11	\$ -	\$ 58,513.11	\$ -	\$ -	\$ -	\$ 58,513.11	\$ -	\$ 58,513.11	
8. Current Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Telephone	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Postage	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Subscriptions	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Audit and Legal	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Insurance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
9. Board Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Software	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
10. Marketing/Communications	\$ 326,000.00	\$ -	\$ 326,000.00	\$ -	\$ -	\$ -	\$ 326,000.00	\$ -	\$ 326,000.00	
11. Staff Education and Training	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
12. Subcontracts/Agreements	\$ 423,700.00	\$ -	\$ 423,700.00	\$ 42,700.00	\$ -	\$ 42,700.00	\$ 381,000.00	\$ -	\$ 381,000.00	
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
	\$ -	\$ 98,232.26	\$ 98,232.26	\$ -	\$ -	\$ -	\$ -	\$ 98,232.26	\$ 98,232.26	
TOTAL	\$ 1,743,814.74	\$ 98,232.26	\$ 1,842,047.00	\$ 42,700.00	\$ -	\$ 42,700.00	\$ 1,700,347.00	\$ 98,232.26	\$ 1,798,584.26	

Indirect As A Percent of Direct 5.6%

Contractor Initials:  Date: 7/21/16



25A mac

**STATE OF NEW HAMPSHIRE**  
**DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
**DIVISION OF BEHAVIORAL HEALTH SERVICES**  
*Bureau of Drug and Alcohol Services*

Jeffrey A. Meyers  
 Commissioner

Katja S. Fox  
 Director

105 PLEASANT STREET, CONCORD, NH 03301  
 603-271-6738 1-800-804-0909  
 Fax: 603-271-6105 TDD Access: 1-800-735-2964 www.dhhs.nh.gov

June 6, 2016

6/29/16  
 25A

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

**REQUESTED ACTION**

Authorize the Department of Health and Human Services, Division of Behavioral Health, Bureau of Drug and Alcohol Services to amend an existing **sole source** Agreement with JSI Research & Training Institute, Inc. d/b/a Community Health Institute, 501 South Street, 2<sup>nd</sup> Floor, Bow, NH 03304 (Vendor # 161611-B001), to include provisions for a media messaging campaign related to the opioid crisis, by increasing the total price limitation by \$450,000, from \$1,254,747.00 to \$1,704,747, with no change to the completion date of June 30, 2017, effective upon the date of Governor and Executive Council approval. The Governor and Executive Council approved the original contract on December 16, 2015, Item #28. 100% Federal Funds.

Funding is available in the following accounts for State Fiscal Years 2016 and 2017, with the authority to adjust amounts within the price limitation and to adjust encumbrances between State Fiscal Years, if needed and justified, without further approval from Governor and Executive Council.

**05-95-49-49150-2990 HEALTH AND SOCIAL SERVICES, DEPT. OF HEALTH AND HUMAN SERVICES, HHS: BUREAU OF DRUG AND ALCOHOL SERVICES, CLINICAL SERVICES**

State Fiscal Year	Class/Account	Class Title	Job Number	Current Budget	Increase (Decrease) Amount	Revised Modified Budget
2016	102-500734	Contracts for Prog Svc	49155369	\$8,000	\$0	\$8,000
2016	102-500734	Contracts for Prog Svc	49156501	\$23,500	\$0	\$23,500
2016	102-500734	Contracts for Prog Svc	49156504	\$16,250	\$0	\$16,250
2017	102-500734	Contracts for Prog Svc	49155369	\$16,000	\$0	\$16,000
2017	102-500734	Contracts for Prog Svc	49156501	\$47,000	\$0	\$47,000
2017	102-500734	Contracts for Prog Svc	49156504	\$32,500	\$0	\$32,500
			Sub-total	\$143,250	\$0	\$143,250

**05-95-49-491510-2988 HEALTH AND SOCIAL SERVICES, DEPT. OF HEALTH AND HUMAN SERVICES, HHS: BUREAU OF DRUG AND ALCOHOL SERVICES, PREVENTION SERVICES**

State Fiscal Year	Class/ Account	Class Title	Job Number	Current Modified Budget	Increase (Decrease) Amount	Revised Modified Budget
2016	102-500734	Contracts for Prog Svc	49153338	\$57,500	\$0	\$57,500
2016	102-500734	Contracts for Prog Svc	49156502	\$34,500	\$34,600	\$69,100
2016	102-500734	Contracts for Prog Svc	49156504	\$16,250	\$0	\$16,250
2017	102-500734	Contracts for Prog Svc	49156502	\$69,000	\$415,400	\$484,400
2017	102-500734	Contracts for Prog Svc	49157603	\$112,000	\$0	\$112,000
2017	102-500734	Contracts for Prog Svc	49153338	\$165,000	\$0	\$165,000
2017	102-500734	Contracts for Prog Svc	49156504	\$32,500	\$0	\$32,500
			Sub-total	\$486,750	\$450,000	\$936,750

**05-95-49-491510-2989 HEALTH AND SOCIAL SERVICES, DEPT. OF HEALTH AND HUMAN SERVICES, HHS: BUREAU OF DRUG AND ALCOHOL SERVICES, GOVERNOR COMMISSION FUNDS**

State Fiscal Year	Class/ Account	Class Title	Job Number	Current Budget	Increase (Decrease) Amount	Revised Modified Budget
2016	102-500734	Contracts for Prog Svc	49158501	\$208,249	\$0	\$208,249
2017	102-500734	Contracts for Prog Svc	49158501	\$416,498	\$0	\$416,498
			Sub-total	\$624,747	\$0	\$624,747
			TOTAL	\$1,254,747	\$450,000	\$1,704,747

**EXPLANATION**

The purpose of this **sole source** Amendment is to add a new deliverable to the vendors existing contract. This amendment is sole source because the funds being added in this amendment are greater than ten percent (10%) of the total contract value. The vendor will now be responsible for implementation of the Anyone/Anytime media messaging campaign which has been created in response to the opioid crisis in NH. The campaign will increase public awareness of three (3) related messages: extent of the opioid crisis; availability of naloxone to prevent overdose death; and efforts in the continuum of care scope of work within the state and the Regional Public Health Networks to effectively address prevention, early identification and intervention, treatment and recovery support services for substance use disorders.

The Contractor will ensure the delivery of messages in the following forms and quantities:

- Four (4) television/cable commercials, to air 6,344 times; and
- A total of 122 mass transit ads on bus and public transit shall be placed (87 interior ads and 35 exterior ads on and in public transportation curbs, shelters and street ads); and
- Four (4) radio commercials, to air 14,904 times, the target range for campaign is 19-35 year olds. The Contractor shall work with the radio stations to determine the appropriate times to reach this audience; and
- One hundred four (104) ads in 11 newspapers shall be placed; the print ads will range from 2 to 3 column inches per publication.

These campaigns and others will be approved by the Bureau of Drug and Alcohol Services. The media shall be purchased during the contracted period, but may run past the date of completion.

The Contractor will submit the final media messages to the Bureau of Drug and Alcohol Services, Contract Manager for approval prior to publishing and/or public release or distribution. This will include electronic copies of the production files for all media messages.

The Contractor's funding for media messages will be used for technology needs, consultant services, materials publication, advertising time, and other costs as determined by an advisory committee of state staff, regional public health staff, consumers, and other stakeholders. The services described in this media campaign will be completed by September 30, 2016.

The original contract was selected through a competitive bid process.

The Contract contains language that Department reserves the right to renew the contract for up to two (2) additional years, subject to the continued availability of funds, satisfactory performance of contracted services and Governor and Executive Council approval. The Department has not exercised this provision.

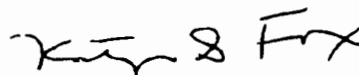
Should the Governor and Executive Council not approve this contract, the Bureau of Drug and Alcohol Services would be unable effectively educate the public about the dangers of heroin/opioid use; the availability of naloxone to prevent overdose death and other relevant legislative efforts that support harm reduction, and efforts to effectively address prevention, treatment, and recovery support services to mitigate substance use disorders.

Area Served: Statewide.

Source of Funds: 100% Federal Funds from United States Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Substance Abuse Prevention and Treatment Block Grant, CFDA #93.959 FAIN.

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

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 Training, Technical Assistance, Program Evaluation and Data  
Analysis, Interpretation and Support Contract**

This First Amendment to the Training, Technical Assistance, Program Evaluation and Data Analysis, Interpretation and Support contract (hereinafter referred to as "Amendment #1") dated this, 1<sup>st</sup> day of June, 2016 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 and Training Institute, Inc. d/b/a Community Health institute (hereinafter referred to as "the Contractor"), a nonprofit corporation with a place of business at 501 South Street, 2<sup>nd</sup> Floor, Bow, NH 03304.

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on December 16, 2015 (item #28), the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract 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 General Provisions, Paragraph 18, the Contract may be amended only by an instrument in writing signed by the parties and only after approval of such amendment by the Governor and Executive Council; and

WHEREAS, the parties agree to add to the scope of services and increase the price limitation; 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 to amend the agreement as follows:

1. Form P-37, General Provisions, Block 1.8, Price Limitation to read:  
  
\$1,704,747
2. Add Exhibit A-1 – Amendment #1, Scope of Services.
3. Delete and replace Exhibit B-1 Budget with Exhibit Budget B-1 Amendment #1.
4. Delete and replace Exhibit B-2 Budget with Exhibit B-2 Amendment #1.



**New Hampshire Department of Health and Human Services  
 Amendment #1—Training, Technical Assistance, Program Evaluation and Data Analysis,  
 Interpretation and Support**

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(s) written below.

State of New Hampshire  
 Department of Health and Human Services

6/15/16  
 Date

Katja S Fix  
 NAME Katja S Fix  
 TITLE Director

JSI Research and Training Institute, Inc. d/b/a  
 Community Health Institute

6.17.16  
 Date

Jonathan Stewart  
 Director

Acknowledgement: State of New Hampshire, County of Merrimack

On June 13, 2016, before the undersigned officer, personally appeared Jonathan Stewart, known to me, or satisfactorily proven to be Jonathan Stewart, and acknowledged that s/he executed this document in the capacity indicated above.

Signature of Notary Public or Justice of the Peace [Seal]

Debra L. Love  
 Name and Title of Notary or  
 Justice of the Peace

DEBRA L. LOVE, Notary Public  
 My Commission Expires October 16, 2018

JSI  
6.15.16

**New Hampshire Department of Health and Human Services  
Amendment #1—Training, Technical Assistance, Program Evaluation and Data Analysis,  
Interpretation and Support**

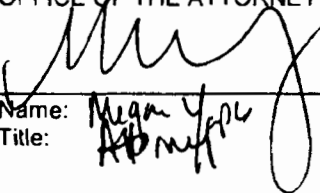
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The preceding Amendment, having been reviewed by this office, is approved as to form, substance, and execution.

