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

Jeffrey A. Meyers
Commissioner

Katja S. Fox
Director

129 PLEASANT STREET, CONCORD, NH 03301
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www.dhhs.nh.gov

April 9, 2018

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

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division for Behavioral Health, to enter into an agreement with Human Services Research Institute, Vendor #170337-B001, 2336 Massachusetts Avenue, Cambridge, MA 02140, for the provision of the evaluation of the State Youth Treatment Plan in an amount not to exceed \$307,020.80, effective upon date of Governor and Council approval, through September 29, 2021. 100% Federal Funds.

Funds are available in the following account(s) for SFY 2018 and SFY 2019, and are anticipated to be available in SFY 2020, SFY 2021, and SFY 2022, upon the availability and continued appropriation of funds in the future operating budgets, with authority to adjust amounts within the price limitation and adjust encumbrances between State Fiscal Years through the Budget Office without approval from Governor and Executive Council, if needed and justified.

05-95-92-921010-2059 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: BEHAVIORAL HEALTH DIV, BUR FOR CHILDRENS BEHAVRL HLTH, STATE YOUTH TREATMENT PLANNING

SFY	Class/Account	Class Title	Job Number	Total Amount
2018	102-500731	Contracts for Program Services	92102059	\$29,010.40
2019	102-500731	Contracts for Program Services	92102059	\$83,000.00
2020	102-500731	Contracts for Program Services	92102059	\$84,366.00
2021	102-500731	Contracts for Program Services	92102059	\$83,000.00
2022	102-500731	Contracts for Program Services	92102059	\$27,644.40
			Total	\$307,020.80

EXPLANATION

The purpose of this request is to provide for the evaluation of the State Youth Treatment Plan, which is designed to support the expansion of integrated services and supports for youth with substance use and/or co-occurring substance use and mental health disorders (SUD/COD) throughout New Hampshire.

The New Hampshire Department of Health and Human Services, Division for Behavioral Health, Bureau for Children's Behavioral Health intends to implement the State Youth Treatment Plan for a youth-focused Substance Use Disorder Treatment system. New Hampshire currently has substance use disorder treatment for individuals, but does not require different approaches and treatments for youth and young adults from the adult population. The Department seeks to incorporate the work of this grant with the work conducted under New Hampshire's System of Care grant to infuse the substance use disorder treatment system with values and principles of a system of care and approaches and practices that better engage youth ages sixteen to eighteen (16-18) and their families in treatment, support them while in treatment, and keep them engaged in treatment longer. The Department plans to do this by utilizing and implementing the system of care values and principles of family and youth driven, community based, and cultural and linguistic competence.

Evaluation of program design, grant progress, and individual participant outcomes is essential in meeting grant obligations and ensuring fidelity to practices and program design. New Hampshire has a history of ensuring that evaluators are an integral part of the implementation process and are a key partner.

Human Services Research Institute was selected for this project through a competitive bid process. A Request for Proposals was posted on The Department of Health and Human Services' web site from January 17, 2018 through February 16, 2018. The Department received one (1) proposal. The proposal was reviewed and scored by a team of individuals with program specific knowledge. The review included a thorough discussion of the strengths and weaknesses of the proposals/applications. The Bid Summary Sheet is attached.

As referenced in the Request for Proposals and in Exhibit C-1, Revisions to General Provisions, of this contract, the Department reserves the option to extend contract services for up to one (1) additional year, contingent upon satisfactory delivery of services, available funding, agreement of the parties and approval of the Governor and Executive Council.

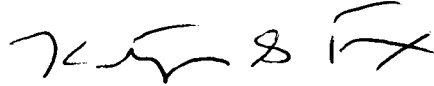
Should the Governor and Executive Council not authorize this Request, the State Youth Treatment Plan will not be properly evaluated which may lead to the Plan not being effectively implemented which could reduce its effectiveness in treating youth-focused substance use disorder.

Area served: Statewide

Source of Funds: 100% Federal Funds from the Substance Abuse and Mental Health Services Administration, CFDA#93.243, FAIN#T1080192

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

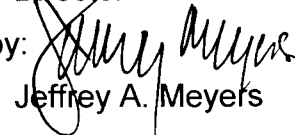
Respectfully submitted,



Katja S. Fox

Director

Approved by:



Jeffrey A. Meyers

Commissioner



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

Evaluation of the State Youth Treatment Plan

RFP-2018-DBH-07-EVALU

RFP Name

RFP Number

Bidder Name

1. Human Services Research Institute

2. 0

3. 0

Pass/Fail	Maximum Points	Actual Points
	265	249
	265	0
	265	0

Reviewer Names

1. Darrel Tenney, Program Specialist IV, Child Behavior Health
2. Shawn Blakey, Program Specialist IV, Child Behavior Health
3. Adele Gallant, Administrator, Bureau Children's Behavior Health
4. Erica Ungarelli, Director, Bureau of Children's Behavioral Health
5. Tanja Milic, Div Behavior Health, Business Administrator II

Subject: Evaluation of the State Youth Treatment Plan (RFP-2018-DBH-07-EVALU)

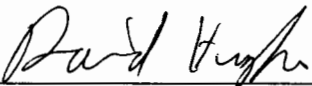
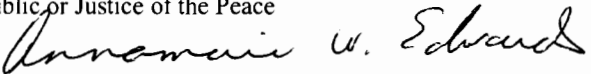
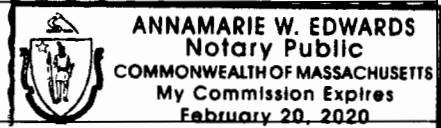
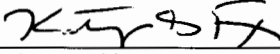
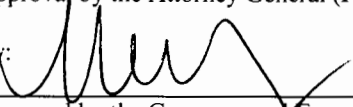
Notice: This agreement and all of its attachments shall become public upon submission to Governor and Executive Council for approval. Any information that is private, confidential or proprietary must be clearly identified to the agency and agreed to in writing prior to signing the contract.

AGREEMENT

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

GENERAL PROVISIONS

1. IDENTIFICATION.

1.1 State Agency Name NH Department of Health and Human Services		1.2 State Agency Address 129 Pleasant Street Concord, NH 03301-3857	
1.3 Contractor Name Human Services Research Institute		1.4 Contractor Address 2336 Massachusetts Avenue Cambridge, MA 02140	
1.5 Contractor Phone Number 617-844-2527	1.6 Account Number 05-95-92-921010-2059-102-500731	1.7 Completion Date September 29, 2021	1.8 Price Limitation \$307,020.80
1.9 Contracting Officer for State Agency E. Maria Reinemann, Esq. Director of Contracts and Procurement		1.10 State Agency Telephone Number 603-271-9330	
1.11 Contractor Signature 		1.12 Name and Title of Contractor Signatory David Hughes, President	
1.13 Acknowledgement: State of <u>MA</u> , County of <u>Middlesex</u> On <u>April 6, 2018</u> , before the undersigned officer, personally appeared the person identified in block 1.12, or satisfactorily proven to be the person whose name is signed in block 1.11, and acknowledged that s/he executed this document in the capacity indicated in block 1.12.			
1.13.1 Signature of Notary Public or Justice of the Peace  [Seal]			
1.13.2 Name and Title of Notary or Justice of the Peace			
1.14 State Agency Signature 		1.15 Name and Title of State Agency Signatory Katja S Fox, Director	
Date: <u>4/10/18</u>			
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:  On: <u>Megan A. Cole - Attorney</u> <u>4/17/18</u>			
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

Contractor Initials 
Date 4/2/18

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.

Contractor Initials
Date 4/6/18



Scope of Services

1. Provisions Applicable to All Services

- 1.1. The Contractor shall submit a detailed description of the language assistance services they will provide to persons with limited English proficiency to ensure meaningful access to their programs and/or services within ten (10) days of the contract effective date.
- 1.2. The Contractor agrees that, to the extent future legislative action by the New Hampshire General Court or federal or state court orders may have an impact on the Services described herein, the State Agency has the right to modify Service priorities and expenditure requirements under this Agreement so as to achieve compliance therewith.

2. Scope of Services

- 2.1. The Contractor shall track progress in each of the identified infrastructure development measures and report the progress through the Government Performance and Results Modernization Act (GPRA) uniform data collection tool which sends the information to the Substance Abuse and Mental Health Services Administration (SAMHSA). The infrastructure data collected will include, but not be limited to:
 - 2.1.1. Interagency Council (IAC) data including, but not limited to:
 - 2.1.1.1. Attendance
 - 2.1.1.2. Group composition
 - 2.1.2. Policy changes (including finance and workforce policy)
 - 2.1.3. Memorandums of Understanding (MOU's) developed (date finalized and content)
 - 2.1.4. Financial Mapping
 - 2.1.5. Workforce Training Plan
 - 2.1.6. Workforce Map
 - 2.1.7. Evidence Based Practices (EBP) that will be implemented during the project period, including, but not limited to:
 - 2.1.7.1. Progress on implementation of selected EBP models.
 - 2.1.7.2. Evaluation of fidelity of selected EBP models.
 - 2.1.7.3. Utilization of fidelity measurement tools to:
 - 2.1.7.3.1. Demonstrate any issues that may affect outcomes.
 - 2.1.7.3.2. Suggest adaptations to the EBP implementation as needed.
 - 2.1.7.3.3. Complete findings for future implementation.



Exhibit A

- 2.2. The Contractor shall collect, analyze, and evaluate de-identified, aggregate data in order to assess progress towards the goals of the State Youth Treatment Plan and provide recommendations for improved management of the grant projects. Data will include, but not limited to:
- 2.2.1. The complete State Youth Treatment Plan to determine if the desired outcomes were achieved. The analysis will include, but not be limited to:
 - 2.2.1.1. The extent to which the plans are based upon updated information from the workforce and financial maps.
 - 2.2.1.2. The extent to which plans were created based on input from the IAC.
 - 2.2.1.3. The extent to which the plan addresses cultural and linguistic factors.
 - 2.2.1.4. The extent to which the plan connects to New Hampshire's System of Care work.
 - 2.2.2. Required SAMHSA data including, but not limited to:
 - 2.2.2.1. GPRA measurements.
 - 2.2.2.2. Bi-annual reports.
 - 2.2.2.3. Annual progress reports.
 - 2.2.2.4. Evaluation of demographics for:
 - 2.2.2.4.1. Interagency Council membership.
 - 2.2.2.4.2. Clients served.
 - 2.2.2.4.3. Ongoing evaluation of the population of focus and the project's disparity impact statement.
 - 2.2.2.5. Satisfaction surveys for:
 - 2.2.2.6. Professional workforce that are trained in the designated practices in the plan.
 - 2.2.2.7. Clients served.
 - 2.2.3. Progress towards implementation goals as stated in the grant application timeline.
 - 2.2.4. Barriers towards progress.
 - 2.2.5. Dashboards that contain demographics for the clients served through the program which includes, but is not limited to:
 - 2.2.5.1. Clients served.
 - 2.2.5.2. Demographics and outcomes as measured by GPRA but reported quarterly in aggregated dash boards.
 - 2.2.6. Work and progress of all subcommittees and subcontractors associated with this project.

[Handwritten Signature]
4/6/18



Exhibit A

- 2.2.7. Outcome data, which includes collection of demographic information of population served.
- 2.2.8. Performance Measures from the Interagency Council (IAC) which include, but are not limited to:
 - 2.2.8.1. Lists collected and maintained by the evaluation team to identify members and their extent of participation in the strategic planning process.
 - 2.2.8.2. Member data that includes, but is not limited to:
 - 2.2.8.2.1. Agency or name.
 - 2.2.8.2.2. Type of service provided.
 - 2.2.8.2.3. Whether they are part of the population focus or a family member, and their race/ethnicity.
- 2.3. The Contractor shall utilize the data to determine how to effect change by:
 - 2.3.1. Drafting bi-annual reports and submitting them to the Department for review and feedback within fifteen (15) days of the report's due date to SAMHSA.
 - 2.3.2. Ensuring the bi-annual reports are submitted to SAMHSA at or before the due dates.
 - 2.3.3. Implementing a database to document the progress made on each of the Office of Management and Budget (OMB)-approved infrastructure development measures over the grant period.
- 2.4. The Contractor shall report the outcome data analysis regarding racial/ethnic groups or other demographic factors to the Department to ensure the appropriate populations are being served and that disparities in services and outcomes are minimized.
- 2.5. The Contractor shall design an assessment that assists in determining whether the Department is achieving the goals, objectives, and outcomes outlined in its State Youth Treatment Plan, and whether need to be made. The assessment shall be utilized to determine if projects are positively impacting behavioral health disparities as indicated in the Department's State Youth Treatment Plan disparity impact statement. At a minimum, the assessment plan will include mechanisms to document:
 - 2.5.1. The Department's progress on the implementation goals.
 - 2.5.2. The progress of all subcommittees and subcontracts associated with the SYT-I project.
 - 2.5.3. The degree of collaboration with consumers in the implementation processes including, but not limited to:
 - 2.5.3.1. Adolescents.



Exhibit A

- 2.5.3.2. Transitional aged youth.
- 2.5.3.3. Family members.
- 2.5.4. IAC meeting dates, attendance, decisions made, and accomplishments and barriers identified.
- 2.5.5. The structure and functioning of the IAC and its subcommittees.
- 2.5.6. The progress on the infrastructure development measures.
- 2.5.7. A review of the workforce development goals and the progress of the SUD treatment workforce infrastructure.
- 2.5.8. The results of the The-Center-for-Substance-Abuse-Treatment (CSAT) training event customer satisfaction surveys.
- 2.5.9. The results of the GPRA client outcome surveys, by demographic characteristics.
- 2.5.10. The implementation fidelity of the selected EBPs.
- 2.6. The Contractor shall participate in SAMHSA Technical Assistance activities, grantee calls, and required grantee meetings.
- 2.7. The Contractor shall review the workforce development goals, objectives, and proposed activities on a quarterly basis during IAC meetings to determine if the SUD treatment workforce infrastructure is developing as intended and whether it has addressed factors that impact behavioral health disparities which shall include, but not be limited to:
 - 2.7.1. An activity tracking tool.
 - 2.7.2. IAC member survey.
 - 2.7.3. Infrastructure development measures database.
 - 2.7.4. Key informant interviews with stakeholders including, but not limited to:
 - 2.7.4.1. IAC members.
 - 2.7.4.2. Members of the workforce development group.
 - 2.7.4.3. Providers.
 - 2.7.4.4. Youth.
 - 2.7.4.5. Family members.
 - 2.7.5. CSAT training event customer satisfaction surveys.
 - 2.7.6. GPRA client outcome surveys.
 - 2.7.7. Implementation progress and fidelity monitoring of EBPs.
- 2.8. At a minimum quarterly, the Contractor shall employ a database to collect and report on the following data to the Department and SAMHSA:



Exhibit A

- 2.8.1. Enhancements to the IAC's membership structure.
- 2.8.2. Infrastructure reform and policy changes, including changes to financing and workforce, achieved as a result of IAC activities.
- 2.8.3. Level of adolescent and/or transitional aged youth and family involvement at the policy and practice levels.
- 2.8.4. Memorandums of understanding signed between the Department and agencies serving adolescents and transitional aged youth.
- 2.8.5. Development and activities of the Provider Collaborative.
- 2.8.6. Development of the financial map.
- 2.8.7. Development of the Substance Abuse Financing Subcommittee and its activities.
- 2.8.8. Use of federal funds to provide treatment and recovery support to youth with substance use and/or co-occurring mental health disorders including, but not limited to:
 - 2.8.8.1. Medicaid/CHIP.
 - 2.8.8.2. Substance Abuse Block Grant.
 - 2.8.8.3. Discretionary grant funds.
- 2.8.9. Implementation of the workforce training plan.
- 2.8.10. Changes to the statewide workforce map.
- 2.8.11. Progress of the required and additional allowable treatment service activities.
- 2.8.12. EBP's to be implemented during the grant period.
- 2.9. The Contractor shall identify barriers regarding the State Youth Treatment Plan goals, objectives, and proposed activities by:
 - 2.9.1. Employing a barriers monitoring tool mimicking the structure of the strategic plan, with rows for each task under each project objective, and columns for the responsible lead(s), target completion date, and space to detail barriers anticipated and encountered while carrying out the task.
 - 2.9.2. During regular IAC meetings, seeking feedback from council members regarding the progress toward each task and any barriers anticipated or encountered.
 - 2.9.3. Conducting periodic stakeholder interviews to seek feedback from council members about their perspective on the State's progress in achieving its goals and objectives, including barriers anticipated and encountered.
 - 2.9.4. Attending regular bi-weekly meetings with the Department to provide another opportunity to identify barriers to project goals, objectives, and proposed activities.



