

STM



Nicholas A. Toumpas
Commissioner

José Thier Montero
Director

STATE OF NEW HAMPSHIRE

DEPARTMENT OF HEALTH AND HUMAN SERVICES

29 HAZEN DRIVE, CONCORD, NH 03301-6527
603-271-9563 1-800-852-3345 Ext. 9563
Fax: 603-271-8431 TDD Access: 1-800-735-2964



MJ 24

February 18, 2014

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

SOLE SOURCE

96% Federal funds
4% General funds

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division of Public Health Services, to exercise a **sole source** amendment to an agreement with JSI Research & Training Institute, Inc. dba Community Health Institute, Purchase Order # 1031592 (Vendor # #161611-B001), 501 South Street, 2nd Floor, Bow, NH 03304, by increasing the Price Limitation by \$163,200 from \$1,362,200 to \$1,525,400 to provide a broad range of programmatic support services across a number of public health programs to include public health strategic planning, needs assessment, training and technical assistance; and implementation of health communications campaigns, effective date of Governor and Council approval through June 30, 2015. This agreement was originally approved by Governor and Council on July 10, 2013, Item #40.

Funds are available in SFY 2014 and SFY 2015, with authority to adjust amounts within the price limitation and amend the related terms of the contract without further approval from Governor and Executive Council.

See attachment for financial details

EXPLANATION

Sole source is requested as JSI Research & Training Institute, Inc. dba Community Health Institute is well-positioned to successfully implement the required activities for Division of Public Health Services' program areas not included in the original agreement. The intent of that agreement was to improve the efficiency of government services by consolidating a number of separate agreements into a single agreement with a vendor capable of providing a broad range of programmatic support services across a number of public health issues. Services included in the original agreement were conducting strategic planning and needs assessment processes; providing training and technical assistance and implementing health communications campaigns, all of which are included in this amendment. The original agreement explicitly positioned this vendor as a lead contract for the Division of Public Health Services with the organizational and administrative capacity to implement these types of services as additional funds become available from across the Division.

Funds in this agreement will be used to implement programs in five different areas:

Training to Providers of Early Childhood Services: Develop and deliver a training program for trainers focused on trauma-informed care that is designed to inform providers of early childhood services about

the impact of trauma on child development and learn how to effectively minimize its effects without causing additional harm.

Maternal and Child Health Assessment and Technical Assistance: Assist with the 2015 Title V Maternal and Child Health 5-year Needs Assessment by helping to design a survey tool; enter and analyze survey data; and conduct focus groups to gather qualitative data.

Environmental Health Tracking Program (EPHT) Technical Assistance: Identify communication strategies and national tracking messages appropriate to Environmental Public Health Tracking target audiences; develop and deliver two training sessions with NH Environmental Public Health Track stakeholders on the use of NH Environmental Public Health Track products; and conduct two Environmental Public Health Track Technical Assistance Group meetings.

State Health Improvement Planning: Facilitate a half day meeting of Division staff and stakeholders; draft and publish a statewide cardiovascular action plan.

Public Health Preparedness Training and Technical Assistance: Increase the financial support available for an annual statewide preparedness conference to allow for up to 650 participants from an earlier target of 500 participants; and support regional Hazard Vulnerability Assessment meetings.

As stated in the Request for Proposals for the original contract, the Department sought to consolidate services that had previously been contracted by individual program areas across the Division of Public Health Services with a vendor that has the organizational and administrative capacity to implement the original services and also has the capability to implement similar services addressing the same or other public health priorities over the course of the contract. This amendment implements that goal by utilizing a vendor that has a demonstrated record of delivering high-quality services to the Department. The services to be provided through this amendment will utilize the expertise of JSI Research & Training Institute, Inc. dba Community Health Institute staff to meet specific, short-term needs of various program areas.

Should Governor and Executive Council not authorize this Request there will be a reduction in the Division's ability to enhance the ability of early childhood workers to work with children who have experienced trauma and successfully conduct a required needs assessment regarding maternal and child health. It will also delay implementation of both a communications strategy regarding the relationship between the environment and public health impacts and a state plan to address cardiovascular disease, which is one of the leading causes of morbidity and mortality in New Hampshire; and will limit the number of attendees at the state's annual emergency preparedness conference.

JSI Research & Training Institute, Inc. dba Community Health 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 April 2, 2013 through April 29, 2013. In addition, a bidder's teleconference was held on April 8, 2013.

Two Letters of Intent were submitted in response to this statewide competitive bid; two proposals were received. Nine reviewers who work internal and external to the Department of Health and Human Services reviewed the proposals. The reviewers represent seasoned public health administrators and managers with between five to 25 years' experience in contract and vendor management, public health administration and management, program management, emergency

preparedness, client services, and case management. Each reviewer was selected for the specific skill set they possess and their experience. Their decision followed a thorough discussion of the strengths and weaknesses to the proposals. The final decision was made by taking an average of all reviewers' scores. The Bid Summary is attached.

During the first six months of this contract the vendor has made progress on some key performance measures that include: facilitating a strategic planning process for the Division and publishing a three-year strategic plan; initiating several technical studies to inform a public health-focused climate change adaptation plan; providing ongoing training and technical assistance to regional public health emergency planners, as well as logistical support for two conferences; developed and launched two public information campaigns to increase the number of adults receiving recommended vaccinations and also increase vaccinations against seasonal influenza among children and adults; began to develop a needs assessment among people with HIV infection; and delivered several technical reports to inform the development of a placement program for clinicians in rural areas.

The following performance measures will be used to measure the effectiveness of the agreement.

Training to Providers of Early Childhood Services

- Number of learning opportunities focused on trauma-informed care conducted per maternal and child health home visiting region.

Maternal and Child Health Assessment and Technical Assistance

- Written summary of results of the statewide MCH stakeholders meeting
- Written summary of the Capacity Assessment for State Title V (CAST-V) MCH programs
- Database created for public input paper survey data
- Electronic survey designed for public input
- Analysis of public input survey data completed
- Focus groups conducted (number to be determined) and written summary of results provided

Environmental Health Tracking Program (EPHT) Technical Assistance

- Complete an annual outreach plan for delivering key national EPHT Program messages and information to targeted local level audiences to address community concerns and key audiences identified by CDC.
- Submit a report documenting the training needs of EPHT staff.
- Number of training sessions supported by logistical services.
- Document findings from the Technical Advisory Group (TAG) meetings and, based on the findings, provide recommendations on implementation of the State EPHT Network that is interoperable and compatible with the national EPHT network standards and architecture.
- Complete a report of stakeholder needs and the status of stakeholder relationships with EPHT staff.

State Health Improvement Planning

- The state cardiovascular health improvement plan will meet at least 75% of the Public Health Accreditation Board measures for Standard 5.2: Conduct a Comprehensive Planning Process Resulting in a State Health Improvement Plan, per the DPHS state plan checklist.

Public Health Preparedness Training and Technical Assistance

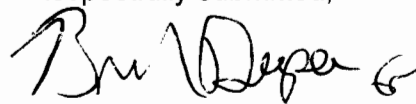
- Maximum number of individuals able to attend the June preparedness conference.

Area served is Statewide.

Source of Funds: 95.92% Federal Funds from Centers for Disease Control and Prevention and 4.08% General Funds.

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

Respectfully submitted,



José Thier Montero, MD, MHCDS
Director

Approved by: 
 Nicholas A. Toumpas
Commissioner

**FINANCIAL DETAIL ATTACHMENT SHEET
Public Health Program Services Support Services**

**05-95-90-902510-5171 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF INFECTIOUS DISEASE CONTROL, EMERGENCY PREPAREDNESS
85.45% Federal Funds and 14.55% General Funds**

Fiscal Year	Class/Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90077021	115,000	10,000	125,000
SFY 2015	102-500731	Contracts for Prog Svc	90077021	115,000	-	115,000
			Sub-total	\$ 230,000	\$ 10,000	\$ 240,000

**05-95-90-902510-2239 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF INFECTIOUS DISEASE CONTROL, HOSPITAL PREPAREDNESS
100% Federal Funds**

Fiscal Year	Class/Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90077700	170,000	-	170,000
SFY 2015	102-500731	Contracts for Prog Svc	90077700	170,000	-	170,000
			Sub-Total	\$ 340,000	\$ -	\$ 340,000

**05-95-90-901010-7965 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF PUBLIC HEALTH SYSTEMS, POLICY AND PERFORMANCE, RURAL HEALTH AND PRIMARY CARE
100% Federal Funds**

Fiscal Year	Class/Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90073000	40,000	-	40,000
SFY 2015	102-500731	Contracts for Prog Svc	90073000	40,000	-	40,000
			Sub-Total	\$ 80,000	\$ -	\$ 80,000

**05-95-90-902510-5178 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF INFECTIOUS DISEASE CONTROL, IMMUNIZATION
100% Federal Funds**

Fiscal Year	Class/Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90023013	110,000	-	110,000
SFY 2015	102-500731	Contracts for Prog Svc	90023013	110,000	-	110,000
			Sub-Total	\$ 220,000	\$ -	\$ 220,000

**05-95-90-901010-5997 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF PUBLIC HEALTH SYSTEMS, POLICY AND PERFORMANCE, STRENGTHENING PUBLIC HEALTH INFRASTRUCTURE
100% Federal Funds**

Fiscal Year	Class/Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90001001	27,200	7,000	34,200
SFY 2015	102-500731	Contracts for Prog Svc	90001001	-	3,000	3,000
			Sub-Total	\$ 27,200	\$ 10,000	\$ 37,200

**FINANCIAL DETAIL ATTACHMENT SHEET
Public Health Program Services Support Services**

05-95-90-902510-5189 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF INFECTIOUS DISEASE CONTROL, HIV/AIDS PREVENTION