OFFICE OF THE ATTORNEY GENERAL

6/15/14  
Date

  
Name: Megan York  
Title: Attorney

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:

785  
C.1516



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## Exhibit A – 1 –Amendment #1

### Scope of Services

#### 1. Media Messaging

- 1.1. The Contractor shall provide staffing, expertise and services to implement the Anyone/Anytime campaign, which includes three interrelated but separate media regional and state-wide messages for the following:
  - 1.1.1. Increase public awareness of the opioid epidemic;
  - 1.1.2. Increase public awareness of the availability of naloxone to prevent overdose death in support of the passing of HB 271, and other relevant legislative efforts that support harm reduction, best practices and health promotion; and
  - 1.1.3. Increase public awareness of the state's and Public Health Region's efforts in the continuum of care scope of work to effectively address prevention, treatment and recovery support services from substance use disorders.
- 1.2. The Contractor shall ensure the delivery of messages which are appropriate for a variety of venues which include, but are not limited to, social media outlets, newspapers, radio, public service announcements and others as approved by the Bureau of Drug and Alcohol Services. Messages shall include, but not be limited to:
  - 1.2.1. Four (4) television/cable commercials, to air 6,344 times; and
  - 1.2.2. Bus/public transit ads, a total of 122 mass transit ads shall be placed. Eighty-seven (87) interior ads shall be placed inside public transportation and thirty-five (35) exterior ads shall be placed in public transportation curbs, shelters and street ads; and
  - 1.2.3. Four (4) radio commercials, to air 14,904 times. The target range for campaign is 19-35 year olds. The Contractor shall work with the radio stations to determine the appropriate times to reach this audience; and
  - 1.2.4. One hundred four (104) ads in 11 newspapers shall be placed. The print ads will range from 2 to 3 column inches per publication.
- 1.3. The Contractor shall ensure all media messages inform the public in all regions of the state using varied and culturally competent messages, platforms, and communications channels.
- 1.4. The Contractor shall include messaging about the "Addiction Crisis Line for NH" in all new and existing media and materials for the "Anyone/Anytime"



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campaign. This includes replacing information in existing "211" media and materials with information about the "Addiction Crisis Line for NH."

- 1.5. The Contractor shall submit the final media messages to the Bureau of Drug and Alcohol Services, Contract Manager for approval prior to publishing and/or public release or distribution. This will include electronic copies of the production files for all media messages.
- 1.6. The Contractor's funding for media messages shall be used for technology needs, consultant services, materials publication, advertising time, and other costs as determined by an advisory committee of state staff, regional public health staff, consumers, and other stakeholders.
- 1.7. The services described in Section 1, Media Messaging, shall be completed by September 30, 2016. The media shall be purchased during the contracted period, but may run past the date of completion.

**Exhibit Budget B-1 Amendment #1**

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

Bidder Name: JSI Research & Training Institute, Inc.

Training, and Technical Assistance, Program Evaluation, and Data Analysis,  
Budget Request for: Interpretation and Support

Budget Period: January 1, 2016 through June 30, 2016

Line Item	Direct		Indirect Fixed	Sub - Total Budget	Registration Income	TOTAL	Allocation Method for Indirect/Fixed Cost
	Incremental						
1. Total Salary/Wages	\$ 136,111.18	\$ -	\$ -	\$ 136,111.18	\$ -	\$ 136,111.18	
2. Employee Benefits	\$ 51,722.25	\$ -	\$ -	\$ 51,722.25	\$ -	\$ 51,722.25	
3. Consultants	\$ 10,000.00	\$ -	\$ -	\$ 10,000.00	\$ -	\$ 10,000.00	
4. Equipment:	\$ 12,250.01	\$ -	\$ -	\$ 12,250.01	\$ -	\$ 12,250.01	
Rental	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Repair and Maintenance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Purchase/Depreciation	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
5. Supplies:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Educational	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Lab	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Pharmacy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Medical	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Office	\$ 10,888.89	\$ -	\$ -	\$ 10,888.89	\$ -	\$ 10,888.89	
6. Travel	\$ 4,126.65	\$ -	\$ -	\$ 4,126.65	\$ -	\$ 4,126.65	
7. Occupancy	\$ 13,611.12	\$ -	\$ -	\$ 13,611.12	\$ -	\$ 13,611.12	
8. Current Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Telephone	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Postage	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Subscriptions	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Audit and Legal	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Insurance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Board Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
9. Software	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
10. Marketing/Communications	\$ 3,837.05	\$ -	\$ -	\$ 3,837.05	\$ -	\$ 3,837.05	
11. Staff Education and Training	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
12. Subcontracts/Agreements	\$ 138,000.00	\$ -	\$ -	\$ 138,000.00	\$ 22,350.00	\$ 160,350.00	
13. Other (specific details mandatory)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Indirect costs	\$ -	\$ -	\$ 18,301.85	\$ 18,301.85	\$ -	\$ 18,301.85	
<b>TOTAL</b>	<b>\$ 380,547.15</b>	<b>\$ -</b>	<b>\$ 18,301.85</b>	<b>\$ 398,849.00</b>	<b>\$ 22,350.00</b>	<b>\$ 421,199.00</b>	

Indirect % of Direct: 4.8%  
Contractor Initials: JSI  
Date: 6.17.16

Exhibit B-2 Budget Amendment #1

BUDGET FORM

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

Bidder Name: JSI Research & Training Institute, Inc. d/b/a Community Health Institute

Training, and Technical Assistance, Program Evaluation, and Data Analysis,  
Budget Request for: Interpretation and Support

Budget Period: July 1, 2016 through June 30, 2017

Line Item	Direct Incremental	Indirect Fixed	Sub - Total Budget	Registration Income	TOTAL	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	\$ 357,210.96	\$ -	\$ 357,210.96	\$ -	\$ 357,210.96	
2. Employee Benefits	\$ 135,740.16	\$ -	\$ 135,740.16	\$ -	\$ 135,740.16	
3. Consultants	\$ 20,000.00	\$ -	\$ 20,000.00	\$ -	\$ 20,000.00	
4. Equipment:	\$ 32,148.99	\$ -	\$ 32,148.99	\$ -	\$ 32,148.99	
Rental	\$ -	\$ -	\$ -	\$ -	\$ -	
Repair and Maintenance	\$ -	\$ -	\$ -	\$ -	\$ -	
Purchase/Depreciation	\$ -	\$ -	\$ -	\$ -	\$ -	
5. Supplies:	\$ -	\$ -	\$ -	\$ -	\$ -	
Educational	\$ -	\$ -	\$ -	\$ -	\$ -	
Lab	\$ -	\$ -	\$ -	\$ -	\$ -	
Pharmacy	\$ -	\$ -	\$ -	\$ -	\$ -	
Medical	\$ -	\$ -	\$ -	\$ -	\$ -	
Office	\$ 28,576.88	\$ -	\$ 28,576.88	\$ -	\$ 28,576.88	
6. Travel	\$ 6,014.10	\$ -	\$ 6,014.10	\$ -	\$ 6,014.10	
7. Occupancy	\$ 35,721.09	\$ -	\$ 35,721.09	\$ -	\$ 35,721.09	
8. Current Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	
Telephone	\$ -	\$ -	\$ -	\$ -	\$ -	
Postage	\$ -	\$ -	\$ -	\$ -	\$ -	
Subscriptions	\$ -	\$ -	\$ -	\$ -	\$ -	
Audit and Legal	\$ -	\$ -	\$ -	\$ -	\$ -	
Insurance	\$ -	\$ -	\$ -	\$ -	\$ -	
Board Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	
9. Software	\$ -	\$ -	\$ -	\$ -	\$ -	
10. Marketing/Communications	\$ 315,000.00	\$ -	\$ 315,000.00	\$ -	\$ 315,000.00	
11. Staff Education and Training	\$ -	\$ -	\$ -	\$ -	\$ -	
12. Subcontracts/Agreements	\$ 316,000.00	\$ -	\$ 316,000.00	\$ 42,700.00	\$ 358,700.00	
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	\$ -	\$ -	
Indirect costs	\$ -	\$ 59,485.82	\$ 59,485.82	\$ -	\$ 59,485.82	
TOTAL	\$ 1,246,412.16	\$ 59,485.82	\$ 1,305,898.00	\$ 42,700.00	\$ 1,348,598.00	

4.8%

Indirect As A Percent of Direct

Contractor Initials: JSI  
Date: 6/15/16



Nicholas A. Toumpas  
Commissioner

Kathleen Dunn  
Associate Commissioner

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

*Bureau of Drug and Alcohol Services*

105 PLEASANT STREET, CONCORD, NH 03301  
603-271-6738 1-800-804-0909  
Fax: 603-271-6105 TDD Access: 1-800-735-2964 www.dhhs.nh.gov

November 30, 2015

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

12/16/15  
# 28

**REQUESTED ACTION**

Authorize the Department of Health and Human Services, Division of Community Based Care Services, Bureau of Drug and Alcohol Services to enter into an Agreement with JSI Research & Training Institute, Inc. d/b/a Community Health Institute, 501 South Street, 2<sup>nd</sup> Floor, Bow, NH 03304 (Vendor # 161611-B001), to provide training, technical assistance, program evaluation, data analysis, data interpretation, and support for alcohol and other drug misuse prevention, intervention, treatment, and recovery support professionals, in an amount of \$1,254,747.00, effective January 1, 2016 through June 30, 2017, upon the date of Governor and Executive Council approval. 48% Federal Funds, 50% Other and 2% General Funds.

Funding is available in the following accounts for State Fiscal Years 2016 and 2017, with the authority to adjust amounts within the price limitation and to adjust encumbrances between State Fiscal Years, if needed and justified, without further approval from Governor and Executive Council.

**05-95-49-49150-2990 HEALTH AND SOCIAL SERVICES, DEPT. OF HEALTH AND HUMAN SERVICES, HHS: BUREAU OF DRUG AND ALCOHOL SERVICES, CLINICAL SERVICES**

State Fiscal Year	Class/Account	Class Title	Job Number	Current Budget	Increase (Decrease) Amount	Revised Modified Budget
2016	102-500734	Contracts for Prog Svc	49155369	\$8,000	\$0	\$8,000
2016	102-500734	Contracts for Prog Svc	49156501	\$23,500	\$0	\$23,500
2016	102-500734	Contracts for Prog Svc	49156504	\$16,250	\$0	\$16,250
2017	102-500734	Contracts for Prog Svc	49155369	\$16,000	\$0	\$16,000
2017	102-500734	Contracts for Prog Svc	49156501	\$47,000	\$0	\$47,000
2017	102-500734	Contracts for Prog Svc	49156504	\$32,500	\$0	\$32,500
			Sub-total	\$143,250	\$0	\$143,250



**05-95-49-491510-2988 HEALTH AND SOCIAL SERVICES, DEPT. OF HEALTH AND HUMAN SERVICES, HHS: BUREAU OF DRUG AND ALCOHOL SERVICES, PREVENTION SERVICES**

State Fiscal Year	Class/ Account	Class Title	Job Number	Current Modified Budget	Increase (Decrease) Amount	Revised Modified Budget
2016	102-500734	Contracts for Prog Svc	49153338	\$57,500	\$0	\$57,500
2016	102-500734	Contracts for Prog Svc	49156502	\$34,500	\$0	\$34,500
2016	102-500734	Contracts for Prog Svc	49156504	\$16,250	\$0	\$16,250
2017	102-500734	Contracts for Prog Svc	49156502	\$69,000	\$0	\$69,000
2017	102-500734	Contracts for Prog Svc	49157603	\$112,000	\$0	\$112,000
2017	102-500734	Contracts for Prog Svc	49153338	\$165,000	\$0	\$165,000
2017	102-500734	Contracts for Prog Svc	49156504	\$32,500	\$0	\$32,500
			Sub-total	\$486,750	\$0	\$486,750

**05-95-49-491510-2989 HEALTH AND SOCIAL SERVICES, DEPT. OF HEALTH AND HUMAN SERVICES, HHS: BUREAU OF DRUG AND ALCOHOL SERVICES, GOVERNOR COMMISSION FUNDS**

State Fiscal Year	Class/ Account	Class Title	Job Number	Current Budget	Increase (Decrease) Amount	Revised Modified Budget
2016	102-500734	Contracts for Prog Svc	49158501	\$208,249	\$0	\$208,249
2017	102-500734	Contracts for Prog Svc	49158501	\$416,498	\$0	\$416,498
			Sub-total	\$624,747	\$0	\$624,747
			TOTAL	\$1,254,747	\$0	\$1,254,747

**EXPLANATION**

Approval of this Agreement will allow the Contractor to provide training, technical assistance, program evaluation, and data analysis, data interpretation, and support to the alcohol and drug workforce such as, but not limited to, prevention, intervention, treatment, recovery supports providers, primary care medical professionals, and mental health professionals.