Exhibit A

- 2.10. The Contractor shall develop and present proposed solutions to barriers for Departmental consideration by:
 - 2.10.1. Collaboration with stakeholders to develop feasible, realistic solutions to identified barriers for the Department's consideration.
 - 2.10.2. Collaboration with the Department to establish a mechanism for regularly communicating barriers and proposed solutions in a format desired by the Department which will include, but not be limited to:
 - 2.10.2.1. The barrier identified.
 - 2.10.2.2. Goal(s), objective(s), and specific task(s) affected by the identified barrier.
 - 2.10.2.3. Implications for the State Youth Treatment Plan if barrier not addressed.
 - 2.10.2.4. Potential solutions, including resources needed.
- 2.11. The Contractor shall create and provide a Performance Assessment to the Department that includes, but is not limited to:
 - 2.11.1. Analysis on the race/ethnic and other demographic of the IAC to track any disparities in participation and the percentage of participation in the planning process. Evaluator is required to inform the IAC when participation falls below seventy-five percent (75%). All analysis shall comply with applicable state rules, and state or federal laws relating to safeguarding the confidentiality of any information that could identify any individual.
 - 2.11.2. Analysis of all training associated with this project conducted by the State or the training Contractor, using the CSAT surveys for participant satisfaction.
 - 2.11.3. Identification of high need populations to assess whether the project is properly focusing on the Covered Population, using State SUD, public health, and Youth Risk Behavior Student Survey (YRBSS) data.
 - 2.11.4. Overview of the findings from the data analysis outlined in Section 3.2.3.
- 2.12. The Contractor shall collect data regarding the covered population's and contracted providers' overall satisfaction regarding the training, learning collaborative, or other event taking place as part of this program and as conducted by the Department, at the end of each event and thirty (30) days post event.
 - 2.12.1. The Contractor shall use CSAT-developed customer baseline and follow-up satisfaction surveys, as provided by the Department.
- 2.13. The Contractor shall collaborate with family and youth organizations to ensure their involvement at every stage of implementation and improvement which shall include, but not be limited to:
 - 2.13.1. Collaboration with the workforce development team to maintain a list of youth and family organizations and advocacy groups which the IAC can reach out to encourage participation.

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4/16/18



Exhibit A

- 2.13.2. Provision of a one-page, brief description of the purpose of the SYT-I project, using simple language, graphics, and logos as appropriate, which outlines for youth and families:
 - 2.13.2.1. The purpose of the project.
 - 2.13.2.2. The goals of the project.
 - 2.13.2.3. Their role in the process
- 2.13.3. Tracking attendance at every IAC meeting, and notify the Department when youth and family participation falls, so that additional representatives can be recruited.
- 2.13.4. As part of proposed stakeholder interviews and bi-annual IAC member surveys, including questions to determine barriers and facilitators of youth and family involvement.
- 2.13.5. Collaboration with the IAC to develop an action-oriented plan to recruit youth and family members which will include, but not be limited to:
 - 2.13.5.1. Establishing clear roles for youth and family members.
 - 2.13.5.2. Exploring ways to provide compensation or incentives for travel costs and personal time.
 - 2.13.5.3. Selecting meeting times to accommodate school and work hours.

3. Reporting

- 3.1. The selected Contractor will ensure that any client data included in any report will be de-identified and in aggregate format.
- 3.2. The Contractor shall provide monthly reports to the Department no later than the tenth (10th) day of the following month which shall include, but not be limited to:
 - 3.2.1. Progress of program activities.
 - 3.2.2. Materials developed.
 - 3.2.3. Brief narrative identifying barriers experienced by the Contractor.
 - 3.2.4. Plan to address identified barriers.
- 3.3. The Contractor shall will submit a report to the Department fifteen (15) days prior to the Substance Abuse Mental Health Service Administration (SAMHSA) due date regarding progress towards the goals of the grant as determined through the use of the Office of Budget Management (OBM) state infrastructure measurement tool (bi-annual report), as provided by the Department.
- 3.4. The Contractor shall report on progress achieved, barriers encountered, and efforts to overcome these barriers in a performance assessment report, which shall be submitted annually. At a minimum, the performance assessment should include the Office of Budget Management (OBM) approved infrastructure measures (bi-annual

[Handwritten Signature]
4/6/18



Exhibit A

report) and required Government and Performance Results Act (GPRA) performance measures as directed by SAMHSA.

4. Deliverables

- 4.1. The Contractor shall administer the applicable SAMHSA CSAT baseline customer satisfaction survey within thirty (30) days of the end of every event.
- 4.2. The Contractor shall attempt to achieve an eighty percent (80%) follow-up participation rate in surveys by following Dillman's Tailored Design Method (TDM) and will make at least three (3) follow-up contacts if participation has not yet taken place.
- 4.3. The Contractor shall report on the previous year's grant activities and the implementation progress within thirty (30) days of the beginning of each federal fiscal year.
- 4.4. The Contractor shall provide monthly reports to the Department as outlined in the Reporting Section no later than the tenth (10th) day of the following month.



Exhibit B

Methods and Conditions Precedent to Payment

1. The State shall pay the Contractor an amount not to exceed the Form P-37, Block 1.8, Price Limitation for the services provided by the Contractor pursuant to Exhibit A, Scope of Services.
2. The Contractor agrees to provide the services in Exhibit A, Scope of Service in compliance with funding requirements. Failure to meet the scope of services may jeopardize the funded contractor's current and/or future funding.
3. This contract is funded with funds from the Catalog of Federal Domestic Assistance (CFDA) #93.243, Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Comprehensive Youth Treatment Strategic Implementation.
4. Payment for said services shall be made monthly as follows:
 - 4.1. Payment shall be on a cost reimbursement basis for actual expenditures incurred in the fulfillment of this agreement, and shall be in accordance with the approved line item.
 - 4.2. The Contractor will submit an invoice in a form satisfactory to the State by the twentieth (20th) working day of each month, which identifies and requests reimbursement for authorized expenses incurred in the prior month. The invoice must be completed, signed, dated and returned to the Department in order to initiate payment. The Contractor agrees to keep detailed records of their activities related to Department-funded programs and services.
 - 4.3. The State shall make payment to the Contractor within thirty (30) days of receipt of each invoice, subsequent to approval of the submitted invoice and if sufficient funds are available.
 - 4.4. The final invoice shall be due to the State no later than forty (40) days after the contract Form P-37, Block 1.7 Completion Date.
 - 4.5. In lieu of hard copies, all invoices may be assigned an electronic signature and emailed to tanja.milic@dhhs.nh.gov.
 - 4.6. Payments may be withheld pending receipt of required reports or documentation as identified in Exhibit A, Scope of Services, and in this Exhibit B.

Evaluation of the State Youth Treatment Plan

Exhibit B-1

New Hampshire Department of Health and Human Services

Bidder/Program Name: Human Services Research Institute

Budget Request for: RFP-2018-DBH-07-EVALU: Evaluation of the State Youth Treatment Plan

Budget Period: SFY18: May 1, 2018 - June 30, 2018

Line Item	Total Program Cost			Contractor Share / Match			Funded by DHHS contract share		
	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total
1. Total Salary/Wages	\$ 26,341.00	\$ -	\$ 26,341.00	\$ -	\$ -	\$ -	\$ 26,341.00	\$ -	\$ 26,341.00
2. Employee Benefits	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
3. Consultants	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
4. Equipment:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Rental	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Repair and Maintenance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Purchase/Depreciation	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
5. Supplies:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Educational	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Lab	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Pharmacy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Medical	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Office	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
6. Travel	\$ 1,423.44	\$ -	\$ 1,423.44	\$ -	\$ -	\$ -	\$ 1,423.44	\$ -	\$ 1,423.44
7. Occupancy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
8. Current Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Telephone	\$ 353.00	\$ -	\$ 353.00	\$ -	\$ -	\$ -	\$ 353.00	\$ -	\$ 353.00
Postage	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Subscriptions	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Audit and Legal	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Insurance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Board Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
9. Software	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
10. Marketing/Communications	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
11. Staff Education and Training	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
12. Subcontracts/Agreements	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
13. Other (Computer Services/Hardware):	\$ 532.09	\$ -	\$ 532.09	\$ -	\$ -	\$ -	\$ 532.09	\$ -	\$ 532.09
Other (Copies/Prints)	\$ 63.21	\$ -	\$ 63.21	\$ -	\$ -	\$ -	\$ 63.21	\$ -	\$ 63.21
Other (Supplies)	\$ 297.66	\$ -	\$ 297.66	\$ -	\$ -	\$ -	\$ 297.66	\$ -	\$ 297.66
TOTAL	\$ 29,010.40	\$ -	\$ 29,010.40	\$ -	\$ -	\$ -	\$ 29,010.40	\$ -	\$ 29,010.40

0.0%

Indirect As A Percent of Direct

Evaluation of the State Youth Treatment Plan

Exhibit B-2

New Hampshire Department of Health and Human Services

Bidder/Program Name: Human Services Research Institute

Budget Request for: RFP-2018-DBH-07-EVALU: Evaluation of the State Youth Treatment Plan

Budget Period: SFY19: July 1, 2018 - June 30, 2019

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	\$ 79,032.04	\$ -	\$ -	\$ -	\$ 79,032.04	\$ -
2. Employee Benefits	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
3. Consultants	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
4. Equipment:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Rental	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Repair and Maintenance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Purchase/Depreciation	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
5. Supplies:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Educational	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Lab	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Pharmacy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Medical	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Office	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
6. Travel	\$ 229.74	\$ -	\$ -	\$ -	\$ 229.74	\$ -
7. Occupancy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
8. Current Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Telephone	\$ 1,059.03	\$ -	\$ -	\$ -	\$ 1,059.03	\$ -
Postage	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Subscriptions	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Audit and Legal	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Insurance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Board Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
9. Software	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
10. Marketing/Communications	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
11. Staff Education and Training	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
12. Subcontracts/Agreements	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
13. Other (Computer Services/Hardware):	\$ 1,596.45	\$ -	\$ -	\$ -	\$ 1,596.45	\$ -
Other (Copies/Prints)	\$ 189.68	\$ -	\$ -	\$ -	\$ 189.68	\$ -
Other (Supplies)	\$ 893.06	\$ -	\$ -	\$ -	\$ 893.06	\$ -
TOTAL	\$ 83,000.00	\$ -	\$ -	\$ -	\$ 83,000.00	\$ -

0.0%

Indirect As A Percent of Direct

Contractor Initials *AB*
Date 7/6/18

Evaluation of the State Youth Treatment Plan

Exhibit B-3

New Hampshire Department of Health and Human Services

Bidder/Program Name: Human Services Research Institute
 Budget Request for: RFP-2018-DBH-07-EVALU: Evaluation of the State Youth Treatment Plan
 Budget Period: SFY20: July 1, 2019 - June 30, 2020

Line Item	Total Program Cost			Contractor Share / Match			Funded by DHHS contract share		
	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total
1. Total Salary/Wages	\$ 79,032.04	\$ -	\$ 79,032.04	\$ -	\$ -	\$ -	\$ 79,032.04	\$ -	\$ 79,032.04
2. Employee Benefits	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
3. Consultants	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
4. Equipment:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Rental	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Repair and Maintenance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Purchase/Depreciation	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
5. Supplies:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Educational	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Lab	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Pharmacy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Medical	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Office	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
6. Travel	\$ 1,595.74	\$ -	\$ 1,595.74	\$ -	\$ -	\$ -	\$ 1,595.74	\$ -	\$ 1,595.74
7. Occupancy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
8. Current Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Telephone	\$ 1,059.03	\$ -	\$ 1,059.03	\$ -	\$ -	\$ -	\$ 1,059.03	\$ -	\$ 1,059.03
Postage	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Subscriptions	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Audit and Legal	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Insurance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Board Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
9. Software	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
10. Marketing/Communications	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
11. Staff Education and Training	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
12. Subcontracts/Agreements	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
13. Other (Computer Services/Hardware):	\$ 1,596.45	\$ -	\$ 1,596.45	\$ -	\$ -	\$ -	\$ 1,596.45	\$ -	\$ 1,596.45
Other (Copies/Prints)	\$ 189.68	\$ -	\$ 189.68	\$ -	\$ -	\$ -	\$ 189.68	\$ -	\$ 189.68
Other (Supplies)	\$ 893.06	\$ -	\$ 893.06	\$ -	\$ -	\$ -	\$ 893.06	\$ -	\$ 893.06
TOTAL	\$ 84,366.00	\$ -	\$ 84,366.00	\$ -	\$ -	\$ -	\$ 84,366.00	\$ -	\$ 84,366.00

0.0%

Indirect As A Percent of Direct

Exhibit B-3
 Page 1 of 1

Contractor Initials *[Signature]*
 Date 4/11/18

Evaluation of the State Youth Treatment Plan

Exhibit B-4

New Hampshire Department of Health and Human Services

Bidder/Program Name: Human Services Research Institute

Budget Request for: RFP-2018-DBH-07-EVALU: Evaluation of the State Youth Treatment Plan

Budget Period: SFY21: July 1, 2020 - June 30, 2021

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	\$ 79,032.04	\$ -	\$ -	\$ -	\$ 79,032.04	\$ -
2. Employee Benefits	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
3. Consultants	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
4. Equipment:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Rental	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Repair and Maintenance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Purchase/Depreciation	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
5. Supplies:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Educational	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Lab	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Pharmacy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Medical	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Office	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
6. Travel	\$ 229.74	\$ -	\$ -	\$ -	\$ 229.74	\$ -
7. Occupancy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
8. Current Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Telephone	\$ 1,059.03	\$ -	\$ -	\$ -	\$ 1,059.03	\$ -
Postage	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Subscriptions	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Audit and Legal	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Insurance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Board Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
9. Software	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
10. Marketing/Communications	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
11. Staff Education and Training	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
12. Subcontracts/Agreements	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
13. Other (Computer Services/Hardware):	\$ 1,596.45	\$ -	\$ -	\$ -	\$ 1,596.45	\$ -
Other (Copies/Prints)	\$ 189.68	\$ -	\$ -	\$ -	\$ 189.68	\$ -
Other (Supplies)	\$ 893.06	\$ -	\$ -	\$ -	\$ 893.06	\$ -
TOTAL	\$ 83,000.00	\$ -	\$ -	\$ -	\$ 83,000.00	\$ -

0.0%

Indirect As A Percent of Direct

Contractor Initials *PK* Date 4/6/18

Evaluation of the State Youth Treatment Plan

Exhibit B-5

New Hampshire Department of Health and Human Services

Bidder/Program Name: Human Services Research Institute
 Budget Request for: RFP-2018-DBH-07-EVALU: Evaluation of the State Youth Treatment Plan
 Budget Period: SFY22: July 1, 2021 - September 30, 2021

Line Item	Total Program Cost			Contractor Share / Match			Funded by DHHS contract share		
	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total
1. Total Salary/Wages	\$ 26,341.00	\$ -	\$ 26,341.00	\$ -	\$ -	\$ -	\$ 26,341.00	\$ -	\$ 26,341.00
2. Employee Benefits	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
3. Consultants	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
4. Equipment:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Rental	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
repair and maintenance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Purchase/Depreciation	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
5. Supplies:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Educational	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Lab	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Pharmacy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Medical	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Office	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
6. Travel	\$ 57.44	\$ -	\$ 57.44	\$ -	\$ -	\$ -	\$ 57.44	\$ -	\$ 57.44
7. Occupancy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
8. Current Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Telephone	\$ 353.00	\$ -	\$ 353.00	\$ -	\$ -	\$ -	\$ 353.00	\$ -	\$ 353.00
Postage	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Subscriptions	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Audit and Legal	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Insurance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Board Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
9. Software	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
10. Marketing/Communications	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
11. Staff Education and Training	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
12. Subcontracts/Agreements	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
13. Other (Computer Services/Hardware):	\$ 532.09	\$ -	\$ 532.09	\$ -	\$ -	\$ -	\$ 532.09	\$ -	\$ 532.09
Other (Copies/Prints)	\$ 63.21	\$ -	\$ 63.21	\$ -	\$ -	\$ -	\$ 63.21	\$ -	\$ 63.21
Other (Supplies)	\$ 297.66	\$ -	\$ 297.66	\$ -	\$ -	\$ -	\$ 297.66	\$ -	\$ 297.66
TOTAL	\$ 27,644.40	\$ -	\$ 27,644.40	\$ -	\$ -	\$ -	\$ 27,644.40	\$ -	\$ 27,644.40

Indirect As A Percent of Direct

0.0%



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;

[Handwritten Signature]
4/16/18



- 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.