100% Federal Funds

Fiscal Year	Class/Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90024000	50,000	-	50,000
SFY 2015	102-500731	Contracts for Prog Svc	90024000	50,000	-	50,000
			Sub-Total	\$ 100,000	\$ -	\$ 100,000

05-95-90-902510-2222 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF INFECTIOUS DISEASE CONTROL, RYAN WHITE PART B

100% Federal Funds

Fiscal Year	Class/Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	567-500919	Title II HIV Care Assistance	90024100	75,000	-	75,000
SFY 2015	567-500919	Title II HIV Care Assistance	90024100	75,000	-	75,000
			Sub-Total	\$ 150,000	\$ -	\$ 150,000

05-95-90-902510-2229 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF INFECTIOUS DISEASE CONTROL, PHARMACEUTICAL REBATES

100% Other Funds (Pharmaceutical Rebates)

Fiscal Year	Class/Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	530-500371	Drug Rebates	90024600	75,000	-	75,000
SFY 2015	530-500371	Drug Rebates	90024600	75,000	-	75,000
			Sub-Total	\$ 150,000	\$ -	\$ 150,000

05-95-90-903010-5350 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF LABORATORY SERVICES, FDA FERN MICRO

100% Federal Funds

Fiscal Year	Class/Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	020-500239	Current Expense	90069017	5,000	-	5,000
SFY 2015				-	-	-
			Sub-Total	\$ 5,000	\$ -	\$ 5,000

05-95-90-901510-7936 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF PUBLIC HEALTH PROTECTION, CLIMATE EFFECTS

100% Federal Funds

Fiscal Year	Class/Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90007936	30,000		30,000
SFY 2015	102-500731	Contracts for Prog Svc	90007936	30,000		30,000
			Sub-Total	\$ 60,000	\$ -	\$ 60,000

FINANCIAL DETAIL ATTACHMENT SHEET

Public Health Program Services Support Services

**05-95-90-902010-5190 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF POPULATION HEALTH AND COMMUNITY SERVICES, MATERNAL AND CHILD HEALTH
100% Federal Funds**

Fiscal Year	Class/Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90004102	-	42,000	42,000
SFY 2015	102-500731	Contracts for Prog Svc	90004102	-	42,000	42,000
			Sub-Total	\$ -	\$ 84,000	\$ 84,000

**05-95-90-900510-5173 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF PUBLIC HEALTH STATISTICS AND INFORMATICS, EPH TRACKING
100% Federal Funds**

Fiscal Year	Class/Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90041000	-	49,200	49,200
SFY 2015				-	-	-
			Sub-Total	\$ -	\$ 49,200	\$ 49,200

**05-95-90-902010-5190 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF POPULATION HEALTH AND COMMUNITY SERVICES, MATERNAL AND CHILD HEALTH
48% Federal Funds and 52% General Funds**

Fiscal Year	Class/Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90024000	-	4,000	4,000
SFY 2015	102-500731	Contracts for Prog Svc	90024000	-	6,000	6,000
			Sub-Total	-	10,000	10,000
			Total	1,362,200	163,200	1,525,400

Program Name Public Health Program Services Support
Contract Purpose Provide broad range of public health professional services
RFP Score Summary

	Max Pts	Training Institute, Inc. dba Community Health Institute, 501 South Street 2nd Floor, Bow, Athens NY 12015	Joshua B. Lipsman dba JBL Systems, LLC, PO Box 41, Athens NY 12015
RFA/RFP CRITERIA			
Agy Capacity	30	27.67	19.67
Program Structure	30	26.44	20.67
Workplan	20	18.60	15.10
Budget & Justification	18	16.00	15.44
Format	2	1.89	1.89
Total	100	90.60	72.77

BUDGET REQUEST		
Year 01	\$697,200.00	\$696,516.00
Year 02	\$665,000.00	\$624,780.00
Year 03	\$0.00	\$0.00
TOTAL BUDGET REQUEST	\$1,362,200.00	\$1,321,296.00
BUDGET AWARDED		
Year 01	\$681,100.00	-
Year 02	\$681,100.00	-
Year 03	\$0.00	-
TOTAL BUDGET AWARDED	\$1,362,200.00	-

RFP Reviewers		Name	Job Title	Dept/Agency	Qualifications
1	Neil Twitchell	Administrator	DPHS/DHHS	The reviewers represent seasoned public health administrators and managers with between five to 25 years experience in contract and vendor management, public health administration and management, program management, emergency preparedness, client services, and case management.	
2	Michael Dumond	Bureau Chief	DPHS/DHHS		
3	Laura Holmes	Program Planner	DPHS/DHHS		
4	Sarah McPhee	Program Manager	DPHS/DHHS		
5	Karen Blizzard Royce	Program Specialist	DPHS/DHHS		
6	Alisa Druzba	Administrator	DPHS/DHHS		
7	Jeanie Holt	Past President	NH Public Health Association		
8	Joyce Heck	Manager	Court Appointed Special Advocates of NH		
9	Leslie O'Neil	Case Manager	Dartmouth Hitchcock Medical Center		



**State of New Hampshire
Department of Health and Human Services
Amendment #1 to the
JSI Research and Training Institute, Inc. dba Community Health Institute**

This 1st Amendment to the JSI Research and Training Institute, Inc. dba Community Health Institute contract (hereinafter referred to as "Amendment One") dated this 12th day of February, 2014, is by and between the State of New Hampshire, Department of Health and Human Services (hereinafter referred to as the "State" or "Department") and JSI Research and Training Institute, Inc. dba Community Health Institute (hereinafter referred to as "the Contractor"), a corporation with a place of business at 501 South Street, Bow, New Hampshire 03304.

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on July 10, 2013, the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract as amended and in consideration of certain sums specified; and

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

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

WHEREAS, the Department desires to provide additional public health program support services across a number of public health issues and Division of Public Health Services operational areas.

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

To amend as follows:

- Form P-37, Block 1.8 to read:
\$1,525,400
- Exhibit A, Scope of Services, to add:
Exhibit A – Amendment 1
- Exhibit B, Purchase of Services, Contract Price, to add:
Paragraph 1.1 to Paragraph 1:
The contract price shall increase by \$112,200 for SFY 2014 and \$51,000 for SFY 2015.
The contract shall total \$1,525,400 for the contract term.

Paragraph 1.2 to Paragraph 1:
Funding is available as follows:
 - \$84,000 from 05-95-90-902010-5190-102-500731, 100% Federal Funds from the US Department of Health and Human Services, Health Resources and Services Administration, CFDA #93.110.



New Hampshire Department of Health and Human Services

- \$10,000 from 05-95-90-902510-5171-102-500731, 85.45% Federal Funds from the US Department of Health and Human Services, Centers for Disease Control and Prevention, CFDA #93.069 and 14.55% General Funds;
 - \$49,200 from 05-95-90-900510-5173-102-500731, 100% Federal Funds from the US Department of Health and Human Services, Centers for Disease Control and Prevention, CFDA #93.538;
 - \$10,000 from 05-95-90-901010-5997-102-500731, 100% Federal Funds from the US Department of Health and Human Services, Centers for Disease Control and Prevention, CFDA #93.507;
 - \$10,000 from 05-95-90-902010-5190-102-500731, 48% Federal Funds from the US Department of Health and Human Services, Centers for Disease Control and Prevention, CFDA #93.994 and 52% General Funds.
- Budget, to add:
 - Exhibit B-1 (2014) - Amendment 1,
 - Exhibit B-1 (2015) - Amendment 1

This amendment shall be effective upon the date of Governor and Executive Council approval.



IN WITNESS WHEREOF, the parties have set their hands as of the date written below,

State of New Hampshire
Department of Health and Human Services

2/19/14
Date

Brook Dupee
Brook Dupee
Bureau Chief

JSI Research and Training Institute Inc. dba
Community Health Institute

2/12/14
Date

Jonathan Stewart
Jonathan Stewart
Director

Acknowledgement:

State of New Hampshire, County of Merrimack on 2/12/14, before the undersigned officer, personally appeared the person identified above, or satisfactorily proven to be the person whose name is signed above, and acknowledged that s/he executed this document in the capacity indicated above.

Sylvia L. Currier
Signature of Notary Public or Justice of the Peace
SYLVIA L. CURRIER
Notary Public - New Hampshire
My Commission Expires December 20, 2018

Name and Title of Notary or Justice of the Peace



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

OFFICE OF THE ATTORNEY GENERAL

2/21/14
Date

Paul C. Galli
Name: Amanda C. Cradleski
Title: Attorney

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

OFFICE OF THE SECRETARY OF STATE

Date

Name:
Title:

Contractor Initials: AG
Date: 2/12/14



Exhibit A – Amendment #1

Scope of Services

The Department desires to further the relationship with the JSI Research and Training Institute, Inc. dba Community Health Institute to provide public health program support services across an increased number of public health issues and Division of Public Health Services operational areas, including: 1) Early Childhood Services, 2) Maternal and Child Health Assessment and Technical Assistance, 3) Environmental Health Tracking Program (EPHT) Technical Assistance, 4) State Health Improvement Planning, and 5) Public Health Preparedness Training and Technical Assistance.

The Contractor shall:

1. **Required Activities**

Training to Providers of Early Childhood Services

- a. Identify or develop a training for trainers focused on trauma-informed care designed to inform providers of early childhood services, including child care, home visiting, and health and mental health services, about the impact of trauma on child development and learn how to effectively minimize its effects without causing additional harm.
- b. Train a minimum of 25 individuals (at least 2 from each Maternal, Infant and Early Childhood Home Visiting (MIECHV) and Project LAUNCH region) on training others about screening for domestic violence and issues that affect families including, but not limited to, Domestic Violence, Substance Abuse, and Mental Illness.
- c. Twenty-five individuals (at least 2 from each MIECHV and Project LAUNCH region) will commit to presenting a minimum of two trainings annually in their MIECHV or Project LAUNCH region. Trainings to be completed during State Fiscal Year 2015.