The Contractor will provide training, technical assistance, program evaluation, data analysis, data interpretation, and support to the alcohol and drug workforce that: 1) increases professional service providers' knowledge and skills in the use of various outcome-supported and evidence-based practices; 2) improves providers overall operations and business practices in delivering alcohol and other drug services; 3) increases the number of licensed and/or certified service providers who can deliver prevention, intervention, treatment, and recovery support services; 4) supports integration of alcohol and other drug prevention, intervention, treatment and recovery support services with primary and behavioral healthcare; 5) provides technical assistance in the form of advice, consultation, and guidance on delivering outcome-supported and evidence-based alcohol and other drug prevention, intervention, treatment, and recovery support services; 6) assists providers to build internal capacity and increase knowledge and expertise to the changing environment of health care, addictions and recovery system; and 7) provides program evaluation and data analysis, interpretation, and support to translate data into formats understood by state officials, service providers and the general public.

The workforce providing services for alcohol and other drug prevention, intervention, treatment, and recovery support services is not sufficient to meet the growing need for those services. High turnover rates, worker shortages, an aging workforce, stigma and inadequate compensation have created a workforce crisis in the field. Additionally, the necessary knowledge base for providing alcohol and other drug services has grown dramatically over the past several years. Research and outcome measures are informing the development of the most efficacious practices; new and current alcohol and drug and other professionals need access to this information as well as technical assistance in implementing high quality practices based on this information. The improvement and transformation of the continuum of care and integration of alcohol and other drug prevention, intervention, treatment and recovery support services with primary and behavioral healthcare depend entirely on a workforce that is adequate in size and effectively trained and supported to meet the needs of individuals and communities who require substance use disorder services.

The Department will measure the Contractor's performance through quarterly meetings to ensure contract obligations are being met consistently by reviewing, at a minimum, the Contractor's work plans to actual work being performed, evaluations and financial revenues and expenditures.

The Department published a Request for Proposals for training, technical assistance, program evaluation, and data analysis, interpretation, and support (RFP #16-DHHS-DCBCS-BDAS-02) on the Department of Health and Human Services website September 9, 2015 to October 19, 2015. The Department received one application. The application was reviewed and scored by a team of individuals with program specific knowledge. JSI Research & Training Institute, Inc. was selected for the contract. (See attached Summary Score Sheet).

The Contract contains language that the Department reserves the right to renew the contract for up to two (2) 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 contract, there would be reduced professional development among practitioners in increasing the use of evidenced informed knowledge and skill to reduce alcohol and other drug misuse. There would be a lack of trainings that support professionals in becoming certified, thus not being able to increase the number of professionals in the workforce. Overall, there would not be the training and technical assistance provided to practitioners, policymakers, and other stakeholders to collectively improve practices and skills, and increase the information needed to make decisions about mitigating alcohol and other drug misuse and its social, health, and behavioral consequences such as overdoses, lost wages, and strain on public resources like criminal justice and health care.

**Area Served:** Statewide.

**Source of Funds:** 48% Federal Funds from United States Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Substance Abuse Prevention and Treatment Block Grant, and Partnership for Success 2015 grant, 50% Other Funds from the Governor's Commission on Alcohol and Drug Abuse Prevention, Intervention and Treatment and 2% General Funds.

Her Excellency, Governor Margaret Wood Hassan  
and the Honorable Council  
Page 4 of 4

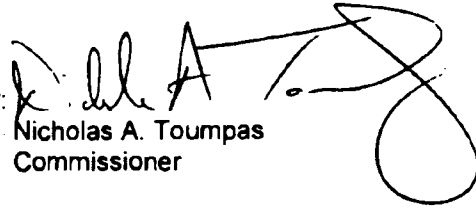
In the event that Federal Funds become no longer available, General Funds will not be requested to support these programs.

Respectfully submitted,



for 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**

**Training and Technical Assistance,  
Program Evaluation, and Data Analysis,  
Interpretation and Support for NH's  
Alcohol and Other Drug Misuse,  
Prevention, Intervention, Treatment,  
and Recovery Support Services**

**Continuum of Care**

RFP Name

**RFP #16-DHHS-DCBCS-BDAS-02**

RFP Number

**Bidder Name**

1. JSI Research and Training Institute, Inc.

2.

3.

4.

5.

6.

Maximum Points	Actual Points
760	660

**Reviewer Names**

- Valerie Morgan, Tech Team
1. Administrator I, Prevention Services Unit, BDAS
  2. Jaime Powers, Administrator I, Clinical Services Unit, BDAS
  3. Shannon Quinn, Training Coordinator, BDAS
  4. Rhonda Siegel, Admin, M&C Hth, Bureau of Population Hth & Community Servs, DPHS
  5. Eric Skillings, Prog Spclst / Training Officer DCYF, J.S. Youth Srv Cntr
  6. Jeffrey Peck, Cost Team, Financial Analyst, Health Servs Planning & Review, DPHS Financial Analyst
  7. Shelley Swanson, Finance Administrator, Bureau of Infectious Disease Control, DPHS
  8. Angela Skafidas, Accountant II, BDAS

Subject: Training, and Technical Assistance, Program Evaluation, and Data Analysis, Interpretation, and Support

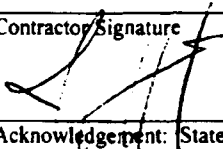
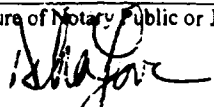
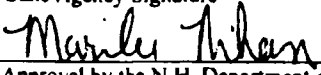
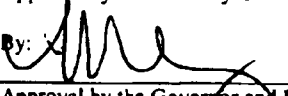
**Notice:** This agreement and all of its attachments shall become public upon submission to Governor and Executive Council for approval. Any information that is private, confidential or proprietary must be clearly identified to the agency and agreed to in writing prior to signing the contract.

**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 and Training Institute, Inc.		1.4 Contractor Address 501 South Street, 2 <sup>nd</sup> Floor Bow, NH 03304	
1.5 Contractor Phone Number 603-573-3300	1.6 Account Number 05-95-49-49150-29900000-102-500734; 05-95-49-491510-29880000-102-500734; 05-95-49-491510-29890000-102-500734	1.7 Completion Date June 30, 2017	1.8 Price Limitation \$1,254,747.
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 Jonathan Stewart Director	
1.13 Acknowledgement: State of New Hampshire, County of Merrimack On 11/25/2015, 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 DEBRA L. LOVE, Notary Public My Commission Expires October 16, 2018			
1.14 State Agency Signature 		1.15 Name and Title of State Agency Signatory Marilee Nihan Deputy Commissioner	
1.16 Approval by the N.H. Department of Administration, Division of Personnel (if applicable) By: _____ Director, On: _____			
1.17 Approval by the Attorney General (Form, Substance and Execution) (if applicable) By:  Megan A. Yale On: 12/1/15			
1.18 Approval by the Governor and Executive Council (if applicable) 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

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.





**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.
- 1.3. The Contractor shall provide training, and technical assistance, program evaluation, and data analysis, interpretation, and support to the alcohol and drug workforce such as but not limited to, prevention, intervention, treatment, and recovery supports providers, primary care physicians, and mental health professionals.
- 1.4. The Contractor shall support the goals of providing the training, and technical assistance, program evaluation, and data analysis, interpretation, and support as follows:
  - 1.4.1. Increase professional service providers' knowledge and skills in the use of various outcome-supported and evidence-based practices and to improve providers overall operations and business practices in delivering alcohol and other drug services (prevention, intervention, treatment, and recovery support) to New Hampshire citizens.
  - 1.4.2. Increase the number of licensed and/or certified service providers who can deliver prevention, intervention, treatment, and recovery support services.
  - 1.4.3. Support integration of Alcohol and other Drug Prevention, Intervention, Treatment and Recovery Support services with primary and behavioral healthcare.
- 1.5. The Contractor shall collaborate with the Department in developing and implementing specific training and technical assistance activities or programs to address the needs being identified through training and/or technical assistance.
- 1.6. The Contractor shall provide for Department approval within ten (10) days from the contract effective date and then after thirty (30) days prior to the quarter end, a quarterly work plan for training, and technical assistance, program evaluation, and data analysis, interpretation, and support that includes at a minimum:
  - 1.6.1. The schedule of trainings with the number of trainings, the name of the training and the locations of the training.