[Handwritten Signature]
4/6/18



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

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

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

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

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

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

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



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

17. Limited English Proficiency (LEP): As clarified by Executive Order 13166, Improving Access to Services for persons with Limited English Proficiency, and resulting agency guidance, national origin discrimination includes discrimination on the basis of limited English proficiency (LEP). To ensure compliance with the Omnibus Crime Control and Safe Streets Act of 1968 and Title VI of the Civil Rights Act of 1964, Contractors must take reasonable steps to ensure that LEP persons have meaningful access to its programs.

18. Pilot Program for Enhancement of Contractor Employee Whistleblower Protections: The following shall apply to all contracts that exceed the Simplified Acquisition Threshold as defined in 48 CFR 2.101 (currently, \$150,000)

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

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

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

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

19. Subcontractors: DHHS recognizes that the Contractor may choose to use subcontractors with greater expertise to perform certain health care services or functions for efficiency or convenience, but the Contractor shall retain the responsibility and accountability for the function(s). Prior to subcontracting, the Contractor shall evaluate the subcontractor's ability to perform the delegated function(s). This is accomplished through a written agreement that specifies activities and reporting responsibilities of the subcontractor and provides for revoking the delegation or imposing sanctions if the subcontractor's performance is not adequate. Subcontractors are subject to the same contractual conditions as the Contractor and the Contractor is responsible to ensure subcontractor compliance with those conditions.

When the Contractor delegates a function to a subcontractor, the Contractor shall do the following:

- 19.1. Evaluate the prospective subcontractor's ability to perform the activities, before delegating the function
- 19.2. Have a written agreement with the subcontractor that specifies activities and reporting responsibilities and how sanctions/revocation will be managed if the subcontractor's performance is not adequate
- 19.3. Monitor the subcontractor's performance on an ongoing basis



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

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

DEFINITIONS

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

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

DEPARTMENT: NH Department of Health and Human Services.

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

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

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

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

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

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



Exhibit C-1

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. **Extension:**

The Department reserves the right to renew the Contract for up to one (1) additional year, subject to the continued availability of funds, satisfactory performance of services and approval by the Governor and Executive Council.



CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS

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

ALTERNATIVE I - FOR GRANTEES OTHER THAN INDIVIDUALS

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

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

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

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



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

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

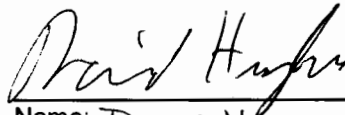
2336 Massachusetts Avenue

Cambridge MA 02140

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

Contractor Name:

4/6/18
Date


Name: David Hughes
Title: President



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-I.)
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:

4/10/18
Date

David Hughes
Name: David Hughes
Title: President



**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:

4/16/18
Date

David Hughes
Name: David Hughes
Title: President



**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

Date

4/6/18

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:

4/6/18
Date

David Hughes
Name: David Hughes
Title: President

Exhibit G

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

Contractor Initials

DH

Date

4/6/18



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:

4/6/18
Date

David Hughes
Name: David Hughes
Title: President

Contractor Initials DH
Date 4/6/18



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.



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

[Handwritten Signature]
4/6/18



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



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



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

Katja S Fox
Signature of Authorized Representative

Katja S Fox
Name of Authorized Representative

Director
Title of Authorized Representative

4/10/18
Date

Human Services Research Institute
Name of the Contractor

David Hughes
Signature of Authorized Representative

David Hughes
Name of Authorized Representative

President
Title of Authorized Representative

4/6/18
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:

4/6/18
Date

David Hughes
Name: David Hughes
Title: President



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: 050369218
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 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 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: _____



DHHS Information Security Requirements

A. Definitions

The following terms may be reflected and have the described meaning in this document:

1. "Breach" means the loss of control, compromise, unauthorized disclosure, unauthorized acquisition, unauthorized access, or any similar term referring to situations where persons other than authorized users and for an other than authorized purpose have access or potential access to personally identifiable information, whether physical or electronic. With regard to Protected Health Information, "Breach" shall have the same meaning as the term "Breach" in section 164.402 of Title 45, Code of Federal Regulations.
2. "Computer Security Incident" shall have the same meaning "Computer Security Incident" in section two (2) of NIST Publication 800-61, Computer Security Incident Handling Guide, National Institute of Standards and Technology, U.S. Department of Commerce.
3. "Confidential Information" or "Confidential Data" means all confidential information disclosed by one party to the other such as all medical, health, financial, public assistance benefits and personal information including without limitation, Substance Abuse Treatment Records, Case Records, Protected Health Information and Personally Identifiable Information.

Confidential Information also includes any and all information owned or managed by the State of NH - created, received from or on behalf of the Department of Health and Human Services (DHHS) or accessed in the course of performing contracted services - of which collection, disclosure, protection, and disposition is governed by state or federal law or regulation. This information includes, but is not limited to Protected Health Information (PHI), Personal Information (PI), Personal Financial Information (PFI), Federal Tax Information (FTI), Social Security Numbers (SSN), Payment Card Industry (PCI), and or other sensitive and confidential information.

4. "End User" means any person or entity (e.g., contractor, contractor's employee, business associate, subcontractor, other downstream user, etc.) that receives DHHS data or derivative data in accordance with the terms of this Contract.
5. "HIPAA" means the Health Insurance Portability and Accountability Act of 1996 and the regulations promulgated thereunder.
6. "Incident" means an act that potentially violates an explicit or implied security policy, which includes attempts (either failed or successful) to gain unauthorized access to a system or its data, unwanted disruption or denial of service, the unauthorized use of a system for the processing or storage of data; and changes to system hardware, firmware, or software characteristics without the owner's knowledge, instruction, or consent. Incidents include the loss of data through theft or device misplacement, loss or misplacement of hardcopy documents, and misrouting of physical or electronic

AV

4/6/18



mail, all of which may have the potential to put the data at risk of unauthorized access, use, disclosure, modification or destruction.

7. "Open Wireless Network" means any network or segment of a network that is not designated by the State of New Hampshire's Department of Information Technology or delegate as a protected network (designed, tested, and approved, by means of the State, to transmit) will be considered an open network and not adequately secure for the transmission of unencrypted PI, PFI, PHI or confidential DHHS data.
8. "Personal Information" (or "PI") means information which can be used to distinguish or trace an individual's identity, such as their name, social security number, personal information as defined in New Hampshire RSA 359-C:19, biometric records, etc., alone, or when combined with other personal or identifying information which is linked or linkable to a specific individual, such as date and place of birth, mother's maiden name, etc.
9. "Privacy Rule" shall mean the Standards for Privacy of Individually Identifiable Health Information at 45 C.F.R. Parts 160 and 164, promulgated under HIPAA by the United States Department of Health and Human Services.
10. "Protected Health Information" (or "PHI") has the same meaning as provided in the definition of "Protected Health Information" in the HIPAA Privacy Rule at 45 C.F.R. § 160.103.
11. "Security Rule" shall mean the Security Standards for the Protection of Electronic Protected Health Information at 45 C.F.R. Part 164, Subpart C, and amendments thereto.
12. "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.

I. RESPONSIBILITIES OF DHHS AND THE CONTRACTOR

A. Business Use and Disclosure of Confidential Information.

1. The Contractor must not use, disclose, maintain or transmit Confidential Information except as reasonably necessary as outlined under this Contract. Further, Contractor, including but not limited to all its directors, officers, employees and agents, must not use, disclose, maintain or transmit PHI in any manner that would constitute a violation of the Privacy and Security Rule.
2. The Contractor must not disclose any Confidential Information in response to a

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4/6/18



request for disclosure on the basis that it is required by law, in response to a subpoena, etc., without first notifying DHHS so that DHHS has an opportunity to consent or object to the disclosure.

3. If DHHS notifies the Contractor that DHHS 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 Contractor must be bound by such additional restrictions and must not disclose PHI in violation of such additional restrictions and must abide by any additional security safeguards.
4. The Contractor agrees that DHHS Data or derivative there from disclosed to an End User must only be used pursuant to the terms of this Contract.
5. The Contractor agrees DHHS Data obtained under this Contract may not be used for any other purposes that are not indicated in this Contract.
6. The Contractor agrees to grant access to the data to the authorized representatives of DHHS for the purpose of inspecting to confirm compliance with the terms of this Contract.

II. METHODS OF SECURE TRANSMISSION OF DATA

1. Application Encryption. If End User is transmitting DHHS data containing Confidential Data between applications, the Contractor attests the applications have been evaluated by an expert knowledgeable in cyber security and that said application's encryption capabilities ensure secure transmission via the internet.
2. Computer Disks and Portable Storage Devices. End User may not use computer disks or portable storage devices, such as a thumb drive, as a method of transmitting DHHS data.
3. Encrypted Email. End User may only employ email to transmit Confidential Data if email is encrypted and being sent to and being received by email addresses of persons authorized to receive such information.
4. Encrypted Web Site. If End User is employing the Web to transmit Confidential Data, the secure socket layers (SSL) must be used and the web site must be secure. SSL encrypts data transmitted via a Web site.
5. File Hosting Services, also known as File Sharing Sites. End User may not use file hosting services, such as Dropbox or Google Cloud Storage, to transmit Confidential Data.
6. Ground Mail Service. End User may only transmit Confidential Data via *certified* ground mail within the continental U.S. and when sent to a named individual.
7. Laptops and PDA. If End User is employing portable devices to transmit Confidential Data said devices must be encrypted and password-protected.
8. Open Wireless Networks. End User may not transmit Confidential Data via an open



DHHS Information Security Requirements

wireless network. End User must employ a virtual private network (VPN) when remotely transmitting via an open wireless network.

9. Remote User Communication. If End User is employing remote communication to access or transmit Confidential Data, a virtual private network (VPN) must be installed on the End User's mobile device(s) or laptop from which information will be transmitted or accessed.
10. SSH File Transfer Protocol (SFTP), also known as Secure File Transfer Protocol. If End User is employing an SFTP to transmit Confidential Data, End User will structure the Folder and access privileges to prevent inappropriate disclosure of information. SFTP folders and sub-folders used for transmitting Confidential Data will be coded for 24-hour auto-deletion cycle (i.e. Confidential Data will be deleted every 24 hours).
11. Wireless Devices. If End User is transmitting Confidential Data via wireless devices, all data must be encrypted to prevent inappropriate disclosure of information.

III. RETENTION AND DISPOSITION OF IDENTIFIABLE RECORDS

The Contractor will only retain the data and any derivative of the data for the duration of this Contract. After such time, the Contractor will have 30 days to destroy the data and any derivative in whatever form it may exist, unless, otherwise required by law or permitted under this Contract. To this end, the parties must:

A. Retention

1. The Contractor agrees it will not store, transfer or process data collected in connection with the services rendered under this Contract outside of the United States. This physical location requirement shall also apply in the implementation of cloud computing, cloud service or cloud storage capabilities, and includes backup data and Disaster Recovery locations.
2. The Contractor agrees to ensure proper security monitoring capabilities are in place to detect potential security events that can impact State of NH systems and/or Department confidential information for contractor provided systems.
3. The Contractor agrees to provide security awareness and education for its End Users in support of protecting Department confidential information.
4. The Contractor agrees to retain all electronic and hard copies of Confidential Data in a secure location and identified in section IV. A.2
5. The Contractor agrees Confidential Data stored in a Cloud must be in a FedRAMP/HITECH compliant solution and comply with all applicable statutes and regulations regarding the privacy and security. All servers and devices must have currently-supported and hardened operating systems, the latest anti-viral, anti-hacker, anti-spam, anti-spyware, and anti-malware utilities. The environment, as a

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4/6/18



DHHS Information Security Requirements

whole, must have aggressive intrusion-detection and firewall protection.

6. The Contractor agrees to and ensures its complete cooperation with the State's Chief Information Officer in the detection of any security vulnerability of the hosting infrastructure.

B. Disposition

1. If the Contractor will maintain any Confidential Information on its systems (or its sub-contractor systems), the Contractor will maintain a documented process for securely disposing of such data upon request or contract termination; and will obtain written certification for any State of New Hampshire data destroyed by the Contractor or any subcontractors as a part of ongoing, emergency, and or disaster recovery operations. When no longer in use, electronic media containing State of New Hampshire data shall be rendered unrecoverable via a secure wipe program in accordance with industry-accepted standards for secure deletion and media sanitization, or otherwise physically destroying the media (for example, degaussing) as described in NIST Special Publication 800-88, Rev 1, Guidelines for Media Sanitization, National Institute of Standards and Technology, U. S. Department of Commerce. The Contractor will document and certify in writing at time of the data destruction, and will provide written certification to the Department upon request. The written certification will include all details necessary to demonstrate data has been properly destroyed and validated. Where applicable, regulatory and professional standards for retention requirements will be jointly evaluated by the State and Contractor prior to destruction.
2. Unless otherwise specified, within thirty (30) days of the termination of this Contract, Contractor agrees to destroy all hard copies of Confidential Data using a secure method such as shredding.
3. Unless otherwise specified, within thirty (30) days of the termination of this Contract, Contractor agrees to completely destroy all electronic Confidential Data by means of data erasure, also known as secure data wiping.

IV. PROCEDURES FOR SECURITY

A. Contractor agrees to safeguard the DHHS Data received under this Contract, and any derivative data or files, as follows:

1. The Contractor will maintain proper security controls to protect Department confidential information collected, processed, managed, and/or stored in the delivery of contracted services.
2. The Contractor will maintain policies and procedures to protect Department confidential information throughout the information lifecycle, where applicable, (from creation, transformation, use, storage and secure destruction) regardless of the media used to store the data (i.e., tape, disk, paper, etc.).



3. The Contractor will maintain appropriate authentication and access controls to contractor systems that collect, transmit, or store Department confidential information where applicable.
4. The Contractor will ensure proper security monitoring capabilities are in place to detect potential security events that can impact State of NH systems and/or Department confidential information for contractor provided systems.
5. The Contractor will provide regular security awareness and education for its End Users in support of protecting Department confidential information.
6. If the Contractor will be sub-contracting any core functions of the engagement supporting the services for State of New Hampshire, the Contractor will maintain a program of an internal process or processes that defines specific security expectations, and monitoring compliance to security requirements that at a minimum match those for the Contractor, including breach notification requirements.
7. The Contractor will work with the Department to sign and comply with all applicable State of New Hampshire and Department system access and authorization policies and procedures, systems access forms, and computer use agreements as part of obtaining and maintaining access to any Department system(s). Agreements will be completed and signed by the Contractor and any applicable sub-contractors prior to system access being authorized.
8. If the Department determines the Contractor is a Business Associate pursuant to 45 CFR 160.103, the Contractor will execute a HIPAA Business Associate Agreement (BAA) with the Department and is responsible for maintaining compliance with the agreement.
9. The Contractor will work with the Department at its request to complete a System Management Survey. The purpose of the survey is to enable the Department and Contractor to monitor for any changes in risks, threats, and vulnerabilities that may occur over the life of the Contractor engagement. The survey will be completed annually, or an alternate time frame at the Departments discretion with agreement by the Contractor, or the Department may request the survey be completed when the scope of the engagement between the Department and the Contractor changes.
10. The Contractor will not store, knowingly or unknowingly, any State of New Hampshire or Department data offshore or outside the boundaries of the United States unless prior express written consent is obtained from the Information Security Office leadership member within the Department.
11. Data Security Breach Liability. In the event of any security breach Contractor shall make efforts to investigate the causes of the breach, promptly take measures to prevent future breach and minimize any damage or loss resulting from the breach. The State shall recover from the Contractor all costs of response and recovery from



Exhibit K

DHHS Information Security Requirements

the breach, including but not limited to: credit monitoring services, mailing costs and costs associated with website and telephone call center services necessary due to the breach.