Maternal and Child Health Assessment and Technical Assistance

Assist with the 2015 Title V Maternal and Child Health 5-year Needs Assessment, to include:

- a. Assist with the design and preliminary analysis of a web-based and paper public input survey
- b. Enter data from the paper public input survey into an electronic database.
- c. Assist with developing and conducting focus groups of the target population and the preliminary analysis of focus group data.
- d. Assist with planning and facilitating a statewide stakeholder meeting and
- e. Conduct CAST-V analysis <http://www.amchp.org/programsandtopics/CAST-5/Pages/default.aspx>

Environmental Health Tracking Program (EPHT) Technical Assistance

- a. By April 1, 2014 review guidance documents provided by EPHT, identify communication strategies and national tracking messages appropriate to EPHT target audiences and integrate them into the EPHT outreach plan, with the outreach plan, including communications strategy for primary audiences.
- b. Assess and document technical training needs of NH EPHT staff.
- c. Identify EPHT customers who will benefit from EPHT training.



Exhibit A – Amendment #1

- d. based on guidance provided by EPHT staff, develop a training session module for EPHT customers and facilitate two training sessions with NH EPHT stakeholders on the use of NH EPHT products (web portal, reports) and services (technical analysis services, technical facilitation services, technical training services).
- e. By June 30, 2014 conduct 2 EPHT Technical Assistance Group (TAG) meetings for the purpose of receiving independent feedback on the progress, relevance, and direction of NH EPHT work and facilitate other communication with TAG as needed.
- f. Report on common EPHT stakeholder needs and provide recommendations on the products and services NH EPHT should provide to meet those needs.
- g. Document relationship status of current EPHT stakeholders and provide recommendations on additional relationships which NH EPHT should develop.

State Health Improvement Planning

- a. Facilitate a half day meeting of DPHS staff and stakeholders to be held at the Division of Public Health Services for the purpose of identifying a state cardiovascular action plan based on the priority objectives for heart disease and stroke identified in the 2013 NH State Health Improvement Plan.
- b. Generate a written record of the information gathered at the meeting
- c. Draft, a written cardiovascular action plan based on information gathered at the meeting and submits to the DPHS for review.
- d. Following the DPHS review, revise and format a final plan and submit for approval to the DPHS.

Public Health Preparedness Training and Technical Assistance

- a. Increase the financial support available for an annual statewide preparedness conference to allow for up to 650 participants from an earlier target of 500 participants.
- b. Provide meeting support costs for Hazard Vulnerability Assessments.

2. Performance Measures:

Training to Providers of Early Childhood Services

- Number of learning opportunities focused on trauma-informed care conducted per MIECHV region.

Maternal and Child Health Assessment and Technical Assistance

- Written summary of results of the statewide MCH stakeholders meeting
- Written summary of the Capacity Assessment for State Title V (CAST-V) MCH programs
- Database created for public input paper survey data
- Electronic survey designed for public input
- Analysis of public input survey data completed
- Focus groups conducted (number to be determined) and written summary of results provided



Exhibit A – Amendment #1

Environmental Health Tracking Program (EPHT) Technical Assistance

- Complete an annual outreach plan for delivering key national EPHT Program messages and information to targeted local level audiences to address community concerns and key audiences identified by CDC.
- Submit a report documenting the training needs of EPHT staff.
- Number of training sessions supported by logistical services.
- Document findings from the Technical Advisory Group (TAG) meetings and, based on the findings, provide recommendations on implementation of the State EPHT Network that is interoperable and compatible with the national EPHT network standards and architecture.
- Complete a report of stakeholder needs and the status of stakeholder relationships with EPHT staff.

State Health Improvement Planning

- The state cardiovascular health improvement plan will meet at least 75% of the Public Health Accreditation Board measures for Standard 5.2: Conduct a Comprehensive Planning Process Resulting in a State Health Improvement Plan, per the DPHS state plan checklist.

Public Health Preparedness Training and Technical Assistance

- Maximum number of individuals able to attend the June preparedness conference.

Exhibit B-1 (2014) -Amendment 1

Budget

New Hampshire Department of Health and Human Services

JSI Research and Training Institute, Inc., dba
Bidder/Contractor Name: Community Health Institute

Public Health Program Services Support
Budget Request for: Services
(Name of RFP)

Budget Period: Date of G&C Approval through June 30, 2014

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	\$ 43,440.49	\$ -	\$ 43,440.49	The Indirect Cost Line Item represents a portion of JSI Research & Training Institute's federal approved Negotiated Indirect Cost Rate Agreement covering Information Systems, Accounting, Payroll, Human Resources and Administrative Staff Costs. These costs are derived from JSI's NICRA, but can fluctuate under this contract's budget structure as JSI's Indirect Costs are calculated using a different base than the contract requires. JSI's Indirect Costs are derived using direct labor as a base and this contract's budget structure uses total direct costs as a base. Due to this, contracts that include less labor costs and more non-labor costs will require JSI to recover less indirect costs on a proportional basis.
2. Employee Benefits	\$ 16,507.40	\$ -	\$ 16,507.40	
3. Consultants	\$ 19,200.00	\$ -	\$ 19,200.00	
4. Equipment:	\$ -	\$ -	\$ -	
Rental	\$ 1,170.93	\$ -	\$ 1,170.93	
Repair and Maintenance	\$ 1,001.10	\$ -	\$ 1,001.10	
Purchase/Depreciation	\$ -	\$ -	\$ -	
5. Supplies:	\$ -	\$ -	\$ -	
Educational	\$ -	\$ -	\$ -	
Lab	\$ -	\$ -	\$ -	
Pharmacy	\$ -	\$ -	\$ -	
Medical	\$ -	\$ -	\$ -	
Office	\$ 2,172.02	\$ -	\$ 2,172.02	
6. Travel	\$ 213.00	\$ -	\$ 213.00	
7. Occupancy	\$ 4,344.05	\$ -	\$ 4,344.05	
8. Current Expenses	\$ -	\$ -	\$ -	
Telephone	\$ -	\$ -	\$ -	
Postage	\$ -	\$ -	\$ -	
Subscriptions	\$ -	\$ -	\$ -	
Audit and Legal	\$ 1,001.10	\$ -	\$ 1,001.10	
Insurance	\$ 1,170.93	\$ -	\$ 1,170.93	
Board Expenses	\$ -	\$ -	\$ -	
9. Software	\$ -	\$ -	\$ -	
10. Marketing/Communications	\$ -	\$ -	\$ -	
11. Staff Education and Training	\$ -	\$ -	\$ -	
12. Subcontracts/Agreements	\$ -	\$ -	\$ -	
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	
MCH ES - Meeting Expenses	\$ 900.00	\$ -	\$ 900.00	
MCH ES - Training Materials	\$ 756.00	\$ -	\$ 756.00	
EP Conference	\$ 9,000.00	\$ -	\$ 9,000.00	
HVA Meetings	\$ 1,000.00	\$ -	\$ 1,000.00	
EPHT - Meeting Expenses	\$ 1,500.00	\$ -	\$ 1,500.00	
SPHI - Meeting Expenses	\$ 750.00	\$ -	\$ 750.00	
MCH V - Meeting Expenses	\$ 600.00	\$ -	\$ 600.00	
14. Indirect (ID)				
Information Systems (30% of ID)		\$ 1,976.90	\$ 1,976.90	
HR (20% of ID)		\$ 1,759.59	\$ 1,759.59	
Gen Admin (20% of ID)		\$ 1,494.60	\$ 1,494.60	
Payroll and Accounting (30% of ID)		\$ 2,241.89	\$ 2,241.89	
TOTAL	\$ 104,727.02	\$ 7,472.98	\$ 112,200.00	

Indirect As A Percent of Direct

7.1%

**Exhibit B-1 (2015) -Amendment 1
Budget**

New Hampshire Department of Health and Human Services

JSI Research and Training Institute, Inc., dba

Bidder/Contractor Name: Community Health Institute

Budget Request for: Public Health Program Services Support Services
(Name of RFP)

Budget Period: July 1, 2014 through June 30, 2015


Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	\$ 15,746.73	\$ -	\$ 15,746.73	The Indirect Cost Line Item represents a portion of JSI Research & Training Institute's federal approved Negotiated Indirect Cost Rate Agreement covering Information Systems, Accounting, Payroll, Human Resources and Administrative Staff Costs. These costs are derived from JSI's NICRA, but can fluctuate under this contract's budget structure as JSI's Indirect Costs are calculated using a different base than the contract requires. JSI's Indirect Costs are derived using direct labor as a base and this contract's budget structure uses total direct costs as a base. Due to this, contracts that include less labor costs and more non-labor costs will require JSI to recover less indirect costs on a proportional basis.
2. Employee Benefits	\$ 5,983.76	\$ -	\$ 5,983.76	
3. Consultants	\$ 8,000.00	\$ -	\$ 8,000.00	
4. Equipment:	\$ -	\$ -	\$ -	
Rental	\$ 472.40	\$ -	\$ 472.40	
Repair and Maintenance	\$ 314.94	\$ -	\$ 314.94	
Purchase/Depreciation	\$ -	\$ -	\$ -	
5. Supplies:	\$ -	\$ -	\$ -	
Educational	\$ -	\$ -	\$ -	
Lab	\$ -	\$ -	\$ -	
Pharmacy	\$ -	\$ -	\$ -	
Medical	\$ -	\$ -	\$ -	
Office	\$ 787.33	\$ -	\$ 787.33	
6. Travel	\$ -	\$ -	\$ -	
7. Occupancy	\$ 1,574.68	\$ -	\$ 1,574.68	
8. Current Expenses	\$ -	\$ -	\$ -	
Telephone	\$ -	\$ -	\$ -	
Postage	\$ -	\$ -	\$ -	
Subscriptions	\$ -	\$ -	\$ -	
Audit and Legal	\$ 314.94	\$ -	\$ 314.94	
Insurance	\$ 472.40	\$ -	\$ 472.40	
Board Expenses	\$ -	\$ -	\$ -	
9. Software	\$ -	\$ -	\$ -	
10. Marketing/Communications	\$ -	\$ -	\$ -	
11. Staff Education and Training	\$ -	\$ -	\$ -	
12. Subcontracts/Agreements	\$ 12,500.00	\$ -	\$ 12,500.00	
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	
MCH ES - Training Materials	\$ 1,500.00		\$ 1,500.00	
MCH V - Meeting Expenses	\$ 600.00		\$ 600.00	
14. Indirect (ID)			\$ -	
Information Systems (30% of ID)		\$ 600.49	\$ 600.49	
HR (20% of ID)		\$ 765.92	\$ 765.92	
Gen Admin (20% of ID)		\$ 546.57	\$ 546.57	
Payroll and Accounting (30% of ID)		\$ 819.84	\$ 819.84	
TOTAL	\$ 48,267.18	\$ 2,732.82	\$ 51,000.00	