Exhibit A

- 1.6.2. The schedule of technical assistance, the topics for technical assistance and the methods of delivering the assistance.
2. **Definitions:**
- 2.1. **Advisory Committee:** The Advisory Committee is a committee formed by the Contractor that includes the Department's Bureau of Drug and Alcohol Services, Contractor staff, relevant collaborative partners, training recipients, licensing and certification board such as those listed in Section 3.1.1.4, expert consultants and key stakeholders.
- 2.2. **Communities of Practice:** The purpose of the Community of Practice is to identify and convene professionals around a specific practice area to achieve the following:
- 2.2.1. Increase best practice knowledge relative to treating substance use disorders,
- 2.2.2. Build collegiality and professional mentoring, and
- 2.2.3. Improve communication between and within systems of care addressing and treating substance misuse and substance use disorders.
- 2.3. **Continuum of Care:** Continuum of Care is a robust and accessible, effective, and well-coordinated full spectrum of substance misuse and abuse prevention, intervention, treatment and recovery supports services that are integrated with primary health care and behavioral health, and align with the Department's efforts to establish whole person centered and community owned systems of care.
- 2.4. **Department Oversight Committee:** The Department Oversight Committee is comprised of Contractor staff and Department staff from the Bureau of Drug and Alcohol Services representing relevant program areas.
- 2.5. **ELearning:** ELearning is the computer and network-enabled transfer of skills and knowledge including all forms of electronically supported learning and teaching. Applications and processes including Web-based learning, computer-based learning, virtual education opportunities and digital collaboration. Content is delivered via the Internet, intranet/extranet, audio or videotape, satellite TV, and CD-ROM. It can be self-paced or instructor-led and includes media in the form of text, image, animation, streaming video and audio.
- 2.6. **Evidence-Based:** Evidence-Based Services are as follows:
- 2.6.1. **Prevention:** According the Substance Abuse and Mental Health Services Administration Evidence-based prevention refers to a set of prevention activities that evaluation research has shown to be effective in producing positive outcomes. <http://captus.samhsa.gov/prevention-practice/defining-evidence-based>.
- 2.6.2. **Treatment and Recovery Support Services:** Evidence-based as demonstrated by meeting one of the following criteria:



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- 2.6.2.1. The service shall be included as an evidence-based mental health and substance abuse intervention on the SAMHSA National Registry of Evidence-Based Programs and Practices (NREPP). <http://www.nrepp.samhsa.gov/ViewAll.aspx>;
- 2.6.2.2. The services shall be published in a peer-reviewed journal and found to have positive effects; or
- 2.6.2.3. The SUD treatment service provider shall be able to document the services' effectiveness based on the following:
1. The service is based on a theoretical perspective that has validated research; or
  2. The service is supported by a documented body of knowledge generated from similar or related services that indicate effectiveness.
- 2.7. **Learning Collaborative:** Learning Collaborative is a teaching model that focuses on adoption of best practices in diverse service settings and emphasizes adult learning principles, interactive training methods, and skill-focused learning in the transfer of knowledge and skills among participants.
- 2.8. **Learning Management System:** Learning Management System is a software application for the administration, documentation, tracking, reporting, delivery, and evaluation of education courses or training programs.
- 2.9. **Medication Assisted Treatment:** Medication Assisted Treatment is the use of medications, in combination with behavioral therapies, to provide a whole-patient approach to the treatment of substance use disorders.
- 2.10. **National Outcome Measures (NOMS):** NOMS are a set of measures required by the Substance Abuse and Mental Health Services Administration (SAMHSA) and the federal Substance Abuse Prevention and Treatment 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 health outcomes in a standard and comparable way.
- 2.11. **Partnership for Success:** Partnership for Success is a federal grant that provides funding for services to communities that have the highest risk and prevalence if substance use among high school students and young adults.
- 2.12. **Public Health Advisory Council:** Public Health Advisory Council is the committee of community leaders, key stakeholders, representative of the region to set community health priorities, provide guidance to regional public health activities, and assure coordination of health improvement efforts.
- 2.13. **Quarter or Quarterly** refers to the periods of: January through March, April through June, July through September, and October through December.



Exhibit A

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- 2.14. **Regional Public Health Network:** Regional Public Health Network is a network that aligns a broad range of public health activities and substance misuse, prevention, and health promotion activities within a defined geographic area. DPHS and BDAS contract with the 13 Regional Public Health Networks that comprise the statewide system that includes all communities in NH.
- 2.15. **Resiliency and Recovery Oriented Systems of Care (RROSCs):** Resiliency and Recovery Oriented Systems of Care are the principles and practices that provide the framework for building the continuum of care. A RROSC is a network of organizations, agencies, and community members that coordinate a wide spectrum of services to prevent, intervene in, and treat substance misuse and substance use disorders. RROSCs support person-centered and self-directed approaches to care that build on the strengths and resilience of individuals, families, and communities to take responsibility for their sustained health, wellness, and recovery from alcohol and drug problems.
- 2.16. **Screening, Brief Intervention and Referral to Treatment (SBIRT):** Screening, Brief Intervention and Referral to Treatment is a comprehensive, integrated public health model designed to provide universal screening, secondary prevention (detecting risky or hazardous substance use before the onset of abuse or addiction), early intervention, and timely referral, treatment and follow-up for people who have or are at risk for substance use disorders (SUD).
- 2.17. **Sector:** Sectors are specific groups of services occurring in every community that each Regional Public Health Network is charged with incorporating into their network. Health, Education, Safety, Government, Business, and Family and Community Supports comprise the six sectors.
- 2.18. **State:** The State is the State of New Hampshire.
- 2.19. **Sequel Server Reporting Service (SSRS):** Sequel Server Reporting Service is the software system used within WITS to generate reports used for evaluation and demonstration of the full array of services being provided and implemented through BDAS contracted providers.
- 2.20. **State Epidemiological Outcomes Workgroup (SEOW):** The SEOW is a multidisciplinary advisory group, consisting of data experts from various state agencies that works to improve the quality and efficiency of data systems and the availability and utility of data products that describe substance use and behavioral health issues in order to inform prevention and treatment policy, programs, and services in the state.
- 2.21. **State Fiscal Year:** Period of July 1 through June 30.
- 2.22. **Web Information Technology System (WITS):** WITS is a secure, 24/7 accessible web-based information technology system for the purpose of storing client demographic and other information. All BDAS contracted providers use WITS to



Exhibit A

report on the National Outcome Measures (NOMs) established by the SAMHSA, as required in the Federal Substance Abuse Prevention and Treatment Block Grant.

- 2.23. **Workforce:** Workforce is a wide range of professionals who come into contact with individuals with alcohol and other drug (AOD) issues as part of their work, including AOD specialists such as Master Licensed Alcohol and Drug Counselors (MLADC), Licensed Alcohol and Drug Counselors (LADC), Certified Recovery Support Workers (CRSW), and Certified Prevention Specialists (CPS), and other professions such as health, mental health, corrections, education, and human services. For the purposes of this RFP, this definition is to be interpreted as broadly as possible, including, but not limited to, those professions listed above.

**3. Scope of Services - Training**

3.1.1. The Contractor shall operate an education and training program that will provide:

- 3.1.1.1. Learning opportunities that enhance skills of staff and providers who deliver alcohol and drug prevention, intervention, treatment, and recovery supports services, and that increase staff and providers knowledge and skills in applying outcome-supported and evidence-based policies, programs, and practices;
- 3.1.1.2. Twelve (12) in-person trainings and four (4) web-based trainings during the first six (6) months and then after, thirty (30) in-person trainings and eight (8) web-based trainings per State Fiscal Year.
- 3.1.1.3. At least one central and one regional training will be scheduled each month inclusive of Section 3.1.1.2 with, regional trainings rotating each month to different geographic locations within the public health network regions;
- 3.1.1.4. Core competency needs of the state's prevention, treatment, and recovery support service providers, which meet the requirements for licensure and/or certification consistent with the New Hampshire Board of Alcohol and Other Drug Use Professionals, the New Hampshire Prevention Certification Board, and/or Substance Abuse and Mental Health Services Administration (SAMHSA).
- 3.1.1.5. Specific needs and other emerging issues as determined by the Department and in consideration of the types and frequency of technical assistance that has been provided.
- 3.1.1.6. The development and expansion of substance use disorder services by providing trainings as directed by the Department, including but not limited to;

1. Impaired Driver Services Program

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**Exhibit A**

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2. The healthcare delivery system, which may include, but is not limited to:
  - a) Screening, Brief Intervention, Referral to Treatment (SBIRT) to Primary Care Practitioners and Community Health Centers;
  - b) Medication Assisted Treatment (MAT) in primary care and other medical settings;
  - c) Ambulatory withdrawal management;
  - d) Partial Hospitalization;
  - e) Integrated SUD and Medical and/or mental health services;
3. Recovery Support Services
4. Continuum of Care for Substance Misuse Services
- 3.1.1.7. Specific training to the Partnership for Success (PFS) Grant working in collaboration with the Department and assessing the relative training needs of PFS program providers.
- 3.1.1.8. Cross-training to providers and professionals within the addiction services field and across related fields to increase the knowledge base of each, leading to effective integration of Alcohol and other Drug Prevention, Intervention, Treatment and Recovery Support services with primary and behavioral health care.
- 3.1.2. The Contractor shall provide an education and training program that:
  - 3.1.2.1. Is affordable and accessible to participants;
  - 3.1.2.2. Meets multiple adult learning styles and levels;
  - 3.1.2.3. Delivers training, where appropriate, via an eLearning platform to reach a wide geographic audience; and
  - 3.1.2.4. Incorporates the Resiliency and Recovery Oriented Systems of Care (RROSC) model and concepts throughout all the trainings.
- 3.1.3. The Contractor shall maintain a sufficient pool of qualified trainers, vetted through the Advisory Committee and the Department's Oversight Committee and ensure that all trainers are qualified to teach specific courses.



**Exhibit A**

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- 3.1.4. The Contractor shall provide approved Continuing Education Credits, applicable to the training audience and certification needs such New Hampshire Board of Alcohol and Other Drug Use Professionals, the New Hampshire Prevention Certification Board, and/or Substance Abuse and Mental Health Services Administration (SAMHSA) and other licensing boards such as for mental health and medical certification.
- 3.1.5. The Contractor shall provide certificates to participants that complete the trainings and that include at a minimum the title, date and length of training, participant name, and any earned Continuing Education Credits.
- 3.1.6. The Contractor shall market the education and training programs to increase provider community awareness of, and to increase attendance to events funded through this contract and other workforce development resources available in the state, region, and nationally, including but not limited to:
  - 3.1.6.1. Maintain and market a list of events offered through this contract via multiple avenues; and
  - 3.1.6.2. Maintain an electronic professional development calendar/clearinghouse of educational events, offered by other organizations throughout New Hampshire as well as bordering states.
- 3.1.7. The Contractor shall manage the education and training program as follows:
  - 3.1.7.1. Establish and maintain the administrative capacity to plan, coordinate, deliver, monitor, and evaluate all training activities delivered through this contract to meet the priorities and goals in Section 1.4.
  - 3.1.7.2. Develop and maintain a learning management system for the administration, documentation, tracking, reporting, delivery, and evaluation of training offered through this contract;
  - 3.1.7.3. Provide all materials, equipment, and physical space, as well as, logistical and staff support for the training and education programs delivered; and
  - 3.1.7.4. Manage a registration process.
- 3.1.8. The Contractor shall administer a process to award scholarships to New Hampshire prevention, intervention, treatment, and recovery support providers for attendance at approved training opportunities such as, but not limited to, those sponsored by the New England Institute of Addiction Studies (NEIAS), The Addictions Technology Transfer Center (ATTC), the Center for Substance Abuse Prevention (CAPT) and the National Prevention Research Conference as follows:
  - 3.1.8.1. Reserve a minimum of \$10,000 per State Fiscal Year for scholarships;
  - 3.1.8.2. Add \$2,000 from revenue reinvestment funds, defined in Section 3.1.11.2 per State Fiscal Year for scholarships, beginning July 1, 2016.