12. Contractor must, comply with all applicable statutes and regulations regarding the privacy and security of Confidential Information, and must in all other respects maintain the privacy and security of PI and PHI at a level and scope that is not less than the level and scope of requirements applicable to federal agencies, including, but not limited to, provisions of the Privacy Act of 1974 (5 U.S.C. § 552a), DHHS Privacy Act Regulations (45 C.F.R. §5b), HIPAA Privacy and Security Rules (45 C.F.R. Parts 160 and 164) that govern protections for individually identifiable health information and as applicable under State law.
13. Contractor agrees to establish and maintain appropriate administrative, technical, and physical safeguards to protect the confidentiality of the Confidential Data and to prevent unauthorized use or access to it. The safeguards must provide a level and scope of security that is not less than the level and scope of security requirements established by the State of New Hampshire, Department of Information Technology. Refer to Vendor Resources/Procurement at <https://www.nh.gov/doiit/vendor/index.htm> for the Department of Information Technology policies, guidelines, standards, and procurement information relating to vendors.
14. Contractor agrees to maintain a documented breach notification and incident response process. The Contractor will notify the State's Privacy Officer, and additional email addresses provided in this section, of any security breach within two (2) hours of the time that the Contractor learns of its occurrence. This includes a confidential information breach, computer security incident, or suspected breach which affects or includes any State of New Hampshire systems that connect to the State of New Hampshire network.
15. Contractor must restrict access to the Confidential Data obtained under this Contract to only those authorized End Users who need such DHHS Data to perform their official duties in connection with purposes identified in this Contract.
16. The Contractor must ensure that all End Users:
 - a. comply with such safeguards as referenced in Section IV A. above, implemented to protect Confidential Information that is furnished by DHHS under this Contract from loss, theft or inadvertent disclosure.
 - b. safeguard this information at all times.
 - c. ensure that laptops and other electronic devices/media containing PHI, PI, or PFI are encrypted and password-protected.
 - d. send emails containing Confidential Information only if encrypted and being sent to and being received by email addresses of persons authorized to receive such information.



DHHS Information Security Requirements

- e. limit disclosure of the Confidential Information to the extent permitted by law.
- f. Confidential Information received under this Contract and individually identifiable data derived from DHHS Data, must be stored in an area that is physically and technologically secure from access by unauthorized persons during duty hours as well as non-duty hours (e.g., door locks, card keys, biometric identifiers, etc.).
- g. only authorized End Users may transmit the Confidential Data, including any derivative files containing personally identifiable information, and in all cases, such data must be encrypted at all times when in transit, at rest, or when stored on portable media as required in section IV above.
- h. in all other instances Confidential Data must be maintained, used and disclosed using appropriate safeguards, as determined by a risk-based assessment of the circumstances involved.
- i. understand that their user credentials (user name and password) must not be shared with anyone. End Users will keep their credential information secure. This applies to credentials used to access the site directly or indirectly through a third party application.

Contractor is responsible for oversight and compliance of their End Users. DHHS reserves the right to conduct onsite inspections to monitor compliance with this Contract, including the privacy and security requirements provided in herein, HIPAA, and other applicable laws and Federal regulations until such time the Confidential Data is disposed of in accordance with this Contract.

V. LOSS REPORTING

The Contractor must notify the State's Privacy Officer, Information Security Office and Program Manager of any Security Incidents and Breaches within two (2) hours of the time that the Contractor learns of their occurrence.

The Contractor must further handle and report Incidents and Breaches involving PHI in accordance with the agency's documented Incident Handling and Breach Notification procedures and in accordance with 42 C.F.R. §§ 431.300 - 306. In addition to, and notwithstanding, Contractor's compliance with all applicable obligations and procedures, Contractor's procedures must also address how the Contractor will:

1. Identify Incidents;
2. Determine if personally identifiable information is involved in Incidents;
3. Report suspected or confirmed Incidents as required in this Exhibit or P-37;
4. Identify and convene a core response group to determine the risk level of Incidents and determine risk-based responses to Incidents; and



5. Determine whether Breach notification is required, and, if so, identify appropriate Breach notification methods, timing, source, and contents from among different options, and bear costs associated with the Breach notice as well as any mitigation measures.

Incidents and/or Breaches that implicate PI must be addressed and reported, as applicable, in accordance with NH RSA 359-C:20.

VI. PERSONS TO CONTACT

- A. DHHS contact for Data Management or Data Exchange issues:

DHHSInformationSecurityOffice@dhhs.nh.gov

- B. DHHS contacts for Privacy issues:

DHHSPrivacyOfficer@dhhs.nh.gov

- C. DHHS contact for Information Security issues:

DHHSInformationSecurityOffice@dhhs.nh.gov

- D. DHHS contact for Breach notifications:

DHHSInformationSecurityOffice@dhhs.nh.gov

DHHSPrivacy.Officer@dhhs.nh.gov

AK

4/6/18

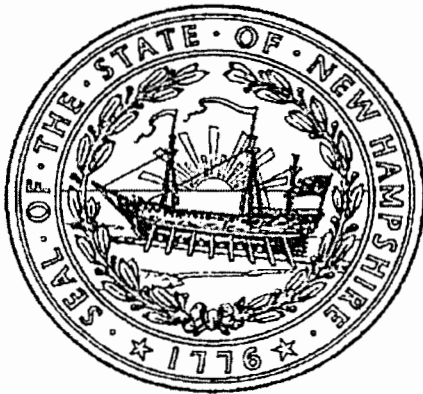
State of New Hampshire

Department of State

CERTIFICATE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that HUMAN SERVICES RESEARCH INSTITUTE is a District Of Columbia Nonprofit Corporation registered to transact business in New Hampshire on February 04, 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: 738451



IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 26th day of January A.D. 2018.

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

William M. Gardner
Secretary of State

CERTIFICATE OF VOTE

I, Stephen Day, do hereby certify that:
(Name of the elected Officer of the Agency; cannot be contract signatory)

1. I am a duly elected Officer of Human Services Research Institute.
(Agency Name)

2. The following is a true copy of the resolution duly adopted at a meeting of the Board of Directors of
the Agency duly held on 11/3/2017;
(Date)

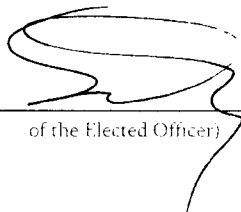
RESOLVED: That the President
(Title of Contract Signatory)

is hereby authorized on behalf of this Agency to enter into the said contract with the State and to execute any and all documents, agreements and other instruments, and any amendments, revisions, or modifications thereto, as he/she may deem necessary, desirable or appropriate.

3. The forgoing resolutions have not been amended or revoked, and remain in full force and effect as of
the 6th day of April, 2018. (Date Contract
Signed)

4. David Hughes is the duly elected President
(Name of Contract Signatory) (Title of Contract Signatory)

of the Agency.




(Signature
of the Elected Officer)

STATE OF MASSACHUSETTS

County of Middlesex

The forgoing instrument was acknowledged before me this 6th day of April, 2018.

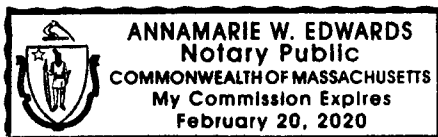
By Stephen Day
(Name of Elected Officer of the Agency)



(Notary
Public Justice of the Peace)

(NOTARY SEAL)

Commission Expires: 2/20/20





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
4/10/2018

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 Marsh & McLennan Agency LLC - New England 100 Front St, Ste 800 Worcester MA 01608	CONTACT NAME: Thomas O'Neill PHONE (A/C, No, Ext): 888-850-9400 FAX (A/C, No): 866-795-8016 E-MAIL ADDRESS: MMA.NewEngland.CLines@marshmc.com	
	INSURER(S) AFFORDING COVERAGE INSURER A : Philadelphia Indemnity Insurance Co.	NAIC # 18058
INSURED HUMANSERVI Human Services Research Institute 2336 Massachusetts Avenue Cambridge MA 02140	INSURER B : Travelers Insurance Company	25682
	INSURER C : ACE American Insurance Company	22667
	INSURER D :	
	INSURER E :	
INSURER F :		

COVERAGES **CERTIFICATE NUMBER:** 1619840812 **REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD 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 <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC <input type="checkbox"/> OTHER:		PHPK1698741	9/30/2017	9/30/2018	EACH OCCURRENCE	\$ 2,000,000
						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
						MED EXP (Any one person)	\$ 5,000
						PERSONAL & ADV INJURY	\$ 2,000,000
						GENERAL AGGREGATE	\$ 4,000,000
						PRODUCTS - COMP/OP AGG	\$ 4,000,000
							\$
A	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> OTHER:		PHPK1698741	9/30/2017	9/30/2018	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
						BODILY INJURY (Per person)	\$
						BODILY INJURY (Per accident)	\$
						PROPERTY DAMAGE (Per accident)	\$
							\$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000		PHUB597077	9/30/2017	9/30/2018	EACH OCCURRENCE	\$ 2,000,000
						AGGREGATE	\$ 2,000,000
							\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N <input type="checkbox"/> N/A If yes, describe under DESCRIPTION OF OPERATIONS below		UB6J9875771742	11/19/2017	11/19/2018	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER	
						E.L. EACH ACCIDENT	\$ 1,000,000
						E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
						E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
A	E&O Liability		PHPK1698741	9/30/2017	9/30/2018	\$2,000,000/\$4,000,000	
A	D&O Liability		PHSD1271978	9/30/2017	9/30/2018	\$1,000,000	
C	Cyber Liability		G28924562002	9/30/2017	9/30/2018	\$2,000,000	SIR: \$1,000

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

CERTIFICATE HOLDER State of NH - DHHS 129 Pleasant Street Concord NH 03301	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
--	--

Mission Statement

The Human Services Research Institute is a nonprofit, mission-driven organization that works with government agencies and others to improve health and human services and systems, enhance the quality of data to guide policy, and engage stakeholders to effect meaningful systems change.

HUMAN SERVICES RESEARCH INSTITUTE, INC.

FINANCIAL STATEMENTS

with

INDEPENDENT AUDITORS' REPORT

YEARS ENDED SEPTEMBER 30, 2017 AND 2016

Smith  Sullivan
& Brown PC

CERTIFIED PUBLIC ACCOUNTANTS

80 Flanders Road, Suite 200 Westborough, Massachusetts 01581
Tel: 508.871.7178 Fax: 508.871.7179 www.ssbcpa.com

HUMAN SERVICES RESEARCH INSTITUTE, INC.

REPORT ON FINANCIAL STATEMENTS

YEARS ENDED SEPTEMBER 30, 2017 AND 2016



Mission Statement

In the fields of intellectual and developmental disabilities, substance use and prevention, mental health and child and family services, HSRI works to:

- Assist public managers and human service organizations to develop services and supports that work for children, adults, and families;
- Enhance the involvement of individuals and their families in shaping policy, priorities and practice;
- Improve the capacity of systems, organizations, and individuals to cope with changes in fiscal, administrative, and political realities;
- Expand the use of research, performance measurement and evaluation to improve and enrich lives.

HUMAN SERVICES RESEARCH INSTITUTE, INC.

REPORT ON FINANCIAL STATEMENTS

YEARS ENDED SEPTEMBER 30, 2017 AND 2016

C O N T E N T S

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Statements of Financial Position as of September 30, 2017 and 2016.....	2
Statements of Activities for the Years Ended September 30, 2017 and 2016.....	3
Statement of Functional Expenses for the Year Ended September 30, 2017..... <i>(With Summarized Comparative Totals for 2016)</i>	4
Statement of Functional Expenses for the Year Ended September 30, 2016.....	5
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Notes to Financial Statements.....	7 - 18

**Smith  Sullivan
& Brown PC**
CERTIFIED PUBLIC ACCOUNTANTS

80 Flanders Road, Suite 200 Westborough, Massachusetts 01581
Tel: 508.871.7178 Fax: 508.871.7179 www.ssbcpa.com

INDEPENDENT AUDITORS' REPORT

To the Board of Directors
Human Services Research Institute, Inc.
Cambridge, Massachusetts

We have audited the accompanying financial statements of Human Services Research Institute, Inc. (a District of Columbia not-for-profit corporation), which comprise the statements of financial position as of September 30, 2017 and 2016, and the related statements of activities, functional expenses and cash flows for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these 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 financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audits to obtain reasonable assurance about whether the financial statements are free of material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the Organization's preparation and fair presentation of the 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 Organization'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 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 financial statements referred to above present fairly, in all material respects, the financial position of Human Services Research Institute, Inc. as of September 30, 2017 and 2016 and the changes in its net assets and its cash flows for the years then ended in conformity with accounting principles generally accepted in the United States of America.

Smith, Sullivan & Brown, PC

Westborough, Massachusetts
January 26, 2018

HUMAN SERVICES RESEARCH INSTITUTE, INC.

STATEMENTS OF FINANCIAL POSITION AS OF SEPTEMBER 30, 2017 AND 2016

ASSETS

	<u>2017</u>	<u>2016</u>
<u>CURRENT ASSETS:</u>		
Cash	\$ 1,718,424	\$ 1,671,445
Accounts Receivable	2,432,660	2,456,412
Accrued Receivables	82,734	525,785
Employee Advances	14,628	10,359
Prepaid Expenses	7,891	8,325
Total Current Assets	<u>4,256,337</u>	<u>4,672,326</u>
<u>PROPERTY AND EQUIPMENT:</u>		
Net of Accumulated Depreciation	<u>6,144</u>	<u>17,071</u>
<u>OTHER ASSETS:</u>		
Intangible Assets, Net	55,333	-
Deposits	25,428	31,321
Cash Held for Real Estate Acquisition	492,171	-
Board Designated Operating Reserve Fund	454,628	418,999
Total Other Assets	<u>1,027,560</u>	<u>450,320</u>
<u>TOTAL ASSETS</u>	<u>\$ 5,290,041</u>	<u>\$ 5,139,717</u>

LIABILITIES AND NET ASSETS

<u>CURRENT LIABILITIES:</u>		
Subcontracts Payable	\$ 604,300	\$ 897,334
Accounts Payable and Accrued Expenses	130,155	82,681
Accrued Payroll and Related Costs	164,273	107,654
Advance Billings	2,113,290	1,953,000
Total Current Liabilities	<u>3,012,018</u>	<u>3,040,669</u>
<u>NET ASSETS:</u>		
Unrestricted Net Assets:		
Undesignated	1,823,395	1,680,049
Board Designated Operating Reserve	454,628	418,999
Total Unrestricted Net Assets	<u>2,278,023</u>	<u>2,099,048</u>
<u>TOTAL LIABILITIES AND NET ASSETS</u>	<u>\$ 5,290,041</u>	<u>\$ 5,139,717</u>

HUMAN SERVICES RESEARCH INSTITUTE, INC.

STATEMENTS OF ACTIVITIES
FOR THE YEARS ENDED SEPTEMBER 30, 2017 AND 2016

	<u>2017</u>	<u>2016</u>
<u>SUPPORT AND REVENUES:</u>		
<i>Support and Revenues:</i>		
Contract and Grant Funded Research	\$ 9,329,118	\$ 8,057,595
<i>Other Revenues:</i>		
Investment Return	38,119	38,491
Other Income	<u>-</u>	<u>11,960</u>
<u>TOTAL SUPPORT AND REVENUES</u>	<u>9,367,237</u>	<u>8,108,046</u>
<u>FUNCTIONAL EXPENSES:</u>		
<i>Program Services:</i>		
Applied Research and Consulting Services:		
Intellectual Disabilities/Developmental Disabilities	3,187,100	2,853,490
Behavioral Health	1,411,160	1,434,087
Child Welfare	1,006,836	1,086,494
Population Health	<u>2,799,390</u>	<u>2,027,047</u>
Total Program Services	8,404,486	7,401,118
<i>Supporting Services:</i>		
Administrative	<u>783,776</u>	<u>761,070</u>
<u>TOTAL FUNCTIONAL EXPENSES</u>	<u>9,188,262</u>	<u>8,162,188</u>
<u>CHANGE IN UNRESTRICTED NET ASSETS</u>	178,975	(54,142)
<u>UNRESTRICTED NET ASSETS - BEGINNING OF YEAR</u>	<u>2,099,048</u>	<u>2,153,190</u>
<u>UNRESTRICTED NET ASSETS - END OF YEAR</u>	<u>\$ 2,278,023</u>	<u>\$ 2,099,048</u>

HUMAN SERVICES RESEARCH INSTITUTE, INC.