Indirect As A Percent of Direct

5.7%

Contractor Initials: _____

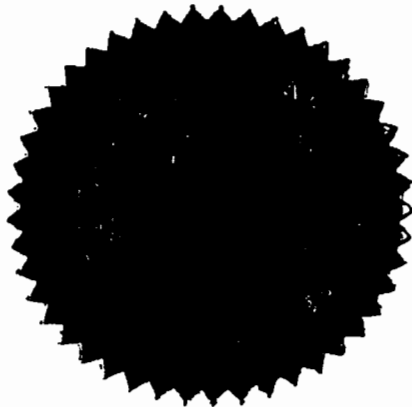
Date: _____


2/12/14

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 Community Health Institute is a New Hampshire trade name registered on March 29, 2007 and that JSI RESEARCH AND TRAINING INSTITUTE, INC. presently own(s) this trade name. I further certify that it is in good standing as far as this office is concerned, having paid the fees required by law.



In TESTIMONY WHEREOF, I hereto
set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 2nd day of April, A.D. 2013

A handwritten signature in black ink, appearing to read "William M. Gardner", written in a cursive style.

William M. Gardner
Secretary of State

CERTIFICATE OF VOTE/AUTHORITY

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

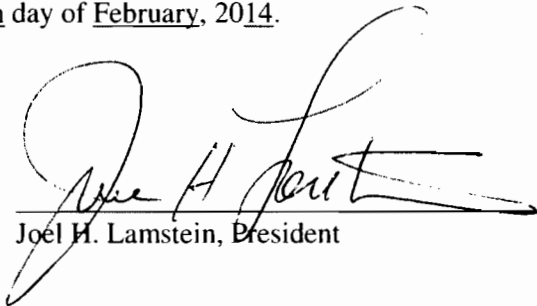
1. I am the duly elected President of the JSI Research & Training Institute, Inc., d/b/a Community Health Institute;

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

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

3. I further certify that the foregoing resolutions have not been amended or revoked and remain in full force and effect as of February 12, 2014.

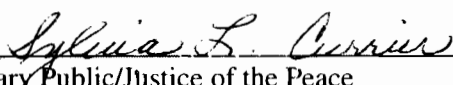
IN WITNESS WHEREOF, I have hereunto set my hand as the President of the JSI Research & Training Institute, Inc., d/b/a Community Health Institute this 12th day of February, 2014.



Joel H. Lamstein, President

STATE OF New Hampshire
COUNTY OF Merrimack

The foregoing instrument was acknowledged before me this 12th day of February, 2014 by Joel H. Lamstein.



Notary Public/Justice of the Peace
My Commission Expires: 2/12/14

SYLVIA L. CURRIER
Notary Public - New Hampshire
My Commission Expires December 20, 2018



CERTIFICATE OF LIABILITY INSURANCE

JOHNSNO-01

DMEANEY

DATE (MM/DD/YYYY)

1/16/2014

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

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

PRODUCER Mason & Mason Technology Insurance Services, Inc. 458 South Ave. Whitman, MA 02382	CONTACT NAME: Judy Yeary PHONE (A/C, No., Ext): (781) 447-5531 FAX (A/C, No.): (781) 447-7230 E-MAIL ADDRESS: JYeary@masoninsure.com
	INSURER(S) AFFORDING COVERAGE NAIC # INSURER A: Federal Insurance Company 20281 INSURER B: Executive Risk Indemnity 35181 INSURER C: INSURER D: INSURER E: INSURER F:
INSURED JSI d/b/a Community Health Institute 501 South Street 2nd Floor Bow, NH 03304	

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

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

INSR LTR	TYPE OF INSURANCE	ADDL. SUBR. INSR. WVD.	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO.JECT <input checked="" type="checkbox"/> LOC		35873320	09/09/2013	09/09/2014	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS		73546634	09/09/2013	09/09/2014	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ 1,000,000 BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (PER ACCIDENT) \$ 1,000,000 \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000		79861066	09/09/2013	09/09/2014	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000 \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y/N <input type="checkbox"/> N/A		71733182	09/09/2013	09/09/2014	<input checked="" type="checkbox"/> WC STATU-TOPY LIMITS OTH-ER E L EACH ACCIDENT \$ 500,000 E L DISEASE - EA EMPLOYEE \$ 500,000 E L DISEASE - POLICY LIMIT \$ 500,000
A	Directors & Officers		81595534	09/09/2013	09/09/2014	Gen Agg/Each Occ 3,000,000
B	Errors & Omissions		82120859	09/09/2013	09/09/2014	Gen Agg/Each Occ 1,000,000

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

It is understood and agreed that the State of NH Department of Health and Human Services is included as an additional insured as respects General Liability as required by written contract per the terms and conditions of the policy.

CERTIFICATE HOLDER**CANCELLATION**

State of NH Department of Health and Human Services 129 Pleasant Street Concord, NH 03301	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
---	--

© 1988-2010 ACORD CORPORATION. All rights reserved.

KEY ADMINISTRATIVE PERSONNEL

NH Department of Health and Human Services

Contractor Name: JSI Research and Training Institute, Inc., dba Community Health Institute

Name of Bureau/Section: Public Health Program Services - Amendment 1

BUDGET PERIOD: SFY 14

Program Area: MCH Early Childhood Services

NAME	JOB TITLE	SALARY	PERCENT PAID FROM THIS CONTRACT	AMOUNT PAID FROM THIS CONTRACT
Jonathan Stewart	Project Director	\$121,000	2.17%	\$2,630.42
Katie Robert	Project Manager	\$53,000	1.30%	\$691.30
Martha Bradley	Consultant	\$80,000	6.96%	\$5,565.22
Lisa Bryson	Project Associate	\$37,000	7.61%	\$2,815.22
TOTAL SALARIES (Not to exceed Total/Salary Wages, Line Item 1 of Budget request)				\$11,702.16

Program Area: Emergency Preparedness

NAME	JOB TITLE	SALARY	PERCENT PAID FROM THIS CONTRACT	AMOUNT PAID FROM THIS CONTRACT
n/a		\$0	0.00%	\$0.00
		\$0	0.00%	\$0.00
		\$0	0.00%	\$0.00
		\$0	0.00%	\$0.00
TOTAL SALARIES (Not to exceed Total/Salary Wages, Line Item 1 of Budget request)				\$0.00

Program Area: EPH Tracking

NAME	JOB TITLE	SALARY	PERCENT PAID FROM THIS CONTRACT	AMOUNT PAID FROM THIS CONTRACT
Karyn Madore	Project Director	\$87,000	10.96%	\$9,536.71
Katie Robert	Project Manager	\$53,000	10.87%	\$5,760.87
Martha Bradley	Consultant	\$80,000	10.87%	\$8,695.65
Rachel Kohn	Evaluator	\$81,000	3.04%	\$2,465.22
TOTAL SALARIES (Not to exceed Total/Salary Wages, Line Item 1 of Budget request)				\$26,458.45

Program Area: Strenthening Public Health Infrasturture

NAME	JOB TITLE	SALARY	PERCENT PAID FROM THIS CONTRACT	AMOUNT PAID FROM THIS CONTRACT
Jonathan Stewart	Project Director	\$121,000	1.20%	\$1,446.72
Katie Robert	Project Manager	\$53,000	0.87%	\$460.87
Amy Cullum	Consultant	\$91,000	1.20%	\$1,088.04
Lisa Bryson	Project Associate	\$37,000	1.30%	\$482.61
TOTAL SALARIES (Not to exceed Total/Salary Wages, Line Item 1 of Budget request)				\$3,478.24

Program Area: MCH Title V Needs Assessment

NAME	JOB TITLE	SALARY	PERCENT PAID FROM THIS CONTRACT	AMOUNT PAID FROM THIS CONTRACT
Jonathan Stewart	Project Director	\$121,000	0.22%	\$263.05
Katie Robert	Project Manager	\$53,000	0.87%	\$460.87
Martha Bradley	Consultant	\$80,000	0.87%	\$695.65
Lisa Bryson	Project Associate	\$37,000	1.03%	\$382.07
TOTAL SALARIES (Not to exceed Total/Salary Wages, Line Item 1 of Budget request)				\$1,801.64

KEY ADMINISTRATIVE PERSONNEL

NH Department of Health and Human Services

Contractor Name: JSI Research and Training Institute, Inc., dba Community Health Institute

Name of Bureau/Section: Public Health Program Services - Amendment 1

BUDGET PERIOD: SFY 15

Program Area: MCH Early Childhood Services

NAME	JOB TITLE	SALARY	PERCENT PAID FROM THIS CONTRACT	AMOUNT PAID FROM THIS CONTRACT
Jonathan Stewart	Project Director	\$121,000	0.76%	\$921.74
Katie Robert	Project Manager	\$53,000	3.97%	\$2,104.35
Martha Bradley	Consultant	\$80,000	6.52%	\$5,217.39
Lisa Bryson	Project Associate	\$37,000	7.66%	\$2,835.33
TOTAL SALARIES (Not to exceed Total/Salary Wages, Line Item 1 of Budget request)				\$11,078.81