**Exhibit A**

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- 3.1.8.3. Seek final approval from the Department for all scholarship awards.
- 3.1.9. The Contractor shall offer trainings, under this contract, to Department staff, at no cost, pending availability of space.
- 3.1.10. The Contractor shall interface with the stand-alone New Hampshire Web Site for professionals, <http://nhcenterforexcellence.org/>, that provides best practice and other professional assistance information to Department's contracted providers, community members, local coalitions, and other individuals concerned about Substance Misuse, Prevention, Intervention, Treatment and Recovery, including but not limited to, as follows:
  - 3.1.10.1. Work with the designated website Contractor(s) to develop capacity to effectively interface with the site;
  - 3.1.10.2. Make all publications, content and/or events created and/or developed for training, through this contract, available on this site;
  - 3.1.10.3. Update the calendar function to list all trainings funded through this contract, as well as a clearinghouse of other regional training opportunities; and
  - 3.1.10.4. Receive training registrations from the calendar function of the site.
- 3.1.11. The Contractor may collect registration fees from training participants to cover the amount of expenses that exceed the funding provided by the Department for this scope of work as follows:
  - 3.1.11.1. Provide the Department for approval within 10 days of the contract effective date a copy of the fee schedule;
  - 3.1.11.2. Reinvest at least 80% of the registration fees collected to develop and/or provide additional trainings and to increase scholarship dollars as in Section 3.1.8.2, as defined in this Scope of Work;
  - 3.1.11.3. Ensure the trainings are affordable and maintain their quality as evidenced through evaluations defined in Section 3.1.12;
  - 3.1.11.4. Ensure registration fees are not charged to specific individuals/groups/agencies as identified by the Department for targeted trainings, such as but not limited to the Partnership for Success and Impaired Driver Services Program;
  - 3.1.11.5. Report revenues generated by registration fees that support the trainings in this contract by submitting monthly financial data on forms provided by the Department. Reinvestment funds will be spent on program and workforce enhancements;
  - 3.1.11.6. The Contractor shall track revenues against reinvestment fund totals and report progress as part of monthly financial reporting.





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3.1.12. The Contractor shall monitor the education and training program as follows:

- 3.1.12.1. Evaluate after each completed training, at minimum, for the training content, instructor knowledge and ability, transfer of knowledge, skills and attitudes to training participants, and that the training met the goals of the trainee;
- 3.1.12.2. Provide evaluation protocols, for Department approval within forty-five (45) days of the contract effective date, to evaluate the trainings programs
- 3.1.12.3. Submit evaluation forms for Department approval prior to implementing the forms in Section 3.1.12.1.
- 3.1.12.4. Demonstrate an eighty-five percent (85%) or better rating of trainee satisfaction through training evaluations, based on aggregate quarterly evaluation data.
- 3.1.12.5. Ensure continuous quality improvement of the trainings to meet the goals defined in Section 1.4.
- 3.1.12.6. Meet bi-monthly for the first 6 months of the contract, then meet at least quarterly with the with Department's Oversight Committee at a minimum to:
  1. Review training evaluations as defined in Section 3.1.12.1 and make recommendations how to enhance the training program;
  2. Review financial reports showing program revenues and expenditures;
  3. Review and approve training work plans defined in Section 1.6;
  4. Report on the name and number of trainings, the number of people who attended each trainings by their current role in the workforce; and
  5. Ensure all contract obligations are being met consistently.
- 3.1.12.7. Establish an Advisory Committee including, but not limited to, members defined in Section 2.1. that will:
  1. Meet bi-monthly for the first 6 months of the contract, then, as of July 1, 2016, shall meet every 6-months to review contractual requirements, landscape analyses from the annual survey and from key stakeholders, and post-training evaluation summaries to answer three standing questions:
    - a. Are the trainings being provided meeting the training needs of the fields;



**Exhibit A**

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- b. Are the participants highly satisfied with trainings being provided;  
and
- c. What are the barriers and opportunities relative to training that can  
be addressed in the coming period?

2. Provide responses to the questions in Section 3.1.12.7 #1, letters a through c, to inform quality improvement plans for trainings that will be implemented in the subsequent 6-month period and reviewed at subsequent Advisory Committee meetings.

3.1.12.8. Administer an electronic, annual survey, beginning within 45 days of contract award, and every 12-months thereafter, using contact lists from a wide range of professional groups, including but not limited to the New Hampshire Boards of Alcohol and Drug Abuse Counseling, Mental Health Practice, Nursing, and Medicine; professional associations within multiple domains such as primary care, behavioral health, hospitals, alcohol and drug abuse prevention specialists and treatment counselors, law enforcement, school guidance counselors, business, and others, to assess, at a minimum:

1. Certification and licensure needs;
2. Training topic needs by learning track;
3. Preferred session lengths, days, methods of training;
4. Disabilities or learning preferences, and
5. General recommendations for trainings

3.1.12.9. Provide key findings of the annual survey in Section 3.1.12.8 in summary format to the Advisory Committee and Department Oversight Committee for consideration and feedback and for internal quality assurance processes.

**4. Technical Assistance, Program Evaluation, and Data Analysis, Interpretation and Support**

**4.1.1. Technical Assistance**

4.1.1.1. The Contractor shall provide technical assistance in the form of advice, consultation, and guidance on delivering outcome-supported and evidence-based alcohol and other drug prevention, intervention, treatment, and recovery support services.



**Exhibit A**

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- 4.1.1.2. The Contractor shall provide technical assistance on an on-going basis based on the service providers' needs.
- 4.1.1.3. The Contractor shall provide technical assistance that compliments and supports trainings offered in this Contract by:
1. Continuing skills development to increase the ability and capacity of providers to provide the services; and
  2. Assisting in the transfer of knowledge by helping providers to move the research-based knowledge or ideas into practice.
- 4.1.1.4. The Contractor shall provide technical assistance on topics including, but not limited to:
1. Evidence-based and/or outcome-informed programs, policies and practices;
  2. Screening, Brief Intervention and Referral to Treatment (SBIRT) to Healthcare agencies;
  3. Medication Assisted Treatments and withdrawal management to Medical and Behavioral health practices ;
  4. Integrated substance use disorder and medical and/or mental health services; and
  5. Peer Recovery Support Services to Recovery Community Organizations or other interested entities.
- 4.1.1.5. The Contractor shall provide technical assistance to the Department's contractors that support the Regional Public Health Network and direct service providers in:
1. Best practices and evidence-based/informed programs;
  2. Work that interfaces with both substance misuse prevention and public health preparedness;
  3. Public health advisory councils;
  4. Development and enhancement of the continuum of care for substance misuse services;
  5. Substance misuse prevention;
  6. Engaging key community sectors such as health, education, safety, and family/community supports; and
  7. Identifying and meeting short, intermediate and long term outcomes.
- 4.1.1.6. The Contractor shall provide technical assistance on the Substance Abuse and Mental Health Services Administration's Substance Abuse Prevention & Treatment Federal Block Grant (SAPT Block Grant) requirements including, but not limited to:
1. SAPT Block Grant priority areas:
    - a. Substance use disorder (SUD) treatment and interim services targeting pregnant women



Exhibit A

- b. SUD services for parenting women with minor children
  - c. SUD services targeting injection drug users
  - d. SUD services targeting individuals diagnosed with HIV/AIDS, Tuberculosis, and Viral Hepatitis
2. Conducting an Independent Peer Review of a minimum of one treatment contractor per state fiscal year;
  3. Assisting the Department and its treatment providers in meeting National Outcome Measures (NOMS) for treatment in areas including, but not limited to:
    - a. Improved client employment and/or education
    - b. Improved stable housing
    - c. Increased abstinence from alcohol and/or drugs, and
    - d. Increased use of social and recovery supports
  4. Assisting the Department and its Prevention providers in meeting the Block Grant federally required National Outcome Measures (NOMS) for Prevention:
    - a. Persons Served or Reached by Institute Of Medicine (IOM) category
    - b. Number of Evidence-Based Programs and Strategies
    - c. Relative Cost of Evidence-Based Strategies, and
    - d. Percentage of total Block Grant prevention dollars spent per Center for Substance Abuse Prevention (CSAP) strategy, IOM category and Evidence-Based and Best Practices
    - e. Improvement in overall services that impact population change
  5. Assisting the Department in providing guidance to contracted providers in entering quality data into the Web Information Technology System (WITS) on-line data system.
  6. Assisting the Department in development of tools and guidance documents to assist end users to enter quality data into WITS.
  7. Develop and Conduct at least thirteen process and outcome based evaluations per State Fiscal Year to measure effectiveness of state funded prevention, intervention, treatment and recovery support services, using evaluations approved by the Department.
- 4.1.1.7. The Contractor shall provide technical assistance in a variety of formats in consultation with the Department, such as but not limited to:
1. Learning Collaboratives
  2. Communities of Practice
  3. Group Meetings
  4. On-Site Consultation
  5. Development of templates and guidance documents



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- 4.1.1.8. The Contractor shall provide Learning Collaborative series on topics determined by the Department.
- 4.1.1.9. The Contractor shall convene Communities of Practice for audiences and topics determined by the Department.
- 4.1.1.10. The Contractor shall develop and provide Communities of Practice by identifying and convening professionals around a specific practice area within the continuum of care to:
  - 1. Increase best practice knowledge relative to effective SUD services;
  - 2. Build collegiality and professional mentoring among those delivering SUD services
  - 3. Improve communication between and within systems of care addressing SUD services; and
  - 4. Promote RROSC as a set of principles and practice constructs
- 4.1.1.11. The Contractor shall develop and implement Communities of Practice as approved by the Department, for such topics:
  - 1. Student Assistance Programs
  - 2. Screening, Brief Intervention, Referral to Treatment (SBIRT)
  - 3. Medication Assisted Treatment (MAT) in primary care and medical settings
  - 4. ASAM Level of Care determination and substance use disorder services (includes ambulatory withdrawal management and partial hospitalization as sub-topics)
  - 5. Integrated SUD and medical and/or mental health services
  - 6. Recovery Support Services (peer and non-peer)
  - 7. RPHNs and Community Sector programs, practices and policies
  - 8. Continuum of Care development for community substance misuse services
- 4.1.1.12. The Contractor shall engage in activities to promote Communities of Practice, including, but not limited to promotion through on-going training and technical assistance events and activities and stakeholder networks that include but are not limited to, associations within the range of practice fields, such as school guidance counselor associations for the Student Assistance Program practice circle, the New Hampshire Medical Society and Board of Medicine for SBIRT and MAT practice circles, and the New Hampshire Providers Association for an ASAM Level of Care practice circle.