STATEMENT OF FUNCTIONAL EXPENSES
FOR THE YEAR ENDED SEPTEMBER 30, 2017
(With Summarized Comparative Totals for 2016)

	PROGRAM SERVICES						TOTAL FUNCTIONAL EXPENSES
	APPLIED RESEARCH AND CONSULTING SERVICES	BEHAVIORAL HEALTH	CHILD WELFARE	POPULATION HEALTH	TOTAL PROGRAM	ADMINISTRATIVE	
Salaries and Wages	\$ 1,261,198	\$ 844,972	\$ 414,171	\$ 947,608	\$ 3,467,949	\$ 188,420	\$ 3,656,369
Payroll Taxes and Benefits	512,901	343,632	168,434	385,371	1,410,338	76,627	1,486,965
Subcontractors and Consultants	1,078,215	83,940	340,909	1,315,154	2,818,218	79,565	2,897,783
Professional Services	-	-	-	-	-	86,839	86,839
Travel	119,726	39,491	29,596	26,723	215,536	58,365	273,901
Occupancy	89,579	60,016	29,417	67,306	246,318	17,884	264,202
Repairs and Maintenance	13,912	9,321	4,569	10,453	38,255	2,777	41,032
Office Supplies and Expense	11,641	864	367	472	13,344	23,882	37,226
Telephone and Communications	22,005	13,020	6,788	14,464	56,277	3,757	60,034
Computer Expense	45,879	750	91	10,866	57,586	107,053	164,639
Conferences	9,694	2,501	951	1,411	14,557	28,452	43,009
Depreciation and Amortization Expense	5,118	3,429	1,681	3,845	14,073	1,021	15,094
Staff Development and Enrichment	-	-	-	-	-	75,828	75,828
Dues and Subscriptions	3,307	-	38	5,720	9,065	12,641	21,706
Equipment Rental	13,305	8,914	4,369	9,997	36,585	2,656	39,241
Insurance	-	-	-	-	-	12,403	12,403
Miscellaneous Expense	620	310	5,455	-	6,385	5,606	11,991
Total Functional Expenses	\$ 3,187,100	\$ 1,411,160	\$ 1,006,836	\$ 2,799,390	\$ 8,404,486	\$ 783,776	\$ 9,188,262
							<u>\$ 8,162,188</u>

HUMAN SERVICES RESEARCH INSTITUTE, INC.

STATEMENT OF FUNCTIONAL EXPENSES
FOR THE YEAR ENDED SEPTEMBER 30, 2016

	PROGRAM SERVICES						TOTAL FUNCTIONAL EXPENSES
	ID/DD	APPLIED RESEARCH AND CONSULTING SERVICES	BEHAVIORAL HEALTH	CHILD WELFARE	POPULATION HEALTH	TOTAL PROGRAM	
Salaries and Wages	\$ 1,181,815	\$ 822,915	\$ 379,751	\$ 685,999	\$ 3,070,480	\$ 215,666	\$ 3,286,146
Payroll Taxes and Benefits	499,531	347,831	160,514	289,959	1,297,835	91,159	1,388,994
Subcontractors and Consultants	795,773	132,650	453,704	910,390	2,292,517	34,853	2,327,370
Professional Services	-	-	-	-	-	48,129	48,129
Travel	116,420	26,373	39,463	26,634	208,890	76,053	284,943
Occupancy	80,745	56,224	25,946	46,870	209,785	15,231	225,016
Repairs and Maintenance	16,136	11,236	5,185	9,366	41,923	3,044	44,967
Office Supplies and Expense	8,370	1,172	2,190	1,081	12,813	35,500	48,313
Telephone and Communications	32,292	18,648	7,887	22,598	81,425	4,324	85,749
Computer Expense	96,821	1,233	449	8,800	107,303	100,254	207,557
Conferences	6,356	750	172	9,496	16,774	52,317	69,091
Depreciation and Amortization Expense	6,098	4,246	1,959	3,540	15,843	1,150	16,993
Staff Development and Enrichment	-	-	-	-	-	51,384	51,384
Dues and Subscriptions	33	-	-	5,000	5,033	13,025	18,058
Equipment Rental	12,600	8,774	4,049	7,314	32,737	2,377	35,114
Insurance	-	-	-	-	-	11,691	11,691
Miscellaneous Expense	500	2,035	5,225	-	7,760	4,913	12,673
Total Functional Expenses	\$ 2,853,490	\$ 1,434,087	\$ 1,086,494	\$ 2,027,047	\$ 7,401,118	\$ 761,070	\$ 8,162,188

HUMAN SERVICES RESEARCH INSTITUTE, INC.
STATEMENTS OF CASH FLOWS
FOR THE YEARS ENDED SEPTEMBER 30, 2017 AND 2016

	<u>2017</u>	<u>2016</u>
<u>CASH FLOWS FROM OPERATING ACTIVITIES:</u>		
Change in Net Assets	\$ <u>178,975</u>	\$ <u>(54,142)</u>
<i>Adjustments to Reconcile the Above to Net Cash Provided (Used) by Operating Activities:</i>		
Depreciation and Amortization Expense	15,094	16,993
Investment Return	(38,119)	(38,491)
<i>(Increase) Decrease in Current Assets:</i>		
Accounts Receivable	23,752	(521,217)
Accrued Receivables	443,051	(301,360)
Employee Advances	(4,269)	(2,791)
Prepaid Expenses	434	11,066
<i>Increase (Decrease) in Current Liabilities:</i>		
Subcontracts Payable	(293,034)	509,041
Accounts Payable and Accrued Expenses	47,474	(51,125)
Accrued Payroll and Related Costs	56,619	(21,109)
Advance Billings	160,290	342,804
<i>(Increase) Decrease in Other Assets:</i>		
Deposits	<u>5,893</u>	<u>(7,470)</u>
Net Adjustment	<u>417,185</u>	<u>(63,659)</u>
<u>NET CASH PROVIDED (USED) BY OPERATING ACTIVITIES</u>	<u>596,160</u>	<u>(117,801)</u>
<u>CASH FLOWS FROM INVESTING ACTIVITIES:</u>		
Cash Outlay for Intangible Assets	(59,500)	(18,432)
Purchase of Investments	(7,466)	(25,307)
Proceeds on Sale of Investments	<u>9,956</u>	<u>29,002</u>
Net Cash Flow from Investing Activities	<u>(57,010)</u>	<u>(14,737)</u>
<u>NET INCREASE (DECREASE) IN CASH BALANCES</u>	<u>539,150</u>	<u>(132,538)</u>
<u>CASH - BEGINNING OF YEAR</u>	<u>1,671,445</u>	<u>1,803,983</u>
<u>CASH - END OF YEAR</u>	<u>\$ 2,210,595</u>	<u>\$ 1,671,445</u>
<i>Cash Balances :</i>		
Cash	\$ 1,718,424	\$ 1,671,445
Cash Held for Real Estate Acquisition	492,171	-
Total Cash Balances	<u>\$ 2,210,595</u>	<u>\$ 1,671,445</u>

HUMAN SERVICES RESEARCH INSTITUTE, INC.

NOTES TO FINANCIAL STATEMENTS

SEPTEMBER 30, 2017 AND 2016

NOTE 1 ORGANIZATION

Human Services Research Institute, Inc. (“HSRI”, the “Institute” or the “Organization”) was incorporated in 1976 pursuant to the District of Columbia Nonprofit Corporation Act and qualifies as a tax-exempt nonprofit corporation under Section 501(c)(3) of the Internal Revenue Code. The Organization has been classified as an organization which is not a private foundation under Section 509(a); accordingly, contributions made to this Organization qualify for the maximum charitable deduction for federal income tax purposes.

NOTE 2 PROGRAM SERVICES

HSRI provides applied research and management consultation services to public agencies and private companies administering services and support for vulnerable citizens, including those with developmental or physical disabilities or mental health challenges and others with low income. HSRI has offices in Massachusetts and Oregon, and operates throughout the United States. Certain projects are funded directly or indirectly through grants from federal, state, and local agencies.

Since 1976, the Human Services Research Institute has provided consultation and conducted research efforts at both the state and federal levels in the following focus areas: Intellectual and Developmental Disabilities, Child and Family Services, Mental Health and Substance Use.

Intellectual and Developmental Disabilities:

HSRI has been involved in the field of developmental disabilities since the Organization’s inception in 1976. The Institute’s work has tracked the important and historic changes that have taken place during that time including the movement of people with intellectual and developmental disabilities out of public institutions, the use of Medicaid waiver funds to leverage that transition, the creation of community supports, the growth of the family support movement, the expansion of quality assurance and improvement systems, support for the expanding self-advocacy movement, and the press for self-determination.

HSRI has strong collaborations with nationally recognized organizations including our partnership with the National Association of Directors of Developmental Disabilities to support the National Core Indicators – an outcome measurement system that spans more than 40 states. The Institute also partners with academic institutions including the Institute on Community Inclusion at the University of Massachusetts as well as the Research and Training Center on Community Integration at the University of Minnesota.

Finally, HSRI works with a number of state Intellectual Disabilities/Developmental Disabilities (“ID/DD”) agencies around the country to assist in developing resource allocation strategies that more closely align with the functional needs of individuals receiving waiver and other Medicaid services.

Aging and Disability:

In addition to HSRI’s 20-year commitment to National Core Indicators, the Organization has teamed with the National Association of State Units on Aging and Disability to launch the National Core Indicators for Aging and Disability (“NCI-AD”). NCI-AD entails a survey of adult participants in Aging and Disability Home and Community Based Services waivers, Older Americans programs, and state plan Medicaid services.

HUMAN SERVICES RESEARCH INSTITUTE, INC.

NOTES TO FINANCIAL STATEMENTS

SEPTEMBER 30, 2017 AND 2016

(Continued)

NOTE 2 *(Continued)*

Child and Family Services:

The Child and Family Services Team at HSRI provides program evaluation, consultation, training and technical assistance to child-serving agencies with the ultimate goal of promoting best practices among such agencies.

We work closely with representatives from all levels of the public sector (federal, state, and local officials) to design, implement, and report the findings for each of our individual projects. While many of our projects examine child welfare service systems, we also have significant experience in other human service areas which intersect with this population; in particular, we have worked closely with agencies to help understand services available to children and families with developmental disabilities, mental health, and substance abuse issues. Whatever our audience may be, we use the same basic approach of strong communication and collaboration to ensure that our work is grounded in the reality of the current service environment as experienced by children and families.

Behavioral Health:

One of the focuses of HSRI's work is behavioral health. The behavioral health team within HSRI is comprised of staff that has worked on projects that address a wide variety of issues related to the prevention and treatment of substance abuse and mental illness and that provide sustainable ways to improve services that lead to recovery and advance the quality of life for persons with substance use disorders and serious mental illness. The behavioral health team has worked with federal, state, county, providers and foundation partners over the years in a wide range of projects that have focused on needs assessment and systems planning, gap analysis, policy planning and analysis, technical assistance and training, quality and performance indicators, program evaluation and data analysis. The behavioral health staff has: conducted needs assessment to identify service needs at the national, state and local levels; identified, implemented and evaluated evidence-based practices and promising practices in the areas of housing, employment, case management, integrated services, peer-operated services, etc.; evaluated the cultural competency of services; developed computerized budget simulation and resource allocation models for projecting the costs and potential cost offsets of implementing jail or prison diversion programs for offenders with mental illness; and have conducted synthetic estimations and other techniques to assist states and counties prepare for health care reform. The Behavioral Health team also works with health data in building data warehouses and working with states on using this data to track utilization, cost and monitoring quality. Funding for projects of the Behavioral Health team has come from three centers of the Substance Abuse and Mental Health Services Administration (Center for Mental Health Services, Center for Substance Abuse Prevention, and Center for Substance Abuse Treatment), Center for Medicare and Medicaid Service, foundations, states, counties and local providers.

Population Health:

HSRI works closely with a variety of federal, state and private entities to design, implement, and evaluate health data systems with the goal of providing high-quality data for both system management and research functions. This includes working with stakeholders to improve data quality, ensuring that systems make use of best practices and relevant data standards, creating and maintaining custom data warehouses that properly secure sensitive health data, and producing analytic and data products that provide value to researchers, evaluators, policy makers, program managers, advocacy organizations, and the public.

HUMAN SERVICES RESEARCH INSTITUTE, INC.

NOTES TO FINANCIAL STATEMENTS

SEPTEMBER 30, 2017 AND 2016

(Continued)

NOTE 2 *(Continued)*

HSRI prides itself on creating health data systems that are responsive to the needs of all stakeholders: funders, data submitters, data users, and the general public. Based on this principle, our health data systems are designed so provider organizations and states can manage their information assets; to facilitate retrieval of relevant information quickly and efficiently; to insure the reliability of data submitted; to meet the needs of multiple data users related to program oversight, cost monitoring, quality assurance and program evaluation; and to quickly provide those data back to stakeholders in a user-friendly fashion.

NOTE 3 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

The accounting policies which affect significant elements of the Organization's financial statements are described below to enhance the usefulness of the financial statements to the reader. The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates; however, adherence to generally accepted accounting principles has, in management's opinion, resulted in reliable and consistent financial reporting by the Organization.

Basis of Accounting:

Human Services Research Institute, Inc. maintains its books and prepares its financial statements on the accrual basis of accounting in accordance with generally accepted accounting principles. Consequently, revenues and gains are recognized when earned and expenses and losses are recognized when a liability has been incurred.

Fair Value of Financial Instruments:

The Organization reports its fair value measures by using a three-level hierarchy that prioritizes the inputs used to measure fair value. This hierarchy, established by generally accepted accounting principles, requires that entities maximize the use of observable inputs and minimize the use of unobservable inputs when measuring fair value.

The three levels of inputs used to measure fair value are as follows:

- Level 1 - Quoted prices for identical assets or liabilities in active markets to which the Organization has access at the measurement date.
- Level 2 - Inputs other than quoted prices included in Level 1 that are observable for the asset or liability, either directly or indirectly. Level 2 inputs include quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets in markets that are not active; observable inputs other than quoted prices for the asset or liability (for example, interest rate and yield curves); and inputs derived principally from, or corroborated by, observable market data by correlation or by other means.
- Level 3 - Unobservable inputs for the asset or liability. Unobservable inputs should be used to measure the fair value to the extent that observable inputs are not available.

HUMAN SERVICES RESEARCH INSTITUTE, INC.

NOTES TO FINANCIAL STATEMENTS

SEPTEMBER 30, 2017 AND 2016

(Continued)

NOTE 3 *(Continued)*

The primary use of fair value measures in the Organization's financial statements is the recurring measurement of its investments. There have been no changes to this valuation methodology.

Financial Statement Presentation:

As required by the *FASB Accounting Standards Codification*TM, 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.

These classifications are related to the existence or absence of donor-imposed restrictions as follows:

Unrestricted Net Assets - consists of assets, public support, dues and program revenues which are available and used for activities and programs. Unrestricted net assets represents the portion of net assets of the Organization that is neither permanently restricted nor temporarily restricted by donor-imposed stipulations. Contributions are considered available for unrestricted use unless specifically restricted by the donor. In addition, unrestricted net assets includes funds which represent unrestricted resources designated by the Board of Directors for specific purposes. As of September 30, 2017, and 2016, the balance in the *Board Designated Operating Reserve Fund* is designated to provide continuing and stable funding for the Organization's programs. For the years presented, all activities and net assets were unrestricted.

Temporarily Restricted Net Assets - includes funds with donor-imposed restrictions which permit the donee organization to expend the assets as specified and is satisfied either by the passage of time or by actions of the Organization. Resources of this nature originate from gifts, grants, bequests, contracts and investment income earned on restricted funds.

Permanently Restricted Net Assets - includes resources which have a permanent donor-imposed restriction which stipulates that the assets are to be maintained permanently, but permits the Organization to expend part or all of the income derived from the donated assets.