Program Area: Strenthening Public Health Infrasturture

NAME	JOB TITLE	SALARY	PERCENT PAID FROM THIS CONTRACT	AMOUNT PAID FROM THIS CONTRACT
Jonathan Stewart	Project Director	\$121,000	0.54%	\$657.60
Katie Robert	Project Manager	\$53,000	0.43%	\$230.43
Amy Cullum	Consultant	\$91,000	0.43%	\$395.65
Lisa Bryson	Project Associate	\$37,000	1.09%	\$402.17
TOTAL SALARIES (Not to exceed Total/Salary Wages, Line Item 1 of Budget request)				\$1,685.85

Program Area: MCH Title V Needs Assessment

NAME	JOB TITLE	SALARY	PERCENT PAID FROM THIS CONTRACT	AMOUNT PAID FROM THIS CONTRACT
Jonathan Stewart	Project Director	\$121,000	1.30%	\$1,578.26
Katie Robert	Project Manager	\$53,000	1.20%	\$633.70
Martha Bradley	Consultant	\$80,000	0.43%	\$347.83
Lisa Bryson	Project Associate	\$37,000	1.14%	\$422.28
TOTAL SALARIES (Not to exceed Total/Salary Wages, Line Item 1 of Budget request)				\$2,982.07

JONATHAN A. STEWART, MA

JSI Research & Training Institute, Inc. d/b/a Community Health Institute
501 South Street, 2nd Floor, Bow, New Hampshire 03304 · (603) 573-3300

jstewart@jsi.com

EDUCATION

DUKE UNIVERSITY SCHOOL OF MEDICINE, DURHAM, NORTH CAROLINA
Department of Health Administration, Master of Health Administration, 1986
Department of Biochemistry, Master of Arts, Biochemistry, 1984

UNIVERSITY OF DELAWARE, NEWARK, DELAWARE
School of Arts & Sciences, Bachelor of Arts, Biology, 1981

EXPERIENCE

Community Health Institute, Bow, New Hampshire

Regional Director, September 2000 to present

Provide technical assistance, training and evaluation to health and human service organizations to support the development of effective public health and health care systems.

Selected Technical Assistance & Training Projects

NH Community and Public Health Development Program: Project Director providing technical assistance and training support to communities involved in development of improved local public health infrastructure; worked with multiple partners to develop the statewide New Hampshire Public Health Network.

Boston Metropolitan Area Hazard Vulnerability Assessment: Technical Assistance including planning, facilitation and analytic support to Massachusetts and New Hampshire state health departments and regional partners for assessment of hazards, risks and preparedness for health care, behavioral health and public health infrastructure.

MetroWest Community Health Care Foundation (Massachusetts): Capacity and readiness assessment of seven municipalities in Metro-Boston for developing collaborative models for local public health service delivery.

Robert Wood Johnson Foundation; Multistate Learning Collaborative for Quality Improvement in the Context of Assessment or Accreditation Programs (MLC-2): Co-Project Director in collaboration with NH Division of Public Health for establishment of standards for workforce competencies and measures of public health system performance.

Robert Wood Johnson Foundation; New Hampshire Turning Point Initiative: Project Director for multi-year initiative to develop sustainable strategies for improved local public health capacity.

HRSA, Bureau of Primary Health Care, Uniform Data System: Trainer and report editor for annual Uniform Data System reports for federal Community and Migrant Health Center program.

Selected Program Evaluation Projects

Endowment for Health & NH Department of Health & Human Services: Project Evaluator of NH Systems Transformation and Realignment (NH STAR) initiative to pilot improved service delivery and funding systems for supporting children with behavioral health needs who are in or at-risk for out-of-home placement.

Central New Hampshire Health Partnership: Evaluator for two federal Rural Health Outreach Grant Initiatives: the first for improving care coordination of socially and medically vulnerable populations; the second for improving care transitions from hospital to home and community.

Communities for Alcohol and Drug free Youth (Plymouth, NH): Program Evaluator for community-based coalition involved in multiple initiatives to promote positive and healthy school and community environments for youth.

NH Division of Alcohol & Drug Prevention & Recovery: Project Director for evaluation of state-wide ATOD prevention initiative involving multiple community-based coalitions implementing a range of programs including family strengthening, school-based education, mentoring and community action for environmental change.

Family Planning Private Sector Project (Nairobi, Kenya): Operations research on cost effectiveness and sustainability of FP/MCH service delivery sites throughout Kenya to assist USAID in resource allocation decisions and to improve cost recovery capability of clinics.

New York State Department of Health (Albany, New York): Qualitative Evaluation of New York State Healthy Heart Program; an initiative intended to influence CVD risk factors through community intervention and social marketing.

Selected Research Projects

National Network of Public Health Institutes and Robert Wood Johnson Foundation: Qualitative Assessment of Local and State Health Officials awareness of, interest in, and capacity to employ computer modeling for emergency preparedness.

Endowment for Health: Study of the effect of New Hampshire's Community Benefits Law for Health Care Charitable Trusts. Cooperative effort with NHDHHS Office of Health Planning and the NH Office of the Attorney General.

Bureau of Health Professions (Rockville, MD): Study of the effect of AIDS Education and Training Centers on physician attitudes and practices; Comparative analysis of parallel CDC-funded study of the general primary care physician population.

Bureau of Primary Health Care Delivery and Assistance (Rockville, MD): Study to assess preparedness of C/MHC's to respond to HIV-related service needs

Bureau of Primary Health Care, Rockville, Maryland: Survey project designed to gather information on provider practices in Community and Migrant Health Services relative to recommendations of the 1988 US Preventive Services Task Force.

North Country Health Consortium, Littleton, New Hampshire

Executive Director, 12/97 to 8/00 Founding Director of rural health network formed by four hospitals, two community health centers, two home health agencies, a mental health and developmental services organization, and a community action program.

Ammonoosuc Community Health Services, Littleton, New Hampshire

Operations Director, 11/94 to 12/97 of federally-funded, multi-site rural Community Health Center Network.

John Snow, Inc., Boston, Massachusetts

Consultant, 10/86 to 7/94 providing assistance in health services evaluation, financial analysis and program management.

SELECTED PUBLICATIONS | REPORTS

Rosenfeld, LA, Fox CE, Kerr D, Marziale E, Cullum A, Lota K, Stewart J, and Thompson MZ. "Use Of Computer Modeling For Emergency Preparedness Functions By Local And State Health Officials: A Needs Assessment". *J Public Health Management Practice*, 15(2), 96-104, 2009.

Stewart J, Kassler W, McLeod M. "Public Health Partnerships: A New Hampshire Dance". *Transformations in Public Health*, Volume 3, Issue 3, *Winter 2002*.

Stewart, JA, Wroblewski S, Colapietro J, Davis H. "Survey of US Physicians Trained by Regional AIDS Education and Training Centers". Abstract No. PO-D21-4047; IXth International Conference on AIDS. Berlin, Germany, *June -1, 1993*.

Kibua T, Stewart JA, Njiru S, Gitari A. "Sustainability and Cost Effectiveness of Family Planning Private Sector Subprojects". United States Agency for International Development; Nairobi, Kenya, *March 1990*.

SELECTED WORKSHOPS | PRESENTATIONS

Public Health Performance Improvement – The New Hampshire Experience (with Joan Ascheim, NHDHHS); 6th Annual National Public Health Performance Standards Training Workshop; Nashville, TN; *April 1-6, 2008*.

Dartmouth College, Center for Evaluative Clinical Sciences (now The Dartmouth Institute), MPH Program, guest lecturer on project management, logic models, coalition development, Public Health 101; academic review of capstone theses; *2004-2007*.

Building the Public Health Infrastructure: State Lessons Learned and Keys to Success; Nebraska Health and Human Services, Expanding Our Vision – Transforming Vital Public Health Systems, *October 2006*.

Building Infrastructure in Public Health - RWJF National Turning Point Showcase Conference, Denver, CO; *May 2004*

Community Benefits Exemplary Practices – New Hampshire statewide conference; *November 2002*

SELECTED BOARDS | AFFILIATIONS

National Network of Public Health Institutes, Board of Directors, *2008 to present*

New Hampshire Public Health Services Improvement Council, *2008 to present*

Bridges to Prevention, Leadership Board, *2010 to present*

New Hampshire Healthy People 2010 Leadership Council; Co-chair, *2000-2002*

New Hampshire Public Health Association; Treasurer, *1999-2003*

KATHERINE ROBERT, MPA

JSI Research & Training Institute, Inc. d/b/a Community Health Institute
501 South Street 2nd floor, Bow, New Hampshire 03304 · (603) 573-3331

krobert@jsi.com

EDUCATION

UNIVERSITY OF NEW HAMPSHIRE, DURHAM, NEW HAMPSHIRE
Master of Public Administration, 2009
Bachelor of Arts in Political Science, 2006

EXPERIENCE

Community Health Institute, Bow, New Hampshire

Project Manager, December 2007 to present

JSI provides consultation to health care organizations in the areas of health services delivery, public health, practice management, information for decision-making, and program evaluation. Clients include government agencies, public and private health care providers (hospitals, group practices, community health centers, family planning organizations, health maintenance organizations, community-based coalitions and social service agencies). JSI is a health care consulting firm working with clients in the public and private sectors. Since 1978, JSI has provided consulting, research and training services for agencies and organizations seeking to improve the health of individuals, communities and nations.