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- 4.1.1.13. The Contractor shall develop a website with functionality that includes, but is not limited to membership, discussion group, and cross-sharing functions that will allow participants to become resources to each other, share experiences, challenges, successes, peer trouble-shooting, tools and templates, articles, and other information and materials.
- 4.1.1.14. The Contractor shall monitor the website with an experts in the topic area who will, at a minimum:
1. Prompt virtual discussion groups
  2. Monitor them for T/TA or expert consultation needs
  3. Provide T/TA or expert consultation via the web structure when possible;
  4. Deliver information directly as information needs are identified
  5. Share timely news, research articles, best practice resources, and other information at least monthly
- 4.1.1.15. The Contractor shall also provide Community of Practice that includes opportunities for more structured engagement, including, but not limited to:
1. Bi-monthly phone check-ins based on interest and capacity
  2. Bi-monthly newsletter distribution for consistent information dissemination and communication of training opportunities and best practice successes
  3. Quarterly webinars or conference calls for members that will, at a minimum:
    - a. Include new knowledge from research and practice via an expert consultant
    - b. Allow for clinical or practice "rounds" where participants share de-identified individual cases or situations for peer consult
    - c. Provide opportunities for peer sharing (e.g. general knowledge, successes and challenges), and
    - d. Provide opportunities for troubleshooting systems or protocol challenges based on common barriers or experiences
  4. Quarterly webinars/conference call shall be followed by an invitation to request individualized technical assistance or expert consultation.
  5. At least one annual in-person networking summits held centrally or regionally based on resources and demand
  6. On-site visits and one-on-one calls with technical assistance staff and/or expert consultants to meet individual professional needs



Exhibit A

7. Other networking and technical assistance services based on interest and capacity
- 4.1.1.16. The Contractor shall develop an evaluation system for all Community of Practice activities of 1 hour or more that assesses participant perceptions of quality, satisfaction, and usefulness of technical assistance as well as training and technical assistance topics of interest.
- 4.1.1.17. The Contractor shall at a minimum, provide the Community of Practice evaluation results at bi-monthly service provider meetings to improve Technical Assistance delivery, and to develop action plans for quality improvement with the Department at least quarterly
- 4.1.1.18. The Contractor shall establish a process to meet the requirements of the Substance Abuse and Mental Health Services Administration's Service to Science Guidelines for promising New Hampshire grown programs, including but not limited to:
1. Convening, facilitating, and maintaining a panel of informed national and local subject matter experts to determine the efficacy of programs;
  2. Conduct broader outreach to attract more national subject matter experts to serve on the New Hampshire expert panel; and
  3. Establishing a process for identifying and selecting a NH program, at least one per year.
- 4.1.1.19. The Contractor shall provide technical assistance and evaluation for state and sub-grantees funded through the Substance Abuse and Mental Health Services Administration's Partnership for Success (PFS), including, but not limited to:
1. Survey design, administration, reporting; and interpretation analysis for sub-recipients and stakeholders;
  2. Aggregating school level survey data to the sub-recipient level to report in the Federal PFS database; and
  3. Participating on the Department's/ Partnership for Success advisory and evaluation teams
- 4.1.1.20. The Contractor shall provide qualified subject matter experts with the approval of the Department, with the requisite experience and/or certifications in the specified service or topic area.
- 4.1.1.21. The Contractor shall assist the Department with the continued development and implementation of the Substance Use Disorder benefit under the New Hampshire Health Protection Program and/or Medicaid.



Exhibit A

- 4.1.1.22. The Contractor, as directed by the Department, shall assist the Department in seeking and writing at a minimum 1 proposal annually for federal grants that become available.
- 4.1.1.23. The Contractor shall assist the Department in preparing state and federal reports.
- 4.1.1.24. The Contractor shall develop, update and upload website content for:
  1. The NH Treatment Locator <http://nhtreatment.org/>
  2. The stand-alone New Hampshire Web Site for professionals, <http://nhcenterforexcellence.org/> that provides best practice and other professional assistance information to BDAS contracted providers, community members, local coalitions, and other individuals concerned about Substance Misuse, Abuse, Prevention, Treatment and Recovery, including but not limited to, making publications, content and/or events created and/or developed for Technical Assistance, and data analysis through this RFP, available on this site.
- 4.1.1.25. The Contractor shall meet at least quarterly with the Department, at a minimum to:
  1. Review technical assistance that had been provided to assess and enhance the technical assistance program;
  2. Review financial reports showing program revenues and expenditures;
  3. Review and approve technical assistance work plans defined in 3.1.1.18; and
  4. Ensure all contract obligations are being met consistently.

**4.1.2. Program Evaluation**

- 4.1.2.1. The Contractor shall provide quantitative and qualitative evaluation of the alcohol and other drug misuse prevention, intervention, treatment, and recovery support services in New Hampshire as follows:
  1. Develop and implement tools, surveys, and other resources to be utilized at the local, regional, and state level for evaluation that may include Core Measure Surveys, PARTNER Tool, and others as defined by the Department;
  2. Administer annual evaluation surveys and reports to ensure the providers are meeting projected outcomes and, as a state, that we are meeting population level outcomes;
  3. Conduct as defined by the Department, a minimum of six (6) program fidelity audits annually and evaluation of evidence-based interventions and best practice programs and policies;
  4. Provide technical assistance to services providers in achieving positive outcomes;

Exhibit A

Contractor Initials

Date 11/25/15





Exhibit A

5. Work in collaboration with the Department and service providers in the development of program level logic models that measure services for better health outcomes and other instruments to measure and evaluate results of services;
6. Work in collaboration with the Department and SAMHSA funded state level technical assistance provider(s) in achieving statewide quality improvements toward health improved outcomes; and
7. Provide evaluation and support for the Department's discretionary grant funded programs; such as but not limited to the Partnership for Success Grant, to ensure program fidelity, meeting federal and state evaluation requirements and program outcomes are being achieved.

**4.1.3. Data Analysis, Interpretation and Support**

4.1.3.1. The Contractor shall provide data analysis, interpretation and support for the purposes of decision-making and evaluation as follows:

1. Gather substance use, misuse, and use disorder data from various sources such as the National Survey on Drug Use and Health (NSDUH), Youth Risk Behavior Survey (YRBS) and other Federal data sets;
2. Analyze and interpret the data; and
3. Produce and publish reports of the data.

4.1.3.2. The Contractor shall design, prepare and publish reports, upon the request of the Department, using data supplied by the Department and other sources, that includes:

1. Designing and producing reports within Web Information Technology System (WITS) using the Sequel Server Reporting Service (SSRS) software system;
2. Developing and publishing a system level annual status report, related to services provided and outcomes achieved for New Hampshire each year;
3. Developing and publishing an annual report for the Governor's Commission on Alcohol and Drug Abuse Prevention, Treatment, and Recovery, as articulated in RSA 12-J:4.
4. Developing topic specific Issue Briefs at the direction of the Department.

4.1.3.3. The Contractor shall provide administrative oversight for the State Epidemiological Outcome Workgroup (SEOW) by convening SEOW members at least six times a year, which includes:

1. Recruiting other state and NH organizations' epidemiologists to ensure there is good representation from various fields such as

Exhibit A

Contractor Initials

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**Exhibit A**

Children Youth and Family Services, Department of Safety, Health and Medical;

2. Convening, managing, and facilitating meetings, when appropriate, and maintaining records of meetings and activities related to the SEOW;
3. Identifying, engaging and retrieving data sets from a diverse group of suppliers of relevant data;
4. Participating with the Department in the collection and analysis of data;
5. Translating data into a variety of formats that are useful to diverse audiences;
6. Supporting the collection, analysis, and interpretation of drug and alcohol data and related consequences;
7. Producing data products as required, at least six a year, to assist in using data to drive planning and outcomes; and
8. Assisting in identification of key data indicators and using these indicators in tracking progress across providers and program areas.

**5. Building Long-Term Sustainability for Workforce Development**

- 5.1. The Contractor shall increase long-term sustainability of workforce development efforts to address substance misuse by leveraging multiple resources to increase and expand the amount of professional Training and Technical Assistance Program Evaluation, and Data Analysis, Interpretation and Support offered.
- 5.2. The Contractor shall provide a quarterly report to the Department describing the activities to increase long-term sustainability of workforce developments.

**6. Staffing**

- 6.1. 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.
- 6.2. The Contractor shall ensure that all personnel have appropriate training, education, experience, and orientation to fulfill the requirements of the positions they hold.

Handwritten initials in black ink, appearing to be 'SU', written over a horizontal line.



## **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, for the services provided by the Contractor pursuant to Exhibit A.
2. The Contract is funded with federal funds from the United States Department of Health and Human Services as follows:
  - 2.1. CFDA# 93.959, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment, Substance Abuse Prevention & Treatment Block Grant,
  - 2.2. CFDA#93.243, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Prevention, Partnership for Success Initiative 1,
  - 2.3. CFDA#93.243, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Prevention, Partnership for Success Initiative 2, and
  - 2.4. New Hampshire Other Funds from the Governor's Commission on Alcohol and Drug Abuse Prevention, Intervention and Treatment.
3. The Contractor agrees to provide the services in Exhibit A, Scope of Services in compliance with funding requirements in Section 2.
4. Payment for said services shall be made as follows:

The Contractor will submit an invoice by the tenth (10) 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. Invoices must be submitted to:

Financial Manager  
Division of Community Based Care Services  
Bureau of Drug and Alcohol Services  
105 Pleasant Street,  
Main Bldg., 3<sup>rd</sup> Floor North  
Concord, NH 03301
5. Payment for contracted services will be made on a cost reimbursement only, for allowable expenses based on budgets identified in Exhibits B-1 through B-2. Each budget is specific to a time period as identified in the budget period at the top of the respective budget form. Allowable costs and expenses shall be determined by the Department in accordance with applicable state and federal laws and regulations.



### **Exhibit B**

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6. Notwithstanding paragraph 18 of the P-37, an amendment limited to Exhibits B-1 through B-2, to adjust line item amounts within the budgets and to adjust amounts between State Fiscal Years, within the price limitation, can be made by written agreement of both parties and may be made without obtaining approval of Governor and Executive Council.
  - 6.1. Requests for budget line item adjustments will not be accepted after June 10th of each State Fiscal Year.
  
7. The Contractor shall submit to the Department for approval within 30 days from the contract effective date, the subcontractor's budget.
  - 7.1. The Contractor shall submit to the Department copies of their invoices and the subcontractor's invoices for actual expenses that support the requests for reimbursement.
  
8. Financial Reporting Requirements: The Contractor shall submit Monthly Financial Reports on forms provided by the Department.
  
9. 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.
  
10. Funding may not be used to replace funding for a program already funded from another source.
  
11. Funded contractors/vendors will be expected to keep records of their activities related to Department programs and services.
  
12. Notwithstanding anything to the contrary herein, the Contractor agrees that funding under this agreement may be withheld, in whole or in part, in the event of non-compliance with any Federal or State law, rule or regulation applicable to the services provided, or if the said services or products have not been satisfactorily completed in accordance with the terms and conditions of this agreement.
  
13. Contractor will have forty-five (45) days from the end of the contract period to submit to the Department final invoices for payment. Any adjustments made to a prior invoice will need to be accompanied by supporting documentation.

Exhibit Budget B-1

BUDGET FORM

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

Bidder Name: JSI Research & Training Institute, Inc.