Accounts Receivable:

Accounts Receivable represents amounts due from grant and contract revenues earned. HSRI carries its accounts receivable at net realizable value. Management periodically reviews specific receivables to determine if any balances are uncollectible. As of September 30, 2017, and 2016, all receivables were considered fully collectible; accordingly, there is no provision for uncollectible receivables and there was no bad debt expense for the years then ended. If amounts become uncollectible, a provision will be established when that determination is made.

HSRI does not accrue interest on its receivables. A receivable is considered past due if payment has not been received within the stated terms. HSRI will then exhaust all methods to collect the receivable.

Accrued Receivables:

Accrued Receivables represents amounts due as eligible expenditures are incurred or as deliverable services are provided under the terms of the grant or contract.

HUMAN SERVICES RESEARCH INSTITUTE, INC.

NOTES TO FINANCIAL STATEMENTS

SEPTEMBER 30, 2017 AND 2016

(Continued)

NOTE 3 (Continued)

Property and Equipment:

Property, equipment, furnishing and improvement purchases in excess of \$5,000 are capitalized at cost, if purchased, or if donated, at fair value at the date of receipt. Expenditures for maintenance, repairs and renewals are charged to expense as incurred, whereas major betterments are capitalized as additions to property and equipment. Depreciation of property and equipment is computed on a straight-line basis over the estimated useful lives of the assets, which is generally five years. Leasehold improvements are amortized over the term of the lease.

Intangible Assets:

The Organization has deferred the costs associated with the development and upgrade of its website, which is reported as *Intangible Assets* on the Statements of Financial Position as of September 30, 2017. Website development is subject to amortization over a 36-month period, and amortization expense commenced in FY 2017. The cost of the website purchased in FY 2017 was \$59,500. Accumulated amortization as of September 30, 2017 was \$4,167. Management expects the annual amortization expense to be \$19,833 for each of the next two years and \$8,333 for the final fiscal year at which point, the deferred costs will be fully amortized.

Investments:

The Organization maintains an investment portfolio which consists of cash, mutual funds and exchange traded products. Investments are reported at their fair value. As required by the *FASB Accounting Standards Codification*TM, the Organization reports the investments' net realized and unrealized gains and losses at each reporting date in the Organization's Statement of Activities. Purchases and sales of securities are recorded on the trade date. In determining the gains (losses) realized on the sales of securities, the cost of the securities sold has been determined on a specific identification basis. Cash held in brokerage accounts is reported as investments for purposes of these financial statements. Investments are classified as either short-term or long-term, depending upon the underlying intentions. For the years presented, investments comprise the *Board Designed Operating Reserve Fund*.

Revenue Recognition:

Revenue from grants and contracts is recognized as eligible expenditures are incurred or as deliverable services are provided under the terms of the grant or contract. Under the provisions of certain grants and contracts, HSRI may receive payments in advance and scheduled monthly and quarterly payments which may also be in advance of services rendered and/or costs incurred. Funds received in excess of amounts earned, are recorded as *Advance Billings* in the accompanying Statements of Financial Position.

The guidance on accounting for arrangements with multiple deliverables is codified in Accounting Standards Codification 605-25, as revised in May 2014. HSRI recognizes its revenue when applicable pursuant to this guidance. HSRI considers the following factors on a per contract basis in its determination of revenue recognition:

- The nature of its multiple deliverable arrangements;
- The significant deliverables within the arrangements;
- The general timing of delivery or performance of services for the deliverables within the arrangements;
- Performance, cancellation, termination and refund type provisions;

HUMAN SERVICES RESEARCH INSTITUTE, INC.

NOTES TO FINANCIAL STATEMENTS

SEPTEMBER 30, 2017 AND 2016

(Continued)

NOTE 3 *(Continued)*

- A discussion of the significant factors, inputs, assumptions and methods used to determine the compensation for the significant deliverables;
- Whether the significant deliverables in the arrangement qualify as separate units of accounting and the reasons why they do not qualify as separate units of accounting, if applicable;
- The general timing of revenue recognition for significant units of accounting, and
- Separately, the effect of changes in either the contracted fee or the methods or assumptions used to determine the compensation for a specific unit of accounting if either one of those changes has a significant effect on the allocation of arrangement consideration.

Gifts, Grants and Contributions:

As required by the *FASB Accounting Standards Codification*TM, contributions are required to be recorded as receivables and revenues and the Organization is required to distinguish between contributions received for each net asset category in accordance with donor-imposed restrictions. Contributions may include gifts of cash, collection items, or promises to give.

Contributions, including unconditional promises to give, are recognized as revenues in the period the commitment is received. Contributions, including unconditional promises to give, are recognized as revenues in the period received. Conditional promises to give are not recognized until they become unconditional, that is, at the time when the conditions on which they depend are substantially met. Contributions of assets other than cash are reported at their estimated fair value. Contributions to be received after one year are discounted at an appropriate discount rate commensurate with the risk involved, when such amounts are considered material.

Support that is restricted by the donor is reported as an increase in temporarily or permanently restricted net assets, depending on the nature of the restriction, until the restriction expires, at which time temporarily restricted net assets are reclassified to unrestricted net assets. Contributions are considered available for unrestricted use unless specifically restricted by the donor. HSRI has elected, however, to report restricted contributions whose restrictions are met in the same reporting period as they are received, as unrestricted support.

Donated Goods and Services:

As required by the *FASB Accounting Standards Codification*TM, Human Services Research Institute, Inc. maintains a policy whereby contributions of donated services that create or enhance nonfinancial assets or that require specialized skills, are provided by individuals possessing those skills and would typically need to be purchased if not provided by donation, are recorded at their fair value in the period received. For the years presented, there were no contributions of goods or services which met the recognition criteria.

Functional Expenses:

As required by the *FASB Accounting Standards Codification*TM, the Organization allocates its expenses on a functional basis among its various programs and support services. Expenses which can be identified with a specific program and support service are allocated directly according to their natural expense classification. Other expenses that are common to several functions are allocated on various statistical bases and payroll derived ratios. Supporting services are those related to operating and managing the Human Services Research Institute, Inc. and its programs on a day-to-day basis.

HUMAN SERVICES RESEARCH INSTITUTE, INC.

NOTES TO FINANCIAL STATEMENTS

SEPTEMBER 30, 2017 AND 2016

(Continued)

NOTE 3 (Continued)

Supporting services have been sub-classified as follows:

Administrative - includes all activities related to Human Services Research Institute, Inc. internal management and accounting for program services.

Fund Raising - includes all activities related to maintaining contributor information, membership development, distribution of materials and other similar projects related to the procurement of funds for the Organization's programs. When applicable, fund raising expenses which represent direct costs of special events are netted against the related revenue. For the years presented, there were no fund raising activities or costs.

Reclassifications:

Certain amounts in the prior year information have been reclassified to conform to the current year presentation. Specifically, the functional expenses have been further refined to separately report Health Data program costs which were previously presented within the Behavioral Health program. Reclassifications made to the prior year information have no impact on total net assets or changes in net assets.

Recent Accounting Guidance:

In August 2016, the FASB issued ASC Update No. 2016-14, (Topic 958) *Presentation of Financial Statements of Not-for-Profit Entities*, with the goal of improving not-for-profit financial statements to provide more useful information to donors, grantors, creditors, and other financial statement users. The new guidance simplifies and improves how not-for-profit entities classify net assets as well as the information presented in financial statements and notes about the function and nature of expenses, liquidity, financial performance, and cash flows. This guidance will be effective for this Organization beginning after December 15, 2017 and is not expected to have a material effect on the Organization's financial position or change in net assets.

In May 2014, the FASB issued ASC Update No. 2014-09, (Topic 606) *Revenue from Contracts with Customers*. This ASU is a comprehensive new revenue recognition model that requires an organization to recognize revenue to depict the transfer of goods or services to a customer at an amount that reflects the consideration it expects to receive in exchange for those goods or services. This updated guidance impacts not-for-profit entities that have revenue transactions other than contributions. In August 2015, the FASB issued ASC Update No. 2015-14, (Topic 606) *Revenue from Contracts with Customers*, which deferred the effective date of ASC Update No. 2014-09 by one year. This guidance will be effective for this Organization beginning after December 15, 2018 and is not expected to have a material effect on the Organization's financial position or change in net assets.

HUMAN SERVICES RESEARCH INSTITUTE, INC.

NOTES TO FINANCIAL STATEMENTS

SEPTEMBER 30, 2017 AND 2016

(Continued)

NOTE 4 **PROPERTY AND EQUIPMENT**

The following is a summary of *Property and Equipment* as of September 30, 2017 and 2016:

<u>Asset Category</u>	<u>2017</u>	<u>2016</u>
Furniture and Fixtures	\$ 12,101	\$ 12,101
Equipment	85,721	85,721
Leasehold Improvements	<u>50,476</u>	<u>50,476</u>
Subtotal	148,298	148,298
Less: Accum. Depreciation and Amortization	<u>(142,154)</u>	<u>(131,227)</u>
Net Property and Equipment	<u>\$ 6,144</u>	<u>\$ 17,071</u>

Real Estate Acquisition:

On September 29, 2017, HSRI entered into a Purchase and Sale Agreement (“the Agreement”) to purchase a 100% interest in VJS Associates, a Massachusetts general partnership (“VJS”). VJS owns real estate, consisting of land and a 4,000 square foot building located at 2336 Massachusetts Avenue in Cambridge, Massachusetts that has been leased by HSRI since approximately 1985 (*See Note 7*). Subsequent to the Organization’s fiscal year end, the transaction was completed on October 12, 2017.

In exchange for an aggregate purchase price of \$1,452,000 plus settlement costs, HSRI will acquire the individual partnership interests to be financed as follows:

<u>Source of Financing</u>	<u>Amount</u>
Cash Paid at Closing	\$ 250,171
Mortgage Note - Related Party	965,771
Promissory Note - Short Term	<u>242,000</u>
Total Acquisition Cost	<u>\$1,457,942</u>

- **Mortgage Note - Related Party:** The Organization’s Founder and former President will hold a promissory note in the amount of \$965,771 with a ten-year term, secured by the underlying property, subject to interest at the annual rate of 2.5%, and payable in monthly installments of \$9,104.
- **Promissory Note - Short-Term:** One of the sellers will extend a promissory note in the amount of \$242,000, subject to interest at the annual rate of 1.27%, which will mature on January 11, 2018.

For purposes of these financial statements, the cash paid at closing and the funds required to satisfy the short-term promissory note has been presented as *Cash Held for Real Estate Acquisition*, a non-current, non-operating asset on the Statements of Financial Position.

HUMAN SERVICES RESEARCH INSTITUTE, INC.

NOTES TO FINANCIAL STATEMENTS

SEPTEMBER 30, 2017 AND 2016

(Continued)

NOTE 5 INVESTMENTS

As of September 30, 2017 and 2016, all investments represent the Board Designated Operating Reserve and are classified as long-term in the accompanying Statements of Financial Position. The investment costs and unrealized gains and losses consisted of the following components:

<u>Investment Type</u>	<u>September 30, 2017</u>			
	<u>Cost Basis</u>	<u>Unrealized Gains</u>	<u>Unrealized Losses</u>	<u>Fair Value (Level 1)</u>
Cash and Cash Equivalents	\$ 10,238	\$ -	\$ -	\$ 10,238
Equity Mutual Funds	146,690	24,578	(5,320)	165,948
Bond Mutual Funds	49,416	791	-	50,207
Exchange Traded Equity Funds	30,631	13,035	-	43,666
Exchange Traded Bond Funds	<u>183,573</u>	<u>1,190</u>	<u>(194)</u>	<u>184,569</u>
Total	<u>\$420,548</u>	<u>\$39,594</u>	<u>\$(5,514)</u>	<u>\$454,628</u>
<u>Investment Type</u>	<u>September 30, 2016</u>			
	<u>Cost Basis</u>	<u>Unrealized Gains</u>	<u>Unrealized Losses</u>	<u>Fair Value (Level 1)</u>
Cash and Cash Equivalents	\$ 9,174	\$ -	\$ -	\$ 9,174
Equity Mutual Funds	144,564	2,388	(1,753)	145,199
Bond Mutual Funds	49,612	-	(776)	48,836
Exchange Traded Equity Funds	36,166	720	-	36,886
Exchange Traded Bond Funds	<u>174,072</u>	<u>4,832</u>	<u>-</u>	<u>178,904</u>
Total	<u>\$413,588</u>	<u>\$7,940</u>	<u>\$(2,529)</u>	<u>\$418,999</u>

Components of *Investment Return* for the years ended September 30, 2017 and 2016 are as follows:

<u>Composition of Investment Return</u>	<u>2017</u>	<u>2016</u>
Interest and Dividend Income	\$13,565	\$14,607
Unrealized Gains (Losses) on Investments	28,257	27,154
Realized Gains (Losses) on Investments	(174)	88
Investment Fees	<u>(3,529)</u>	<u>(3,358)</u>
Net Investment Return	<u>\$38,119</u>	<u>\$38,491</u>

As of September 30, 2017, and 2016, all investments held by HSRI are classified under Level 1 of the fair value hierarchy. The Organization uses the following ways to determine the fair value of its investments:

Cash Equivalents: Determined by the published net asset value (“NAV”) per unit for the cash reserve or money market fund at the end of the last trading day of the year, which is the basis for transactions at that date.

Mutual Funds and Exchange Traded Products: Determined at the published NAV unit at the end of the last trading day of the fiscal year, which is the basis for the transactions at that date. NAV is based on the value of the underlying assets owned by the fund, minus its liabilities and then divided by the number of shares held by the Organization at year end. NAV is quoted in an active market.

HUMAN SERVICES RESEARCH INSTITUTE, INC.

NOTES TO FINANCIAL STATEMENTS

SEPTEMBER 30, 2017 AND 2016

(Continued)

NOTE 6 RETIREMENT PLAN

HSRI sponsors a defined contribution plan (the "Plan") available to all employees meeting certain eligibility requirements. The Plan allows employees to defer a percentage of their salaries. HSRI may contribute up to 5% of the employee's salary. Employer contributions were \$193,189 and \$177,564 for the years ended September 30, 2017 and 2016, respectively.

NOTE 7 LEASE OBLIGATIONS

Facilities:

HSRI leases office space in Cambridge, Massachusetts from VJS Associates under a non-cancelable operating lease that expired March 30, 2017. VJS Associates is a related party, controlled by HSRI's senior management. Rent paid to VJS Associates totaled \$96,000 for each of the years ended September 30, 2017 and 2016.

HSRI leases office and program space in Oregon under a non-cancellable lease that expired August 31, 2015. The lease was renewed during FY 2015 through October 2020. Rent paid under this lease amounted to \$85,994 and \$73,422 for the years ended September 30, 2017 and 2016, respectively.

HSRI leases additional space in Cambridge, Massachusetts under a non-cancellable lease that expires in July 2018. The lease agreement requires minimum monthly rent payments of \$3,690 through July 2016, escalating to monthly payments of \$5,580 thereafter. Rent paid under this lease amounted to \$66,960 and \$46,060 for the years ended September 30, 2017 and 2016, respectively, and HSRI paid a \$5,580 security deposit as part of the agreement.

Occupancy, as reported on the Statement of Functional Expenses, includes rent expense, utility costs and common area maintenance costs.

Equipment:

HSRI also leases office equipment under operating leases that expire at various dates through February 2021. The total equipment lease expense was \$39,293 and \$35,114 for the years ended September 30, 2017 and 2016, respectively.

Total future minimum obligations under the above lease agreements are as follows:

<u>Fiscal Year Ending</u>	<u>Amount</u>
September 30, 2018	\$173,051
September 30, 2019	108,973
September 30, 2020	108,074
September 30, 2021	<u>18,056</u>
Total	<u>\$408,154</u>

HUMAN SERVICES RESEARCH INSTITUTE, INC.

NOTES TO FINANCIAL STATEMENTS

SEPTEMBER 30, 2017 AND 2016

(Continued)

NOTE 8 CONCENTRATIONS

Cash:

The Organization maintains its depository balances in two financial institutions. Cash balances are insured up to \$250,000 per institution by the Federal Deposit Insurance Corporation (FDIC). As of September 30, 2017 and 2016, cash balances in excess of the FDIC coverage were \$2,047,365 and \$1,565,554, respectively; however, the Organization has not experienced any losses on uninsured cash balances and management considers credit risk on cash to be low.