Spark NH Needs Assessment *August 2012 to present* Work closely with the Spark NH Data Committee to finalize a needs assessment, document gaps, and identify policy and system recommendations for the NH Early Childhood System. This effort is in support of the Early Childhood Advisory Council's vision that all New Hampshire children and their families are healthy, learning and thriving now and in the future.

Nutrition and Physical Activity Self-Assessment for Child Care (NAP SACC) Services *May 2012 to present* Recruit and hire qualified consultants to implement NAP SACC in targeted NH communities. Provide technical assistance to consultants during the project period through program recruitment support, logistical support, and implementation support. Conduct an evaluation of past NAP SACC interventions from the perspective of trained sites and trainers.

NH Immunization Marketing *June 2010 to present* Provides project coordination support, and works with the NH DHHS Immunization Program staff and community stakeholders to research, and assist in the development and implementation of a statewide marketing and awareness campaign aimed at increasing immunization rates for the priority population. Assists in the development of provider trainings, and provides technical support in planning an annual conference.

NH Environmental Public Health Tracking Program Data Utilization and Outreach Project *April 2012 to present* Works with NH DHHS Environmental Public Health Tracking Program (EPHT) staff and partners to increase the utilization of the EPHT's data portal and other communication tools by developing a communication plan consisting of contemporary marketing and outreach strategies. Assist EPHT in developing a user analytics data collection process for web-based tools.

NH Breast and Cervical Cancer Program Focus Groups *April 2012 to present* Convened, facilitated, and summarized findings of four market research focus groups around promotional materials promoting breast and cervical cancer screenings. Finalized a focus group script, developed relevant recruitment and logistical materials, and developed a final report with recommendations for promotional materials development.

Dartmouth-Hitchcock Colorectal Cancer Screening Focus Groups *April 2012 to June 2012* Convened, facilitated, and summarized findings of two market research focus groups around six posters designed by the Dartmouth-Hitchcock Colorectal Cancer Screening Program. Finalized a focus group script, developed relevant recruitment and logistical materials, and developed a final report with recommendations for promotional materials development.

Tobacco and Obesity Policy Project *June 2010 to January 2012* Provided project management support, and worked with NH DHHS Obesity Prevention Program and Tobacco Prevention and Control Program staff and partners to assist in

the development of strategies and creation of trainings and materials for licensed childcare settings, schools, and workplaces to develop and adopt evidence-based guidelines around nutrition, physical activity, screen time, and tobacco exposure. Conduct qualitative research to inform process.

Dartmouth-Hitchcock Early Childhood Messaging Collaborative Focus Groups *December 2011 to January 2012* Convened, facilitated, and summarized findings of four market research focus groups around six logos and three graphic sets designed for the HNH foundation-funded Early Childhood Messaging collaboration. Finalized a focus group script, developed relevant recruitment and logistical materials, and developed a final report with recommendations for the logo and graphic development.

NH County Rankings Video Project *September 2011 to December 2011* Participated in a collaborative process of the NH State County Health Rankings Team to produce video vignettes focusing on state and local Public Health. Data from the NH County Health Rankings and the NH State Health Report were linked to stories gathered around the state that illustrate community actions to improve health or people impacted by improvements in public health. The video(s) will be used to educate and motivate individuals and communities into action to improve the health of their community and state.

Manchester Sustainable Access Project (MSAP) *January 2008 to May 2011* Provided administrative and logistical support to the MSAP project. The goal of MSAP is to design and implement an integrated community network of primary care for the city's most vulnerable populations by integrating mental health, dental and primary care services. MSAP attempts to enhance community access to Federal 330 grant funding and Medicaid enhanced reimbursement for providers through the expansion of the FQHC programs in the area.

Strategic Prevention Framework – Local Regional Evaluation *January to March 2009* Data entry and data analysis for surveys of four strategic prevention framework regions. Worked in SPSS to clean and analyze the data. Created summary reports to provide to the client.

Manchester Community Needs Assessment *December 2008 to December 2009* Provided logistical support to the project by serving as a liaison between the MSAP Data Committee and the Community Health Institute team. Assigned team roles, managed the budget, and defined key deadlines. Collected quantitative state and local data, as well as analyzed and summarized focus group and key informant survey data. Assisted in the development and editing of the final Needs Assessment Report.

PROFESSIONAL ASSOCIATIONS

NH Public Health Association, Board of Directors, 2012 - Present

- Membership Committee – 2012 - Present

COMPUTER SKILLS

Proficient in Adobe InDesign CS5.5, Adobe Illustrator CS5.5, Microsoft Word, Excel, and Publisher. Working knowledge of Microsoft Access, QuickBooks, Adobe Photoshop, and SPSS.

MARTHA BRADLEY, MS

JSI, South Street Bow, New Hampshire 03304 (603) 573-3318

mbradley@jsi.com

EDUCATION

SPRINGFIELD COLLEGE, MANCHESTER, NEW HAMPSHIRE
M.S., Human Service Administration, May, 2001

UNIVERSITY OF NEW HAMPSHIRE, DURHAM, NEW HAMPSHIRE
B.A., Psychology, May, 1987

EXPERIENCE

JSI Research & Training Institute, Inc., Bow, New Hampshire

Project Manager, December 2002 to present

Areas of technical expertise include: Project management and implementation, health education and material development, training, and qualitative research.

HNH Foundation, December 2012 to present

Work with 8-12 community groups across NH to host a screening of the *Challenges* film from the HBO series *Weight of the Nation*. The aim of the project is to increase awareness among NH residents of the social costs and implications of obesity and to encourage local and regional strategies to address access to healthy food and opportunities for physical activity.

NH Department of Education, Child and Adult Care Food Program (CACFP), January 2013 to present

Create content for two lessons and supplemental activities on the topics of nutrition and physical activity for CACFP for professionals working in family-based child care programs that are enrolled in CACFP and their sponsoring agencies.

NH Environmental Public Health Tracking Program Data Utilization and Outreach Project, April 2012 to present

NH Department of Health and Human Services, Environmental Public Health Tracking Program: works to increase the utilization of the EPHT's data portal and other communication tools by developing a communication plan consisting of contemporary marketing and outreach strategies. Conducted formative research and wrote current communication plan.

NH Immunization Marketing, June 2010 to present

NH Department of Health and Human Services, NH Immunization Program: Work with community stakeholders to research, develop, and implement a statewide marketing and awareness campaign aimed at increasing immunization rates for the priority population. Develop and conduct provider trainings, and provide technical support in planning an annual conference, secure continuing education credits for professional development programs.

New Hampshire Public Health Emergency Planning Technical Assistance and Training, December 2008 to present

New Hampshire Department of Health and Human Services, Division of Public Health Services, Office of Community and Public Health: Provide technical assistance and support to two of the 14 regional public health regions. Developed and delivered a five hour *Risk Communication* training designed to build skills for professionals serving as a public information officer during a public health emergency, Family and Individual Preparedness train-the-trainer, Continuity of Operations Planning training and several other Homeland Security Emergency Planning compliant exercises to assist the regions build knowledge and skills to plan and respond to public health emergencies. Support, participate in and evaluate training exercises.

Dartmouth-Hitchcock Colorectal Cancer Screening Program Focus Groups, Summer 2012

Catholic Medical Center, Abstinence Education Program, Why Am I Tempted Curriculum, Summer 2012

Convened, facilitated, and summarized findings of qualitative and market research of target audiences. Developed line of questioning and facilitator's script, developed relevant recruitment and logistical materials, and wrote summary of findings with recommendations for material development and program improvement.

Tobacco and Obesity Policy Project, June 2010 to December 2011

Worked with NH Department of Health and Human Services, Tobacco Prevention & Control Program and Obesity Prevention Program staff and partners to develop strategy and create training and materials for licensed childcare settings and schools to

adopt national standards around nutrition, physical activity, screen time, and tobacco exposure. Conducted quantitative research of childcare professionals and developed baseline and follow-up survey to assess changes to policies.

Engaging Smokers in Cessation through Financial Assistance Program, June 2009 to present

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

Manchester Community Sustainable Access Project: Community Benefits Assessment, January–May 2009

Through funding from Elliot Health Systems, Catholic Medical Center and the Manchester Health Department developed a strategy to collect qualitative data from community members represented in six towns served by agencies in Manchester, NH. The purpose of the research was to determine the extent to which the community benefited from their services a non profit organization. Qualitative research methods included 13 focus groups and 15 key informant interviews. Wrote report with recommendations based on data from assessment.

Training Oral Health Providers to Motivate Patients to Quit Smoking, October 2005 to present

Year one of this project included planning and convening phase to assess the readiness of oral health providers to engage patients who use tobacco in a brief intervention. Data was collected through key informant interviews, focus groups, literature review and a curricula search. Wrote report with recommendations. In subsequent years, recruited practices and conducted 50 trainings reaching over 500 oral health professions on an evidence-based model for reaching tobacco users in a practice setting.

Healthy Eating Active Living, June–December 2007

Facilitated a strategic planning process with NH worksite representatives to draft statewide recommendations to increase healthy eating and active living for NH employees. Reviewed the literature. Coordinated statewide NH conference to present the strategic plan to reduce obesity rates for NH children and adults with over 200 stakeholders present.

Tobacco & Literacy in NH: A Pilot Program for Young Adults, October 2006 to December 2007

Through funding from the American Legacy Foundation coordinated with three Adult Education Programs in NH to develop and pilot test three lessons that advanced adult literacy skills and tobacco knowledge to adult learners. Disseminated lesson plans to national adult literacy and tobacco control programs.

Smoking Cessation: State-of-the-Art Tobacco Treatment, July 2004 to June 2006

Provided project management for the NHDHHS, Tobacco Prevention and Control Program. Recruited and trained 120 healthcare clinical sites to assist patients who use tobacco in the 5A tobacco treatment model and provided technical assistance to sites to adopt the recommendations in the Public Health Services' *Clinical Practice Guideline, Treating Tobacco Use and Dependence*. Developed curriculum. Track results of the intervention with baseline and post surveys using SPSS.