Training, and Technical Assistance, Program Evaluation, and Data Analysis,  
Budget Request for: Interpretation and Support  
(Name of Contract)

Budget Period: January 1, 2016 through June 30, 2016

Line Item	Direct		Indirect		Sub - Total Budget	Registration Income	TOTAL	Allocation Method for Indirect/Fixed Cost
	Incremental	Fixed	Fixed	Variable				
1. Total Salary/Wages	\$ 120,926.40	\$ -	\$ 15,720.44	\$ -	\$ 136,646.84	\$ -	\$ 136,646.84	
2. Employee Benefits	\$ 45,952.03	\$ -	\$ -	\$ -	\$ 45,952.03	\$ -	\$ 45,952.03	
3. Consultants	\$ 10,000.00	\$ -	\$ -	\$ -	\$ 10,000.00	\$ -	\$ 10,000.00	
4. Equipment: Rental	\$ 10,883.38	\$ -	\$ -	\$ -	\$ 10,883.38	\$ -	\$ 10,883.38	
Repair and Maintenance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Purchase/Depreciation	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
5. Supplies:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Educational	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Lab	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Pharmacy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Medical	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Office	\$ 9,674.11	\$ -	\$ -	\$ -	\$ 9,674.11	\$ -	\$ 9,674.11	
6. Travel	\$ 1,000.00	\$ -	\$ -	\$ -	\$ 1,000.00	\$ -	\$ 1,000.00	
7. Occupancy	\$ 12,092.64	\$ -	\$ -	\$ -	\$ 12,092.64	\$ -	\$ 12,092.64	
8. Current Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Telephone	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Postage	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Subscriptions	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Audit and Legal	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Insurance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Board Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
9. Software	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
10. Marketing/Communications	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
11. Staff Education and Training	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
12. Subcontracts/Agreements	\$ 138,000.00	\$ -	\$ -	\$ -	\$ 138,000.00	\$ 22,350.00	\$ 160,350.00	
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
<b>TOTAL</b>	\$ 348,628.66	\$ -	\$ 15,720.44	\$ -	\$ 364,249.00	\$ 22,350.00	\$ 386,599.00	

Indirect % of Direct: 4.5%  
Contractor Initials: SA  
Date: 11/25/15

Exhibit Budget B-2

BUDGET FORM

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

Bidder Name: JSI Research & Training Institute, Inc. db/a Community Health Institute

Training, and Technical Assistance, Program Evaluation, and Data Analysis,  
Budget Request for: Interpretation and Support

(Name of Contract)

Budget Period: July 1, 2016 through June 30, 2017

Line Item	Direct		Indirect Fixed	Sub - Total Budget	Registration Income	TOTAL	Allocation Method for Indirect/Fixed Cost
	Incremental						
1. Total Salary/Wages	\$ 310,392.14	\$ 40,350.97	\$ -	\$ 350,743.11	\$ -	\$ 350,743.11	
2. Employee Benefits	\$ 117,949.01	\$ -	\$ -	\$ 117,949.01	\$ -	\$ 117,949.01	
3. Consultants	\$ 20,000.00	\$ -	\$ -	\$ 20,000.00	\$ -	\$ 20,000.00	
4. Equipment: Rental	\$ 27,935.30	\$ -	\$ -	\$ 27,935.30	\$ -	\$ 27,935.30	
Repair and Maintenance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Purchase/Depreciation	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
5. Supplies:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Educational	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Lab	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Pharmacy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Medical	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Office	\$ 24,831.37	\$ -	\$ -	\$ 24,831.37	\$ -	\$ 24,831.37	
6. Travel	\$ 2,000.00	\$ -	\$ -	\$ 2,000.00	\$ -	\$ 2,000.00	
7. Occupancy	\$ 31,039.21	\$ -	\$ -	\$ 31,039.21	\$ -	\$ 31,039.21	
8. Current Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Telephone	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Postage	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Subscriptions	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Audit and Legal	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Insurance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Board Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
9. Software	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
10. Marketing/Communications	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
11. Staff Education and Training	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
12. Subcontracts/Agreements	\$ 316,000.00	\$ -	\$ -	\$ 316,000.00	\$ 42,700.00	\$ 358,700.00	
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
<b>TOTAL</b>	\$ 860,147.03	\$ 40,350.97	\$ -	\$ 899,488.00	\$ 42,700.00	\$ 933,188.00	

Indirect % of Direct 4.7%

Contractor Initials: [Signature]  
Date: 11/25/15



**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 EEO on file and submit an EEO Certification Form to the OCR, certifying that its EEO 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 EEO Certification Form to the OCR certifying it is not required to submit or maintain an EEO. Non-profit organizations, Indian Tribes, and medical and educational institutions are exempt from the EEO requirement, but are required to submit a certification form to the OCR to claim the exemption. EEO 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 two additional years, subject to the continued availability of funds, satisfactory performance of services and approval by the Governor and Executive Council.

Handwritten initials in blue ink, appearing to be 'JY'.



**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

New Hampshire Department of Health and Human Services  
Exhibit D



- 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.

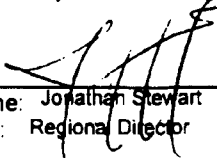
Place of Performance (street address, city, county, state, zip code) (list each location)

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

Contractor Name: JSI Research & Training Institute, Inc. d/b/a  
Community Health Institute

11/25/15

Date

  
Name: Jonathan Stewart  
Title: Regional Director



**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

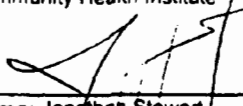
The undersigned certifies, to the best of his or her knowledge and belief, that:

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: JSI Research & Training Institute, Inc. d/b/a  
Community Health Institute

11/25/15  
Date

  
Name: Jonathan Stewart  
Title: Regional Director



**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.

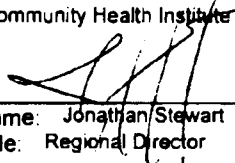
**PRIMARY COVERED TRANSACTIONS**

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 (l)(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: JSI Research & Training Institute, Inc. d/b/a  
Community Health Institute



Name: Jonathan Stewart  
Title: Regional Director

11/25/15  
Date





**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

Contractor Initials

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

**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: JSI Research & Training Institute, Inc. d/b/a  
Community Health Institute

Name: Jonathan Stewart  
Title: Regional Director

11/25/15

Date

Exhibit G

Contractor Initials

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



**CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO SMOKE**

Public Law 103-227, Part C - Environmental Tobacco Smoke, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, day care, education, or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law does not apply to children's services provided in private residences, facilities funded solely by Medicare or Medicaid funds, and portions of facilities used for inpatient drug or alcohol treatment. Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$1000 per day and/or the imposition of an administrative compliance order on the responsible entity.

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

1. By signing and submitting this contract, the Contractor agrees to make reasonable efforts to comply with all applicable provisions of Public Law 103-227, Part C, known as the Pro-Children Act of 1994.

Contractor Name: JSI Research & Training Institute, Inc. d/b/a  
Community Health Institute

Name: Jonathan Stewart  
Title: Regional Director

11/25/15

Date

Contractor Initials JS

Date 11/25/15



Exhibit I

**HEALTH INSURANCE PORTABILITY ACT**  
**BUSINESS ASSOCIATE AGREEMENT**

The Contractor identified in Section 1.3 of the General Provisions of the Agreement agrees to comply with the Health Insurance Portability and Accountability Act, Public Law 104-191 and with the Standards for Privacy and Security of Individually Identifiable Health Information, 45 CFR Parts 160 and 164 applicable to business associates. As defined herein, "Business Associate" shall mean the Contractor and subcontractors and agents of the Contractor that receive, use or have access to protected health information under this Agreement and "Covered Entity" shall mean the State of New Hampshire, Department of Health and Human Services.

(1) **Definitions.**

- a. "**Breach**" shall have the same meaning as the term "Breach" in section 164.402 of Title 45, Code of Federal Regulations.
- b. "**Business Associate**" has the meaning given such term in section 160.103 of Title 45, Code of Federal Regulations.
- c. "**Covered Entity**" has the meaning given such term in section 160.103 of Title 45, Code of Federal Regulations.
- d. "**Designated Record Set**" shall have the same meaning as the term "designated record set" in 45 CFR Section 164.501.
- e. "**Data Aggregation**" shall have the same meaning as the term "data aggregation" in 45 CFR Section 164.501.
- f. "**Health Care Operations**" shall have the same meaning as the term "health care operations" in 45 CFR Section 164.501.
- g. "**HITECH Act**" means the Health Information Technology for Economic and Clinical Health Act, Title XIII, Subtitle D, Part 1 & 2 of the American Recovery and Reinvestment Act of 2009.
- h. "**HIPAA**" means the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191 and the Standards for Privacy and Security of Individually Identifiable Health Information, 45 CFR Parts 160, 162 and 164 and amendments thereto.
- i. "**Individual**" shall have the same meaning as the term "individual" in 45 CFR Section 160.103 and shall include a person who qualifies as a personal representative in accordance with 45 CFR Section 164.501(g).
- j. "**Privacy Rule**" shall mean the Standards for Privacy of Individually Identifiable Health Information at 45 CFR Parts 160 and 164, promulgated under HIPAA by the United States Department of Health and Human Services.
- k. "**Protected Health Information**" shall have the same meaning as the term "protected health information" in 45 CFR Section 160.103, limited to the information created or received by Business Associate from or on behalf of Covered Entity.

A handwritten signature in black ink, appearing to be a stylized 'S' or similar character.



Exhibit I

- i. "Required by Law" shall have the same meaning as the term "required by law" in 45 CFR Section 164.103.
- m. "Secretary" shall mean the Secretary of the Department of Health and Human Services or his/her designee.
- n. "Security Rule" shall mean the Security Standards for the Protection of Electronic Protected Health Information at 45 CFR Part 164, Subpart C, and amendments thereto.
- o. "Unsecured Protected Health Information" means protected health information that is not secured by a technology standard that renders protected health information unusable, unreadable, or indecipherable to unauthorized individuals and is developed or endorsed by a standards developing organization that is accredited by the American National Standards Institute.
- p. Other Definitions - All terms not otherwise defined herein shall have the meaning established under 45 C.F.R. Parts 160, 162 and 164, as amended from time to time, and the HITECH Act.

(2) Business Associate Use and Disclosure of Protected Health Information.

- a. Business Associate shall not use, disclose, maintain or transmit Protected Health Information (PHI) except as reasonably necessary to provide the services outlined under Exhibit A of the Agreement. Further, Business Associate, including but not limited to all its directors, officers, employees and agents, shall not use, disclose, maintain or transmit PHI in any manner that would constitute a violation of the Privacy and Security Rule.
- b. Business Associate may use or disclose PHI:
  - I. For the proper management and administration of the Business Associate;
  - II. As required by law, pursuant to the terms set forth in paragraph d. below; or
  - III. For data aggregation purposes for the health care operations of Covered Entity.
- c. To the extent Business Associate is permitted under the Agreement to disclose PHI to a third party, Business Associate must obtain, prior to making any such disclosure, (i) reasonable assurances from the third party that such PHI will be held confidentially and used or further disclosed only as required by law or for the purpose for which it was disclosed to the third party; and (ii) an agreement from such third party to notify Business Associate, in accordance with the HIPAA Privacy, Security, and Breach Notification Rules of any breaches of the confidentiality of the PHI, to the extent it has obtained knowledge of such breach.
- d. The Business Associate shall not, unless such disclosure is reasonably necessary to provide services under Exhibit A of the Agreement, disclose any PHI in response to a request for disclosure on the basis that it is required by law, without first notifying Covered Entity so that Covered Entity has an opportunity to object to the disclosure and to seek appropriate relief. If Covered Entity objects to such disclosure, the Business



Exhibit I

Associate shall refrain from disclosing the PHI until Covered Entity has exhausted all remedies.

- e. If the Covered Entity notifies the Business Associate that Covered Entity has agreed to be bound by additional restrictions over and above those uses or disclosures or security safeguards of PHI pursuant to the Privacy and Security Rule, the Business Associate shall be bound by such additional restrictions and shall not disclose PHI in violation of such additional restrictions and shall abide by any additional security safeguards.