Revenue and Receivables:

Approximately 21% of total support and revenues for each of the years ended September 30, 2017 and 2016, was derived from one project involving several contracts. Amounts owed on this project represented 10% and 36% of *Accounts Receivable* and *Accrued Receivables* as of September 30, 2017 and 2016, respectively. This contract has a nine-year renewal period for \$1 million annually upon mutual agreement by both parties and extends until November 30, 2022.

Total potential future minimum receipts under this contract, as well as several other contracts associated with this project, are as follows:

<u>Fiscal Year Ending</u>	<u>Amount</u>
September 30, 2018	\$ 950,000
September 30, 2019	1,000,000
September 30, 2020	1,000,000
September 30, 2021	1,000,000
Thereafter	<u>415,000</u>
Total	<u>\$4,365,000</u>

In addition to the above project, the balance due on one other project represents 17% and 23% of *Accounts Receivable*, such that the balances due from these two projects account for 59% and 53% of total *Accounts Receivable* as of September 30, 2017 and 2016, respectively.

Advance Billings:

One project represents 67% and two projects represent 63% of the *Advance Billings* as of September 30, 2017 and 2016, respectively.

Expenses and Payables:

A significant portion of total expenses consists of subcontracted services. Of these services, amounts attributed to two subcontractors represented 69% and 68% of total *Subcontractors and Consultants* expense for the years ended September 30, 2017 and 2016, respectively, and 80% and 96% of *Subcontracts Payable* as of September 30, 2017 and 2016, respectively.

HUMAN SERVICES RESEARCH INSTITUTE, INC.

NOTES TO FINANCIAL STATEMENTS

SEPTEMBER 30, 2017 AND 2016

(Continued)

NOTE 9 RELATED PARTY TRANSACTION

Leasing Activities:

As further disclosed in Notes 4 and 7, HSRI leases a facility from an entity which is controlled by its senior management. Subsequent to the year end, on October 12, 2017, HSRI purchased the partnership which owns this property.

NOTE 10 SUBSEQUENT EVENTS

Management is required to consider events subsequent to the financial statement date for potential adjustment to or disclosure in the financial statements. Therefore, Management has evaluated subsequent events through January 26, 2018, the date which the financial statements were available for issue, and noted the following event which met the disclosure criteria:

Real Estate Acquisition:

As discussed in Note 4, HSRI purchased VJS Associates, a partnership which owns real estate which was leased as HSRI's primary office facility.

HSRI Board of Directors

Cathy Ficker Terrill, Chair

Maureen Booth, Vice-Chair

Steve Day, Secretary/Treasurer

Roy Gabriel

Finn Gardiner

Susan Havercamp

Ruth Luckasson

Alan Rabideau

Elizabeth Weintraub

Sheryl White-Scott

Peter Williams

Ying-Ying Yuan



Nilufer Isvan, PhD

Co-Director: Behavioral Health Research

Profile

Dr. Isvan has over 20 years of research and evaluation experience in the behavioral health field. Her areas of interest include substance abuse prevention interventions, complex care needs, social determinants of health, health disparities, community integration, and the integration of physical and mental health. Dr. Isvan has extensive experience applying her qualitative and quantitative methodological skills and program evaluation experience to performance measure development, study design, complex statistical analysis, and providing technical assistance in measure development, data collection, and program evaluation.

Selected Project Experience

Senior Methodologist, *Substance Use Disorder Providers and Insurance Reimbursement*

Funder: **ASPE** | Dates: **2017 – Present**

Contribution: HSRI has been contracted to document state licensing and credentialing requirements for substance use disorder (SUD) treatment providers in each state and the District of Columbia. The work includes reviewing state reimbursement policies for SUD services for Medicaid, Medicare, and a sample of private insurers; and to conduct case studies of states that have implemented innovative strategies to incentivize SUD providers to join provider networks and accept insurance reimbursement. Dr. Isvan helps lead the team with numerous tasks such as: producing work plans, conducting the environmental scan, reviewing licensing and credentials of SUD providers, reviewing billing eligibility, conducting case studies and writing reports and issue briefs.

Statistician, *Independent Evaluation of the Capacity of New Hampshire's Current Health System*

Funder: **NH DHHS** | Dates: **2017 – Present**

Contribution: HSRI has been contracted to conduct an evaluation of the current health system in New Hampshire to respond to the inpatient, acute care psychiatric needs of patients, including but not limited to, those patients who require involuntary emergency admissions. The work includes developing a comprehensive system map, reporting on hospital and emergency department admission data, conducting a system of care gap analysis, and developing a written report and presentation. Dr. Isvan is responsible for leading the analysis of qualitative and quantitative data. She is also assisting with identifying and obtaining existing data and writing reports.

Education

PhD

University of Michigan
Ann Arbor, MI
(Sociology)

MS

Boğaziçi University
Istanbul, Turkey
(Computer Science and
Systems Analysis)

BS

University of London
London, UK
(Computer Science and
Statistics)

Professional

Experience

Co-Director, Behavioral Health

(2017 – Present)

Senior Research Fellow

(2006 – 2017)

Human Services
Research Institute
Cambridge, MA

Visiting Faculty

Member

Boston Architectural
College
Boston, MA
(2005)

Sr. Research Scientist

Survey Research Group
Channing Bete Company
South Deerfield, MA
(2003 - 2005)

Assistant Professor of Sociology, State

University of New York,
Stony Brook, NY
(1992 – 2003)

Cross-Site Evaluation Co-Lead, *Program Evaluation for Prevention Contract (PEPC)*

Funder: **SAMHSA-CSAP** | Dates: **2013 - Present**

Contribution: HSRI received a subcontract through RTI to collaborate on the PEPC project that includes a national cross-site evaluation of CSAP's Minority AIDS Initiative (MAI). MAI awards grants to community-based organizations and minority-serving academic institutions to prevent substance abuse and the spread of HIV, viral hepatitis, and other STDs among high-risk minority communities. Dr. Isvan is responsible for overseeing the project team's data processing, analysis and reporting activities. She is also responsible for developing the cross-site evaluation and analysis plans, reviewing grantees' evaluation plans, conducting trainings for grantees and SAMHSA project officers, overseeing the team's responses to technical assistance requests from grantees, designing the annual reports, and developing conference presentations and scholarly publications based on evaluation findings. As part of this project, she led the effort to review and revise the MAI outcome measures and to redesign the participant-level data collection instruments and protocols.

Project Director, *Evaluation of New Hampshire's State Youth Treatment-Planning (SYT-P) Initiative*

Funder: **New Hampshire Department of Health and Human Services** | Dates: **2017 - Present**

Contribution: HSRI received a contract to evaluate New Hampshire's State Youth Treatment Planning Initiative funded by SAMHSA – CSAT and designed to support the expansion of integrated services and supports for youth with substance use and/or co-occurring substance use and mental health disorders (SUD/COD) throughout the state. The overall objective of the evaluation is to ensure the plan is comprehensive and is meeting the needs of the target population. Dr. Isvan is leading the effort to develop an evaluation plan, design instruments to collect data from the SYT-P Interagency Council members and other program stakeholders, collect and analyze data and develop an evaluation report summarizing the results of qualitative and quantitative assessments of the state's planning process.

Senior Analyst, *Evaluation of Programs Providing Services to Persons who are Homeless with Mental and/or Substance Use Disorders*

Funder: **SAMHSA-CMHS-CSAT** | Dates: **2011 - 2016**

Contribution: HSRI received a subcontract through RTI International to evaluate four programs: CABHI, the Grants for the Benefit of Homeless Individuals (GBHI), Services in Supportive Housing (SSH), and PATH. HSRI had the lead for the evaluation of the PATH program. Dr. Isvan serves as a Senior Analyst and leads the planning, analysis and interpretation of the data, and development of scholarly articles as agreed to with RTI.

Senior Analyst, *Developing the Framework for a Large-Scale National Demonstration of Self-Direction in Behavioral Health*

Funder: **Robert Wood Johnson** | Dates: **2016 - Present**

Contribution: HSRI received a grant from the Robert Wood Johnson Foundation to continue the Environmental Scan of Self-Direction in Behavioral Health Services and Supports. This project involves further developing parameters for program design and plans for a large-scale demonstration and evaluation of self-direction in behavioral health. In addition to refining the demonstration and evaluation parameters, the project involved convening the National Self-Direction Practice Advisory Coalition, a group composed of peers and other practitioners with firsthand experience implementing self-directed behavioral health programs. The project is a joint effort of researchers from the National Center for Participant-Directed Services, University of Maryland, and DMA Health Strategies. Nilufer is responsible for developing analysis plans and providing consultation on complex quantitative methods.

Data Analysis Team Lead, *Data Analysis Coordination and Consolidation Center (DACCC)*

Funder: **SAMHSA – CSAP** | Dates: **2007 - 2012**

Contribution: CSAP funded the DACCC as a means to centralize and elevate its data collection and analysis efforts, producing data that would help it provide appropriate guidance to grantees and to the prevention field in general. Dr. Isvan led a team of 15 research analysts in consolidating data from multiple sources into reports that summarize the performance of CSAP programs and contracts. She also interacted with the client to obtain requirements for deliverables, conducted original research to inform the field, presented findings at national conferences, and offered trainings in data and evaluation methods to CSAP staff and grantees.

Selected Publications

Recent Articles

- Croft, B. & **Isvan, N.** (2015). Impact of the 2nd story peer respite program on use of inpatient and emergency services. *Psychiatric Services, 66*, 632 – 637.
- Croft, B., **Isvan, N.**, Mahoney, K., & Parish, S. Behavioral Health Self-Direction's Impact on Employment, Housing, and Support Group Engagement. Forthcoming in *Psychiatric Services*.

Presentations

- Isvan, N.**, Lundquist, L., Gerber, R., Battis, K., Burnett, M., Brown, D.C. The Effects of Service Type and Dosage on HIV Risk Factors Among Participants of Minority AIDS Initiative Programs. Paper presented at the Annual Meeting of the Society for Prevention Research, Washington, D.C., June 2017.
- Isvan, N.**, Gerber, R., Battis, K., Burnett, M., Lundquist, L., Brown, D.C., Graham, P.W., and Youngman, L. HIV and Substance Abuse Prevention Needs of Transgender Individuals: An Analysis of Program Evaluation Data from SAMHSA's Minority AIDS Initiative. Poster presented at the American Public Health Association Annual Conference, Denver, CO, November 2016.
- Isvan, N.**, Brown, D.C., Gerber, R., Battis, K., Lundquist, L., Burnett, M., Graham, P.W., Blake, S., and Clarke, T. The Success Case Method: Integrating Qualitative and Quantitative Data to Evaluate Behavioral Health Interventions. Paper presented at the American Evaluation Association Annual Conference, Atlanta, GA, October 2016.
- Isvan, N.**, Lundquist, L., Burnett, M., Gerber, R., Brown, D.C., Youngman, L., and Pinnock, W. The Role of SAMHSA/CSAP's Minority AIDS Initiative (MAI) in Addressing Health Disparities. Paper presented at the Annual Conference of the Society for Prevention Research, San Francisco, CA, June 2016.
- Croft, B. and **Isvan, N.** Impact of the 2nd Story Peer Respite Program on Inpatient and Emergency Service Use. Poster presented at the American Public Health Association Annual Conference. Boston, MA, November 2013.
- Isvan, N.** and Roddy, P. Characteristics of Successful Substance Abuse/HIV Prevention Interventions. Paper presented at the National Prevention Network Annual Research Conference. Pittsburgh, PA, September 2012.
- Fallik, B. and **Isvan, N.** Recent National Trends in Substance Abuse Indicators and Implications for Prevention Policy. Paper presented at the National Prevention Network Research Conference, Atlanta, GA, September 2011.
- Isvan, N.** and Smith LeBeau, L. Adolescent Risk and Protective Factors Predicting Young Adult Substance Use. Paper presented at the annual meeting of the American Psychological Association, San Diego, CA, August 2010.
- Fallik, B. and **Isvan, N.** An Analysis Examining Longitudinal Data of Early Teenage Factors Associated with Substance Use Among Young Adults. Paper presented at the National Prevention Network Research Conference, Anaheim, California, September 2009.
- Rogers, K., **Isvan, N.** & Bailey, D. Predicting Participant Retention in Direct Service Prevention Programs: The Case of CSAP's Methamphetamine Prevention Grant Initiative. Paper presented at the Annual Meeting of the Society for Prevention Research, Washington, D.C., May 2009.
- Isvan, N.** and Huntington, N. The Use of Classification and Regression Tree Models in Prevention Research: An Exploratory Analysis of Risk and Protective Factors Predicting Problem Alcohol Use. Paper presented at the Annual Meeting of the Society for Prevention Research, San Francisco, CA, May 2008.



Rachael Gerber, MPH

Research Associate

Profile

Ms. Gerber has ten years of experience in behavioral health research and evaluation, including projects at the federal, state, and community levels. She has developed evaluation and data collection plans, designed data collection tools and validation for online instruments, managed, cleaned, and analyzed complex datasets, and provided technical assistance to grant recipients and government agency staff. She is experienced in quantitative and qualitative methods and has contributed to manuscripts, reports, policy briefs, presentations and guidance documents.

Selected Project Experience

Project Manager/Research Analyst, NH State Youth Treatment-Planning (SYT-P) Funder: New Hampshire Department of Health and Human Services | Date: 2017

Contribution: HSRI received a contract to evaluate the New Hampshire Department of Health and Human Services' plan to improve access to evidence-based screening, assessment, treatment, and recovery services and supports for adolescents and transitional aged youth with substance use and/or co-occurring disorders in New Hampshire. Rachael was responsible for project management activities (agendas, action items, progress reports), and contributed to evaluation design, data analysis, and report writing.

Data Analyst, Independent Evaluation of the Capacity of the Current Health System

Funder: **New Hampshire Department of Health and Human Services | Date: 2017**

Contribution: HSRI was contracted to conduct an evaluation of the health system in New Hampshire to respond to the inpatient, acute care psychiatric needs of patients, including but not limited to, those patients who require involuntary emergency admissions. The work involved developing a comprehensive system map, reporting on hospital and emergency department admission data, conducting a system of care gap analysis, and developing a written report and presentation. Rachael was responsible for analyzing data from Community Mental Health Centers, the Automated Hospital Emergency Department Data (AHEDD) data system, and data on peer support services and hospital bed capacity. She also conducted interviews with stakeholders and contributed to report writing.

Lead Data Analyst, Program Evaluation for Prevention Contract (PEP-C)

Funder: **SAMHSA-CSAP | Dates: 2013 - Present**

Contribution: HSRI is conducting a national cross-site evaluation of CSAP's Minority AIDS Initiative (MAI), which awards grants to community-based organizations and minority-serving academic institutions to prevent substance abuse and the spread of HIV and other STDs in high-risk minority communities. Rachael is responsible for managing large and complex datasets, developing

Education

MPH

Yale School of Public Health
New Haven, CT
(Social and Behavioral Science)

BA

Boston University
Boston, MA
(History)

Professional Experience

Research Associate

Human Services
Research Institute
Cambridge, MA
(2013 – Present)

Sr. Research Associate

New England Research
Institutes, Inc.
Watertown, MA
(2012 - 2013)

Research Analyst

HSRI
Cambridge, MA
(2009-2012)

Research Assistant

Center for
Interdisciplinary
Research on AIDS
New Haven, CT
(2007 – 2009)

data collection protocols and instruments, designing data validation and cleaning rules, analyzing process- and participant-level outcomes, producing data for Government Performance and Results Act (GPRA) measures, writing reports and dissemination materials, and creating materials for training and technical assistance.

Project Manager/Research Analyst, Substance Abuse Disorder Providers and Insurance Reimbursement

Funder: **ASPE** | Dates: **2017 – Present**

Contribution: HSRI has been contracted to document state licensing and credentialing requirements for substance use disorder (SUD) treatment providers in each state and the District of Columbia. The work includes reviewing state reimbursement policies for SUD services for Medicaid, Medicare, and a sample of private insurers and to conduct case studies of states that have implemented innovative strategies to incentivize SUD providers to join provider networks. Rachael is responsible for project management activities as well as data collection, analysis, and report writing.