Tobacco Free in the Queen City, September 2004 to December 2005

Provided project management to the NH Chapter of March of Dimes in partnership with the Elliot Welness Center to train health and human service providers serving pregnant women or new families in the 5A tobacco treatment model through the Elliot Health Systems. Trained and provided technical assistance to staff from various programs or departments.

Smoking Cessation for Women of Reproductive Age: State-of-the-Art Tobacco Treatment, December 2002 to June 2004

Provided project management for the NHDHHS, Tobacco Prevention and Control Program in partnership with Southern and Northern NH Area Health Education Centers and the NH Foundation for Healthy Communities. The goal of the project was to increase the capacity of NH health providers serving perinatal and reproductive age women to systematically provide effective smoking cessation interventions in their clinical setting. Responsibilities included: contract monitoring, recruitment and training of health educators to deliver the guideline-based tobacco treatment intervention and the recommended practice improvements to both publicly and privately funded clinical sites throughout NH. Promoted and recruited the clinical sites, designed training materials and survey tools. Monitored project.

PRESENTATIONS

Presented Poster at Moffitt Cancer Center: *Cancer, Culture and Literacy Conference* in 2008 & 2010.

Presented at the NH Conference for Adult Educators on *Tobacco & Literacy in NH: A Pilot Program for Young Adults*, February 2007 and abstract accepted at the ACCESS 08 Conference.

Presented Poster and presentation at the Break Free Alliance conference, *Promising Practice to Eliminate Tobacco Related Disparities: the Power of Communities*, April 2012.
Presented Poster Break Free Alliance conference on *Supporting Healthy Practices in Child Care: Nutrition, Physical Activity & Tobacco Exposure*, April 2012.
Presented at National Conference on Tobacco or Health, *Engaging Low-Income Smokers in Tobacco Cessation via Credit Counseling Programs*, 2012.

OTHER EDUCATION

National Institutes of Health, Office of Extramural Research, Protecting Human Research Participants, September 2009
New Hampshire Department of Safety, Division of Fire Standards and Training:
IS-700: NIMS an Introduction, January 2009
IS-100: Introduction to ICS, January 2009
Public Information Office, April 2009
Homeland Security Exercise & Evaluation Program (HSEEP) Training Course, December 2008
Attended National Conference on Tobacco or Health, Minneapolis, MN, 2007
Attended World Tobacco Conference, Washington, D.C., 2006
Completed *Motivational Interviewing* workshop at Health Education and Training Institute, Portland, ME, 2005
Attended National Tobacco Conference, Boston, MA, 2004
Completed *Basic Skills for Working with Smokers*, University of Massachusetts Medical School, 2002

COMMUNITY INVOLVEMENT

Rape & Domestic Violence Crisis Center, Concord, New Hampshire, *Facilitator*, Sexual Assault Support Group, July 1993–1999
Downtown Athletic Club, Concord, New Hampshire, *Fitness Instructor*, September 1989–1999

ACTIVITIES | AFFILIATIONS

Member of the Epsom Central School's Wellness Team
Member of the NH Oral Health Coalition

LISA M. BRYSON

CHI/ JSI, 501 South Street, Bow, New Hampshire 03304 (603) 573-3359

lisa_bryson@jsi.com

EDUCATION

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

EXPERIENCE

CHI/JSI, Bow, New Hampshire

Staff Associate, November 2013 to present

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

Granite State Management & Resources, Concord, New Hampshire

Graphic Designer, 2003–2013

Designed and revamped a multitude of print-ready projects including but not limited to corporate identity, brochures, newsletters, reports, posters and booklets. Worked with Marketing Director as well as several internal customers on concept, design and coordination of projects from start to finish.

COMPUTER SKILLS

Microsoft Office
Adobe InDesign
Adobe Photoshop
Adobe Illustrator
Adobe Lightroom
Social Media
Email Marketing Platform (Constant Contact)

CREATIVE SKILLS

Photography
Color Matching
Drawing

KARYN DUDLEY MADORE, MEd

JSI Research & Training Institute, Inc. d/b/a Community Health Institute
501 South Street, 2nd floor, Bow, New Hampshire 03304 · (603) 573-3305

kmadore@jsi.com

EDUCATION

UNIVERSITY OF SOUTH FLORIDA, TAMPA, COLLEGE OF PUBLIC HEALTH GRADUATE CERTIFICATE PROGRAM
HEALTH COMMUNICATION IN PUBLIC HEALTH (ANTICIPATED GRADUATION SUMMER 2013)

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

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

EXPERIENCE

Community Health Institute, Bow, New Hampshire
Operations Director, August 1998 to present

Operations Director

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

NH Immunization Marketing SFY2011 to present

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

NH Tobacco Addiction Treatment Services (TATS) SFY2001 to present

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

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

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

NH County Rankings Video Project –(MATCH) 2012

Co-Lead the process to collaborate with the NH State County Health Rankings Team to produce three 5-minute videos and one 15-minute video. The videos focus on Public Health in NH as it relates to the NH County Health Rankings and the NH State Health Report. Data from the reports will be linked to stories gathered around the state that illustrate community actions to improve health or people impacted by improvements in public health. The videos serve to educate and motivate NH individuals and communities into action to improve the health of their community and state.

Mobilizing Action Toward Community Health (MATCH) 2011

In partnership with DHHS and the North Country Health Consortium, developed the overarching concept for four videos. These videos highlight data found in the County Health Rankings Report, the NH State Health Report and highlights the role of public health in the state. CHI worked with the state in identifying local or statewide "success stories" to highlight. Lead script development process and worked with videographers to complete the video projects.

Expand and Promote Try-To Stop Resource Center

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

NH Tobacco & Obesity Policy Project

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

New Hampshire Public Health Emergency Planning Technical Assistance and Training

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

Communication Training

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

Massachusetts Institute of Technology, Medical Department

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

NH Tobacco Use Cessation and Counter Marketing (TUCCM)

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

PROFESSIONAL ASSOCIATIONS

CDC Media Network Representative for NH

Circle Program, Mentor, 1993 to present

Concord Area Red Cross Board of Directors: 2001–2007, Vice-Chair, 2004–2005, President, 2005–2007

Comprehensive Cancer Collaborative Tobacco Prevention Workgroup, Member

MSA Violation Monitoring National Workgroup, Member

National Public Health Information Coalition, Member

NH Tobacco-Free Coalition, Member

Public Relations Society of America, Member

Tobacco Health Systems Change Collaborative 13 Workgroup Member – 13 States, CDC Funded

RACHEL S. KOHN, MSW, MPH

JSI/CHI, 501 South Street, Bow, New Hampshire 03304, 603-573-3305

rkohn@jsi.com

EDUCATION

SCHOOL OF THE MUSEUM OF FINE ARTS, BOSTON, MASSACHUSETTS
Graphic Design Certificate, December, 2008

BOSTON UNIVERSITY SCHOOL OF PUBLIC HEALTH, BOSTON, MASSACHUSETTS
M.P.H., Epidemiology, September, 1998

BOSTON UNIVERSITY SCHOOL OF SOCIAL WORK, BOSTON, MASSACHUSETTS
M.S.W., Macro Social Work, May, 1997

UNIVERSITY OF MASSACHUSETTS, AMHERST, MASSACHUSETTS
B.A., Social Thought and Political Economy, May, 1989

EXPERIENCE

Community Health Institute, Bow, New Hampshire
JSI, Boston, Massachusetts

Senior Consultant, November 1998 to present

Areas of technical expertise include: project management; needs assessment; program evaluation; survey research design and administration; technical assistance for program-level and client-level program implementation; all aspects of qualitative and quantitative data collection and management; grant writing, and report writing and dissemination. Content expertise includes evidence-base strategies to address substance abuse prevention and treatment; treatment drug courts; and prisoner reentry programs. These technical skills are complimented by extensive experience in graphic design with a focus on data visualization and health communication strategies.

Selected Program Evaluation and Needs Assessment projects:

New Hampshire Department of Children, Youth & Families – Juvenile Court Diversion Center for Excellence
Project Director – Lead the development of a Juvenile Court Diversion Center for Excellence which aims to educate policymakers on the efficacy; core elements and best practices; and best practice strategies to initiate and sustain court diversion programs. Primary tasks include the development of manuals and materials for use in promoting, implementing and sustaining court diversion; institute communication channels and a technical assistance delivery system to support a learning community of practitioners; and increase knowledge and action relative to expanded, effective court diversion practice in New Hampshire.

Keystone Hall – Family-Based Prisoner Substance Abuse Treatment Program

Evaluator – Development and implementation of a process and outcome evaluation plan and customized MS Access data collection system for a Bureau of Justice Assistance-funded trauma informed-treatment and re-entry case management program for incarcerated women in five New Hampshire county correctional facilities.

Institute for Health and Recovery – Project RENEW

Evaluation Advisor –SAMHSA/CSAT-funded Re-Entry Network for Empowering Women project (RENEW). Responsibilities include evaluation design, training of program staff in monitoring, evaluation and data reporting, and analysis and presentation of evaluation data.

New Hampshire Department of Justice – Rockingham County Adult Drug Court

Evaluation Advisor – Development and implementation of a process and outcome evaluation plan and customized MS Access data collection system for this new Bureau of Justice Assistance-funded treatment drug court for non-violent addicted adult offenders.

Adolescent Substance Abuse Treatment – Seacoast Youth Services

Evaluator – Seacoast Youth Services OJJDP-funded Adolescent Substance Abuse Treatment program targeting high-risk youth and Project Adventure, a behavior modification program that uses proactive strategies to provide alternatives to high risk behaviors. Designed a utilization-focused evaluation plan and tools for multiple programs provided by SYS.