(3) **Obligations and Activities of Business Associate.**

- a. The Business Associate shall notify the Covered Entity's Privacy Officer immediately after the Business Associate becomes aware of any use or disclosure of protected health information not provided for by the Agreement including breaches of unsecured protected health information and/or any security incident that may have an impact on the protected health information of the Covered Entity.
- b. The Business Associate shall immediately perform a risk assessment when it becomes aware of any of the above situations. The risk assessment shall include, but not be limited to:
  - o The nature and extent of the protected health information involved, including the types of identifiers and the likelihood of re-identification;
  - o The unauthorized person used the protected health information or to whom the disclosure was made;
  - o Whether the protected health information was actually acquired or viewed
  - o The extent to which the risk to the protected health information has been mitigated.

The Business Associate shall complete the risk assessment within 48 hours of the breach and immediately report the findings of the risk assessment in writing to the Covered Entity.

- c. The Business Associate shall comply with all sections of the Privacy, Security, and Breach Notification Rule.
- d. Business Associate shall make available all of its internal policies and procedures, books and records relating to the use and disclosure of PHI received from, or created or received by the Business Associate on behalf of Covered Entity to the Secretary for purposes of determining Covered Entity's compliance with HIPAA and the Privacy and Security Rule.
- e. Business Associate shall require all of its business associates that receive, use or have access to PHI under the Agreement, to agree in writing to adhere to the same restrictions and conditions on the use and disclosure of PHI contained herein, including the duty to return or destroy the PHI as provided under Section 3 (l). The Covered Entity shall be considered a direct third party beneficiary of the Contractor's business associate agreements with Contractor's intended business associates, who will be receiving PHI

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Exhibit I

pursuant to this Agreement, with rights of enforcement and indemnification from such business associates who shall be governed by standard Paragraph #13 of the standard contract provisions (P-37) of this Agreement for the purpose of use and disclosure of protected health information.

- f. Within five (5) business days of receipt of a written request from Covered Entity, Business Associate shall make available during normal business hours at its offices all records, books, agreements, policies and procedures relating to the use and disclosure of PHI to the Covered Entity, for purposes of enabling Covered Entity to determine Business Associate's compliance with the terms of the Agreement.
- g. Within ten (10) business days of receiving a written request from Covered Entity, Business Associate shall provide access to PHI in a Designated Record Set to the Covered Entity, or as directed by Covered Entity, to an individual in order to meet the requirements under 45 CFR Section 164.524.
- h. Within ten (10) business days of receiving a written request from Covered Entity for an amendment of PHI or a record about an individual contained in a Designated Record Set, the Business Associate shall make such PHI available to Covered Entity for amendment and incorporate any such amendment to enable Covered Entity to fulfill its obligations under 45 CFR Section 164.526.
- i. Business Associate shall document such disclosures of PHI and information related to such disclosures as would be required for Covered Entity to respond to a request by an individual for an accounting of disclosures of PHI in accordance with 45 CFR Section 164.528.
- j. Within ten (10) business days of receiving a written request from Covered Entity for a request for an accounting of disclosures of PHI, Business Associate shall make available to Covered Entity such information as Covered Entity may require to fulfill its obligations to provide an accounting of disclosures with respect to PHI in accordance with 45 CFR Section 164.528.
- k. In the event any individual requests access to, amendment of, or accounting of PHI directly from the Business Associate, the Business Associate shall within two (2) business days forward such request to Covered Entity. Covered Entity shall have the responsibility of responding to forwarded requests. However, if forwarding the individual's request to Covered Entity would cause Covered Entity or the Business Associate to violate HIPAA and the Privacy and Security Rule, the Business Associate shall instead respond to the individual's request as required by such law and notify Covered Entity of such response as soon as practicable.
- l. Within ten (10) business days of termination of the Agreement, for any reason, the Business Associate shall return or destroy, as specified by Covered Entity, all PHI received from, or created or received by the Business Associate in connection with the Agreement, and shall not retain any copies or back-up tapes of such PHI. If return or destruction is not feasible, or the disposition of the PHI has been otherwise agreed to in the Agreement, Business Associate shall continue to extend the protections of the Agreement, to such PHI and limit further uses and disclosures of such PHI to those purposes that make the return or destruction infeasible, for so long as Business

A handwritten signature in black ink, appearing to be 'A' or similar initials.





Exhibit I

Associate maintains such PHI. If Covered Entity, in its sole discretion, requires that the Business Associate destroy any or all PHI, the Business Associate shall certify to Covered Entity that the PHI has been destroyed.

**(4) Obligations of Covered Entity**

- a. Covered Entity shall notify Business Associate of any changes or limitation(s) in its Notice of Privacy Practices provided to individuals in accordance with 45 CFR Section 164.520, to the extent that such change or limitation may affect Business Associate's use or disclosure of PHI.
- b. Covered Entity shall promptly notify Business Associate of any changes in, or revocation of permission provided to Covered Entity by individuals whose PHI may be used or disclosed by Business Associate under this Agreement, pursuant to 45 CFR Section 164.506 or 45 CFR Section 164.508.
- c. Covered entity shall promptly notify Business Associate of any restrictions on the use or disclosure of PHI that Covered Entity has agreed to in accordance with 45 CFR 164.522, to the extent that such restriction may affect Business Associate's use or disclosure of PHI.

**(5) Termination for Cause**

In addition to Paragraph 10 of the standard terms and conditions (P-37) of this Agreement the Covered Entity may immediately terminate the Agreement upon Covered Entity's knowledge of a breach by Business Associate of the Business Associate Agreement set forth herein as Exhibit I. The Covered Entity may either immediately terminate the Agreement or provide an opportunity for Business Associate to cure the alleged breach within a timeframe specified by Covered Entity. If Covered Entity determines that neither termination nor cure is feasible, Covered Entity shall report the violation to the Secretary.

**(6) Miscellaneous**

- a. Definitions and Regulatory References. All terms used, but not otherwise defined herein, shall have the same meaning as those terms in the Privacy and Security Rule, amended from time to time. A reference in the Agreement, as amended to include this Exhibit I, to a Section in the Privacy and Security Rule means the Section as in effect or as amended.
- b. Amendment. Covered Entity and Business Associate agree to take such action as is necessary to amend the Agreement, from time to time as is necessary for Covered Entity to comply with the changes in the requirements of HIPAA, the Privacy and Security Rule, and applicable federal and state law.
- c. Data Ownership. The Business Associate acknowledges that it has no ownership rights with respect to the PHI provided by or created on behalf of Covered Entity.
- d. Interpretation. The parties agree that any ambiguity in the Agreement shall be resolved to permit Covered Entity to comply with HIPAA, the Privacy and Security Rule.

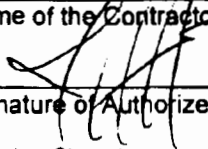


Exhibit I

- e. Segregation. If any term or condition of this Exhibit I or the application thereof to any person(s) or circumstance is held invalid, such invalidity shall not affect other terms or conditions which can be given effect without the invalid term or condition; to this end the terms and conditions of this Exhibit I are declared severable.
- f. Survival. Provisions in this Exhibit I regarding the use and disclosure of PHI, return or destruction of PHI, extensions of the protections of the Agreement in section (3) I, the defense and indemnification provisions of section (3) e and Paragraph 13 of the standard terms and conditions (P-37), shall survive the termination of the Agreement.

IN WITNESS WHEREOF, the parties hereto have duly executed this Exhibit I.

Department of Health and Human Services  
 The State  
Marilee Nihan  
 Signature of Authorized Representative  
Marilee Nihan  
 Name of Authorized Representative  
Deputy Commissioner  
 Title of Authorized Representative  
11/30/15  
 Date

JSI Research & Training Institute, Inc. d/b/a Community Health Institute  
 Name of the Contractor  
  
 Signature of Authorized Representative  
 Jonathan Stewart  
 Name of Authorized Representative  
 Regional Director  
 Title of Authorized Representative  
 11/25/15  
 Date



**CERTIFICATION REGARDING THE FEDERAL FUNDING ACCOUNTABILITY AND TRANSPARENCY  
ACT (FFATA) COMPLIANCE**

The Federal Funding Accountability and Transparency Act (FFATA) requires prime awardees of individual Federal grants equal to or greater than \$25,000 and awarded on or after October 1, 2010, to report on data related to executive compensation and associated first-tier sub-grants of \$25,000 or more. If the initial award is below \$25,000 but subsequent grant modifications result in a total award equal to or over \$25,000, the award is subject to the FFATA reporting requirements, as of the date of the award.

In accordance with 2 CFR Part 170 (Reporting Subaward and Executive Compensation Information), the Department of Health and Human Services (DHHS) must report the following information for any subaward or contract award subject to the FFATA reporting requirements:

1. Name of entity
2. Amount of award
3. Funding agency
4. NAICS code for contracts / CFDA program number for grants
5. Program source
6. Award title descriptive of the purpose of the funding action
7. Location of the entity
8. Principle place of performance
9. Unique identifier of the entity (DUNS #)
10. Total compensation and names of the top five executives if:
  - 10.1. More than 80% of annual gross revenues are from the Federal government, and those revenues are greater than \$25M annually and
  - 10.2. Compensation information is not already available through reporting to the SEC.

Prime grant recipients must submit FFATA required data by the end of the month, plus 30 days, in which the award or award amendment is made.

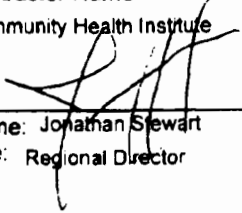
The Contractor identified in Section 1.3 of the General Provisions agrees to comply with the provisions of The Federal Funding Accountability and Transparency Act, Public Law 109-282 and Public Law 110-252, and 2 CFR Part 170 (Reporting Subaward and Executive Compensation Information), and further agrees to have the Contractor's representative, as identified in Sections 1.11 and 1.12 of the General Provisions execute the following Certification:

The below named Contractor agrees to provide needed information as outlined above to the NH Department of Health and Human Services and to comply with all applicable provisions of the Federal Financial Accountability and Transparency Act.

Contractor Name: JSI Research & Training Institute, Inc. d/b/a  
Community Health Institute

11/25/15

Date

  
Name: Jonathan Stewart  
Title: Regional Director

New Hampshire Department of Health and Human Services  
Exhibit J



**FORM A**

As the Contractor identified in Section 1.3 of the General Provisions, I certify that the responses to the below listed questions are true and accurate.

1. The DUNS number for your entity is: 14-5729117
2. In your business or organization's preceding completed fiscal year, did your business or organization receive (1) 80 percent or more of your annual gross revenue in U.S. federal contracts, subcontracts, loans, grants, sub-grants, and/or cooperative agreements; and (2) \$25,000,000 or more in annual gross revenues from U.S. federal contracts, subcontracts, loans, grants, subgrants, and/or cooperative agreements?

       NO                        x   YES

If the answer to #2 above is NO, stop here

If the answer to #2 above is YES, please answer the following:

3. Does the public have access to information about the compensation of the executives in your business or organization through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C. 78m(a), 78o(d)) or section 6104 of the Internal Revenue Code of 1986?

       NO                        x   YES

If the answer to #3 above is YES, stop here

If the answer to #3 above is NO, please answer the following:

4. The names and compensation of the five most highly compensated officers in your business or organization are as follows:

Name: _____	Amount: _____
Name: _____	Amount: _____
Name: _____	Amount: _____
Name: _____	Amount: _____
Name: _____	Amount: _____