Project Manager/Data Analyst, Bridging the Gaps: The Rochester Community Coalition for Alcohol and Drug Prevention

Funder: **City of Rochester, NH** | Dates: **2016**

Contribution: HSRI received a contract to provide evaluation services to Bridging the Gaps, the Drug and Alcohol Prevention Coalition of Rochester, New Hampshire in support of its Drug Free Communities (DCF) grant. The DFC grant is administered by the Office of National Drug Control Policy (ONDCP) and supported by SAMHSA to build community coalitions to prevent substance use among youth. In addition to project management responsibilities, Rachael contributed to the development of the evaluation design, created and disseminated an online survey, analyzed trend data on youth substance use in New Hampshire, and contributed to writing the final evaluation report.

Research Analyst, Data Analysis Coordination and Consolidation Center (DACCC)

Funder: **SAMHSA – CSAP** | Dates: **2007 - 2012**

Contribution: CSAP funded the DACCC as a means to centralize and elevate its data collection and analysis efforts, producing data that would help it provide appropriate guidance to grantees and to the prevention field in general. Ms. Gerber was responsible for managing, cleaning and analyzing data across programs including the Minority AIDS Initiative (MAI), the Strategic Prevention Framework-State Incentive Grant (SPF SIG), and the Substance Abuse Prevention and Treatment 20% Set-Aside Block Grant. She contributed to technical reports, policy briefs and guidance documents, led trainings and technical assistance during in-person and webinar trainings to grantees and federal Project Officers, and presented findings at professional conferences.

Selected Publications

Technical Reports

Co-Author: HIV Cross-Site Evaluation Report. (2016). Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Prevention. Rockville, MD.

Co-Author: HIV Cross-Site Evaluation Report. (2015). Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Prevention. Rockville, MD.

Co-Author: National Outcome Measures: State-Level Trends, Volume V: 2002-2009. (2011). Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Prevention. Rockville, MD.

Co-Author: Accountability Report, Volume IX: FY 2010. (2011). Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Prevention. Rockville, MD.

Presentations

Isvan NA, Gerber R, Battis K, Burnett M, Lundquist L, Brown DC, Graham PG, Youngman L (2016, November 2). HIV and Substance Abuse Prevention Needs of Transgender Individuals: An Analysis of Program Evaluation Data from SAMHSA's Minority AIDS Initiative. Presented at the 144th Annual Meeting & Expo of the American Public Health Association. Denver, CO.

Isvan, NA, Brown, DC, Gerber, R, Battis, K, Lundquist, L, Burnett, M, Graham, PW, Blake, S, Clarke, T (2016, October). The Success Case Method: Integrating Qualitative and Quantitative Data to Evaluate Behavioral Health Interventions. Presented at the 30th Annual Conference of the American Evaluation Association, Atlanta, GA.



Kristin Battis, MPH

Research Analyst

Profile

Kristin has almost ten years of research experience, including six within the substance use and mental health field. She has experience developing data collection materials; managing, processing, and analyzing data; and with report writing and information dissemination.

Selected Project Experience

Research Analyst, *Substance Abuse Disorder Providers and Insurance Reimbursement*

Funder: **ASPE** | Dates: **2017 – Present**

Contribution: HSRI has been contracted to document state licensing and credentialing requirements for substance use disorder (SUD) treatment providers in each state and the District of Columbia. The work includes reviewing state reimbursement policies for SUD services for Medicaid, Medicare, and a sample of private insurers; and to conduct case studies of states that have implemented innovative strategies to incentivize SUD providers to join provider networks and accept insurance reimbursement. Kristin will be assisting with the environmental scan, reviewing licensing and credentialing and billing eligibility, and drafting reports.

Research Analyst, *Independent Evaluation of the Capacity of the Current Health System*

Funder: **New Hampshire Department of Health and Human Services** | Date: **2017**

Contribution: HSRI conducted an evaluation of the current health system in New Hampshire to respond to the inpatient, acute care psychiatric needs of patients, including but not limited to, those patients who require involuntary emergency admissions. The work included developing a comprehensive system map, reporting on hospital and emergency department admission data, conducting a system of care gap analysis, and developing a written report and presentation. Kristin summarized stakeholder interviews, assisted with qualitative data analysis, and contributed to report writing.

Research Analyst, *Evaluation of State Youth Treatment-Planning (SYT-P)*

Funder: **New Hampshire Department of Health and Human Services** | Date: **2017**

Contribution: HSRI received a contract to evaluate the New Hampshire Department of Health and Human Services' plan to improve access to evidence-based screening, assessment, treatment, and recovery services and supports for adolescents and transitional aged youth with substance use and/or co-occurring substance use and mental health disorders in New Hampshire. Kristin was responsible for collecting, managing, and analyzing quantitative and qualitative data and reporting on required performance measures.

Education

MPH

Boston University School
of Public Health
Boston, MA
(Social and Behavioral
Sciences)

BA

Northeastern University
Boston, MA
(Sociology)

Professional Experience

Research Analyst

Human Services Research
Institute (HSRI)
Cambridge, MA
(2016-Present)

Programmer/ Analyst

Brigham and Women's
Hospital
Boston, MA
(2012-2016)

Research Analyst

HSRI
Cambridge, MA
(2009-2012)

Research Assistant

HSRI
Cambridge, MA
(2008-2009)

Health Data Analyst, QA Testing of the New Hampshire Comprehensive Health Information System

Funder: **New Hampshire Insurance Department** | Dates: **2016 - Present**

Contribution: HSRI received a contract to enhance the quality of health insurance claims data through the development and maintenance of SAS code used to produce rates on New Hampshire's HealthCost transparency website and to provide quality assurance testing. Kristin is responsible for identifying issues and suggesting improvements, revising and maintaining the HealthCost SAS code, and producing the quarterly HealthCost rate estimates.

Research Analyst, Program Evaluation for Prevention Contract (PEPC)

- Funder: **SAMHSA-CSAP** | Dates: **2016 - Present**
- Contribution: HSRI received a subcontract through RTI to collaborate on the PEPC project that includes a national cross-site evaluation of CSAP's Minority AIDS Initiative (MAI). MAI awards grants to community-based organizations and minority-serving academic institutions to prevent substance abuse and the spread of HIV, viral hepatitis, and other STDs among high-risk minority communities. Kristin is responsible for developing data collection protocols and tools, cleaning, managing, and analyzing substance abuse and HIV prevention program data, and compiling and interpreting analytic findings for use in technical reports, briefs, and presentations.

Research Analyst, Data Analysis Coordination and Consolidation Center (DACCC)

- Funder: **SAMHSA – CSAP** | Dates: **2008 - 2012**
- Contribution: CSAP funded the DACCC as a means to centralize and elevate its data collection and analysis efforts, producing data that would help it provide appropriate guidance to grantees and to the prevention field in general. Kristin was responsible for performing data quality assessments and cleaning, manipulating, and quantitatively analyzing national substance use data from multiple federally-funded substance abuse prevention programs; compiling and interpreting analytic findings for use in detailed, brief, and ad hoc reports and presentations for the purpose of program monitoring and evaluation; coordinating the development and production of reports; calculating and reviewing program performance statistics for Congress; and providing quality assurance for numerous federal data requests and reports. Prior to serving as a Research Analyst, Kristin served as a Research Assistant.

Selected Publications and Presentations

Reports

Co-Author: Evaluation of the Capacity of the New Hampshire Behavioral Health System. Cambridge, MA: Human Services Research Institute, 2017

Co-Author: The Minority AIDS Initiative (MAI) Cross-Site Evaluation Report, FY 2016, Rockville, MD: Center for Substance Abuse Prevention, Substance Abuse and Mental Health Services Administration, 2017

Co-Author: The Minority AIDS Initiative (MAI) Cross-Site Evaluation Report, FY 2015, Rockville, MD: Center for Substance Abuse Prevention, Substance Abuse and Mental Health Services Administration, 2016

Co-Author: Gender Differences in the Determinants of Alcohol Prevention Outcomes: An Exploration of Cross-Site Data from the Strategic Prevention Framework State Incentive Grants (SPF SIG) Cohort 3 Grantees, Rockville, MD: Center for Substance Abuse Prevention, Substance Abuse and Mental Health Services Administration, 2012

Co-Author: Accountability Report, Volume X: FY 2011, Rockville, MD: Center for Substance Abuse Prevention, Substance Abuse and Mental Health Services Administration, 2012

Co-Author: HIV Cross-Site Evaluation Report, Rockville, MD: Center for Substance Abuse Prevention, Substance Abuse and Mental Health Services Administration, 2012

Co-Author: National Outcome Measures: State-Level Trends, Volume VI: 2002-2010. Rockville, MD: Center for Substance Abuse Prevention, Substance Abuse and Mental Health Services Administration, 2012

Co-Author: Prevention of Methamphetamine Abuse Cohort 3 Report, Rockville, MD: Center for Substance Abuse Prevention, Substance Abuse and Mental Health Services Administration, 2011

Co-Author: Accountability Report, Volume IX: FY 2010, Rockville, MD: Center for Substance Abuse Prevention, Substance Abuse and Mental Health Services Administration, 2011

Co-Author: National Outcome Measures: State-Level Trends, Volume V: 2002-2009. Rockville, MD: Center for Substance Abuse Prevention, Substance Abuse and Mental Health Services Administration, 2011

Co-Author: Accountability Report, Volume VIII: FY 2009, Rockville, MD: Center for Substance Abuse Prevention, Substance Abuse and Mental Health Services Administration, 2010

Co-Author: Projecting the Nationwide Need for Substance Abuse Prevention Services, Rockville, MD: Center for Substance Abuse Prevention, Substance Abuse and Mental Health Services Administration, 2010

Co-Author: National Outcome Measures: State-Level Trends, Volume IV: 2002-2008. Rockville, MD: Center for Substance Abuse Prevention, Substance Abuse and Mental Health Services Administration, 2010

Co-Author: Trends and Directions in Substance Abuse Prevention, Volume VII: 2002-2008, Rockville, MD: Center for Substance Abuse Prevention, Substance Abuse and Mental Health Services Administration, 2010

Presentations

Isvan, N. A., Lundquist, L., Gerber, R., Battis, K., Burnett, M., Brown, D. C., Youngman, L. (2017, June). The Effects of Service Type and Dosage on HIV Risk Factors Among Participants of Minority AIDS Initiative Programs. Presented at the 25th Annual Conference of the Society for Prevention Research, Washington, DC.

Isvan, N. A., Gerber, R., Battis, K., Burnett, M., Lundquist, L., Brown, D. C., Graham, P. W., Youngman, L. (2016, November). HIV and Substance Abuse Prevention Needs of Transgender Individuals: An Analysis of Program Evaluation Data from SAMHSA's Minority AIDS Initiative. Presented at the 144th Annual Meeting & Expo of the American Public Health Association, Denver, CO.

Isvan, N. A., Brown, D. C., Gerber, R., Battis, K., Lundquist, L., Burnett, M., Graham, P. W., Blake, S., Clarke, T. (2016, October). The Success Case Method: Integrating Qualitative and Quantitative Data to Evaluate Behavioral Health Interventions. Presented at the 30th Annual Conference of the American Evaluation Association, Atlanta, GA.

Battis, K., Xuan, Z., Blanchette, J., Naimi, T.S. (2014, October). The Influence of Alcohol Policy Environment and Policy Subgroups on Alcohol-Related Driving Measures among U.S. Youth. Poster presented at the 2014 Boston University Evans Department of Medicine Research Days, Boston, MA.



Evan Anderson

Research Assistant

Profile

Evan's experience includes performing literature reviews and analyzing data. Prior to joining HSRI, Evan worked directly with individuals with mental health and developmental disabilities. His experience includes helping clients meet their life goals and developing skills.

Selected Project Experience

Research Assistant, *Substance Abuse Disorder Providers and Insurance Reimbursement*

Funder: **ASPE** | Dates: **2018 – Present**

Contribution: HSRI has been contracted to document state licensing and credentialing requirements for substance use disorder (SUD) treatment providers in each state and the District of Columbia. The work includes reviewing state reimbursement policies for SUD services for Medicaid, Medicare, and a sample of private insurers; and to conduct case studies of states that have implemented innovative strategies to incentivize SUD providers to join provider networks and accept insurance reimbursement. Evan is responsible for assisting with a state-by-state analysis of licensing requirements for substance abuse counselors.

Research Assistant, *Program Evaluation for Prevention Contract (PEPC)*

Funder: **SAMHSA-CSAP** | Dates: **2018 - Present**

Contribution: HSRI received a subcontract through RTI to collaborate on the PEPC project that includes a national cross-site evaluation of CSAP's Minority AIDS Initiative (MAI). MAI awards grants to community-based organizations and minority-serving academic institutions to prevent substance abuse and the spread of HIV, viral hepatitis, and other STDs among high-risk minority communities. Evan is responsible for data analysis, proofing, and other tasks as needed.

Research Assistant, *Evaluation of Cooperative Agreements to Benefit Homeless Individuals for States and Communities (CABHI-States and Communities)*

Funder: **SAMHSA-CMHS-CSAT** | Dates: **2018 - Present**

Contribution: HSRI received a subcontract through RTI International to evaluate two programs: The Cooperative Agreements to Benefit Homeless Individuals (CABHI) and the Programs for Assistance in Transition from Homelessness (PATH). HSRI has the lead for the multi-site evaluation of the PATH program, which is a task under the cross-site CABHI evaluation. Evan is responsible for analyzing grantee applications and other tasks as needed.

Research Assistant, *North Carolina Olmstead Evaluation Project*

Funder: **North Carolina Department of Health and Human Services** | Dates: **2018 - Present**

Contribution: HSRI has been contracted to conduct an analysis of the services provided to the covered target population in the Olmstead Settlement Agreement. Evan is responsible for assisting with sifting through claims data, proofing, and more.

Education

BA

Emmanuel College
Boston, MA
(Psychology)

Professional Experience

Research Assistant

(2018- present)
Human Services
Research Institute
Cambridge, MA

Psychiatric Outreach Worker

(2016 – 2018)

Residential Counselor- Developmental Disability Services

(2015-2016)
Vinfen Corporation
Cambridge, MA

CONTRACTOR NAME

Key Personnel

SFY 2018

Name	Job Title	Salary	% Paid from this Contract	Amount Paid from this Contract
Nilufer Isvan	Co-Director, Behavioral Health	\$152,082.00	6%	\$8,444.28
Rachael Gerber	Research Associate	\$84,228.96	10%	\$8,033.36
Kristin Battis	Research Analyst	\$67,228.08	10%	\$6,531.98
Evan Anderson	Research Assistant	\$40,000.08	8%	\$3,331.38
				\$26,341.00

SFY 2019

Name	Job Title	Salary	% Paid from this Contract	Amount Paid from this Contract
Nilufer Isvan	Co-Director, Behavioral Health	\$152,082.00	17%	\$26,092.83
Rachael Gerber	Research Associate	\$84,228.96	28%	\$24,088.61
Kristin Battis	Research Analyst	\$67,228.08	25%	\$17,412.86
Evan Anderson	Research Assistant	\$40,000.08	28%	\$11,437.74
				\$79,032.04

SFY 2020

Name	Job Title	Salary	% Paid from this Contract	Amount Paid from this Contract
Nilufer Isvan	Co-Director, Behavioral Health	\$152,082.00	16%	\$26,092.83
Rachael Gerber	Research Associate	\$84,228.96	27%	\$24,088.61
Kristin Battis	Research Analyst	\$67,228.08	24%	\$17,412.86
Evan Anderson	Research Assistant	\$40,000.08	27%	\$11,437.74
				\$79,032.04

SFY 2021

Name	Job Title	Salary	% Paid from this Contract	Amount Paid from this Contract
Nilufer Isvan	Co-Director, Behavioral Health	\$152,082.00	16%	\$26,092.83
Rachael Gerber	Research Associate	\$84,228.96	26%	\$24,088.61
Kristin Battis	Research Analyst	\$67,228.08	24%	\$17,412.86
Evan Anderson	Research Assistant	\$40,000.08	26%	\$11,437.74
				\$79,032.04

SFY 2022

Name	Job Title	Salary	% Paid from this Contract	Amount Paid from this Contract
Nilufer Isvan	Co-Director, Behavioral Health	\$152,082.00	5%	\$8,444.28
Rachael Gerber	Research Associate	\$84,228.96	8%	\$8,033.36
Kristin Battis	Research Analyst	\$67,228.08	9%	\$6,531.98
Evan Anderson	Research Assistant	\$40,000.08	7%	\$3,331.38
				\$26,341.00