Child & Family Services – Adolescent Substance Abuse Treatment Program

Evaluator – SAMHSA/CSAT-funded Assertive Adolescent Family Treatment (AAFT-2 & -3) for Child & Family Services Adolescent Substance Abuse Treatment Program, a program designed to provide substance abuse treatment services New Hampshire adolescents in Merrimack, Hillsborough and western Rockingham counties.

Dover Youth to Youth – One Voice Youth Empowerment Model

Evaluator – Work with the Dover Youth to Youth, innovators of the One Voice Youth Empowerment Model, to establish evidence of program effectiveness. Evaluation enhancement efforts were funded by Center for Substance Abuse Prevention's Center for the Application of Prevention Technologies (CAPT) Service-to-Science program in preparation for submission to the National Registry of Evidence-based Programs and Practices (NREPP).

Institute for Health and Recovery – On-PAR

Evaluation Advisor – Needs assessment and formative evaluation services to inform and support the development of the On-PAR Online Training being developed by IHR with funding from Pfizer. The training will increase tobacco education and smoking cessation training opportunities targeted to staff and administrators working with behavioral health populations.

Dover Youth Coalition & Rochester Bridging the Gaps Coalition – Drug-Free Community Grant Evaluation

Evaluator – Provide evaluation services for two local DFC coalitions including membership surveys, collecting and reporting national outcome measures using YRBS or comparable data sources, and local strategy/activity program evaluation.

NH Strategic Prevention Framework State Incentive Grant

Evaluator – Evaluation and technical support provided for New Hampshire-based regional coalitions implementing the SPF protocol to address underage and binge drinking, and other high risk behaviors, among youth and young adults in each region. Coordinated the collection, analysis and communication of YRBS results and trends as they relate to local- and state-level initiatives.

NH Environmental Public Health Tracking Program Data Utilization and Outreach Project

Project Director – New Hampshire DHHS Environmental Public Health Tracking program to assess the current communication plan, evaluate the target audience needs, create a user feedback process and develop an outreach plan in order to increase the utilization on EPHT's electronic database and communication tools.

CAB Health and Recovery Services, Inc.

Evaluator – Provide evaluation and data management services for multiple SAMHSA/CSAT-funded substance abuse treatment and prevention programs including: MET/CBT-5; Essex County Juvenile Drug Court; Young Offenders Reentry Program; Women RISE; and Protect Encounter.

New Hampshire Department of Juvenile Justice – Youth Vision

Consultant – Conducted a needs assessment and gap analysis of youth between the ages of 16 to 25 who are currently, or at one time, received out-of-home care through the Manchester NH district office.

Legacy Foundation Low Income Smokers

Evaluator/Designer– Evaluation and dissemination of an innovative 2-year pilot study designed to enroll low income smokers into smoking cessation quitlines through financial services or workplace transition educational settings using the Ask, Advise, Refer approach with current smokers and help them to identify the financial implications of smoking tobacco.

New Hampshire Nutrition and Health Promotion Section – NH Fit WIC Evaluation Plan

Evaluation Consultant – Developed an evaluation plan for the New Hampshire Department of Health and Human Services, Nutrition and Health Promotion Section NH Fit WIC Program. Framed by a utilization-focused evaluation design that incorporated input from all stakeholders of the NH Fit WIC Program.

*Selected Graphic Design projects:***United Way of Greater Seacoast: State of the Seacoast Report****Legacy Foundation Tobacco Education Training Manuals****Tools from the Field: Participant-Centered Techniques for Effective Training****Annual Public Health Conference Materials****Branding and Logo Designs****ASSOCIATIONS | BOARDS**

American Evaluation Association; National Association of Drug Court Professionals; Amesbury Cultural Council

COMPUTER SKILLS

Adobe CS6 Professional Suite (Illustrator, Photoshop, InDesign, Flash, Dreamweaver); MS Office Suite (Word, Excel, Publisher, Access); Statistical Software (SPSS); Social Network Applications (Facebook, Twitter, Google Docs, Skype, FaceTime)

AMY LEE CULLUM, MA, MPH

JSI Research & Training Institute, Inc. dba Community Health Institute
501 South Street, Bow, New Hampshire 03304 · (603) 573-3316

acullum@jsi.com

DEGREES

HARVARD SCHOOL OF PUBLIC HEALTH, BOSTON, MASSACHUSETTS
M.P.H., Population and International Health, 2000

AMERICAN UNIVERSITY, SCHOOL OF INTERNATIONAL SERVICE, WASHINGTON, D.C.
M.A., International Development, 1995

BROWN UNIVERSITY, PROVIDENCE, RHODE ISLAND
B.A., International Relations, 1990

ADDITIONAL EDUCATION

HOMELAND SECURITY EXERCISE AND EVALUATION PROGRAM, BOW, NEW HAMPSHIRE AND BURLINGTON, VERMONT
Evaluator Certification, January 2008
Exercise Evaluation and Improvement Training Course, June 2006

NEW HAMPSHIRE DEPARTMENT OF SAFETY, DIVISION OF FIRE STANDARDS AND TRAINING, BRADFORD, NEW HAMPSHIRE
IS-701: NIMS Multi-Agency Coordination System, September 2008
IS-700: NIMS An Introduction, March 2007
IS-100: Introduction to ICS, March 2007
IS-200: ICS for Single Resources and Initial Action Incidents, March 2007
ICS-300: Incident Management/Unified Command for Complex and Expanding Incidents, July 2012

EXPERIENCE

Community Health Institute, Bow, New Hampshire

Senior Consultant, June 2002 to present

Provide technical assistance to local, state and national and international public health organizations and programs in the areas of planning, assessment, and evaluation to support the development of effective public health delivery systems. Topical expertise in local public health infrastructure development and public health emergency preparedness.

Selected Projects:

New Hampshire Public Health Emergency Planning Technical Assistance and Training, July 2003 to present
NH Department of Health and Human Services, Division of Public Health Services, Office of Community and Public Health. Directed training and technical assistance project to assist NH's public health emergency planning regions to increase regional preparedness and response capacity. Developed templates and materials to support plan development and state Influenza A (H1N1) and Hepatitis C responses. Developed and implemented training programs on such topics as continuity of operations planning (COOP); disease case investigation; social media in emergency response; working with the media in emergencies; family emergency preparedness and health information privacy in emergency response. Developed and implemented HSEEP-compliant exercises. Authored NH's H1N1 and Hepatitis C After Action Reports, including conducting a descriptive analysis of multiple data sets including two CHI-developed surveys of enrolled vaccine providers and the general population as well as multiple focus groups.

Boston Metropolitan Statistical Area (MSA) Hazard Vulnerability Assessment (HVA), January 2012 to present
NH Department of Health and Human Services, MA Department of Public Health. Technical lead on project to assess the public health, behavioral health, and health care system impacts of natural and manmade hazards for the Boston MSA. Adapted tool to assess hazard impacts for this data-driven HVA, including spearheading an indicator selection process; researching likely impacts from historical data and models; and designing a participatory process involving a variety of stakeholders to assess impacts and identify risk mitigation strategies for the Boston MSA.

New Hampshire Public Health Network, June 2002-July 2007 NH Department of Health and Human Services, Division of Public Health Services, Office of Community and Public Health. Facilitated assessment of local public

health system capacity using the National Public Health Performance Standards, worked with community partners to achieve consensus on priorities, conducted community health assessments, developed community health profiles, drafted public health improvement plans and assisted with implementation of health improvement initiatives. Conducted bimonthly trainings for PHN staff on topics such as core principles of public health, community health assessment methods, community engagement, and community health improvement processes.

Public Health Quality Improvement through Performance Assessment and Accreditation, *April 2008- April 2010* National Network of Public Health Institutes. Participated in Robert Wood Johnson Foundation-funded Multistate Learning Collaborative, a national collaborative effort to explore quality improvement strategies in public health. Project goals were to articulate specific measures and approaches for ongoing measurement and improvement of NH's performance on strategic public health system priorities; develop automated data collection, storage and reporting processes; and to improve the quality of public health practice by articulating public health workforce competencies.

Public Health Emergency Preparedness (PHEP) Training and Technical Assistance, *October 2010- April 2012* Centers for Disease Control and Prevention (CDC) Office of Public Health Preparedness and Response /Division of State and Local Readiness (OPHPR /DSLRL). Developed and implemented multi-modal training program for 62 CDC-funded state, territorial, and municipal PHEP awardees and DSLR staff to support implementation of new CDC Public Health Emergency Preparedness capabilities-based framework. Conducted a needs assessment to inform training program development. Developed and implemented a comprehensive training program using state of the art technologies. Served as Emergency Preparedness Content Lead, providing technical content for training program.

Public Health Emergency Preparedness (PHEP) Data Collection and Reporting Training, *January 2010-May 2010* Centers for Disease Control and Prevention (CDC) Office of Public Health Preparedness and Response /Division of State and Local Readiness (OPHPR /DSLRL). Provide training and technical assistance to 62 CDC-funded state, territorial, and municipal PHEP awardees on the collection, reporting, and use of public health emergency preparedness data for program evaluation and monitoring. Activities included conduct of a needs assessment to inform training program development, development and implementation of a comprehensive training program using state of the art technologies. Serve as the Emergency Preparedness Performance Improvement Advisor, providing technical content for training program.

Social Distancing Legal Assessment, *January 2010-May 2010* NH Department of Health and Human Services, Division of Public Health Services; Association of State and Territorial Health Officials (ASTHO). Work with NH Attorney General's office and to inventory NH legal authorities available to support social distancing measures against an influenza pandemic or a similar, highly virulent infectious disease. Design and conduct tabletop exercise to identifying potential gaps, ambiguities, or opportunities for improving NH social distancing law.

Community Health Center Preparedness Technical Assistance, NH Department of Health and Human Services, Division of Public Health Services; Bi-State Primary Health Care Association. Researched and developed template emergency operations plan for NH's Community Health Centers and provided training in the completion of the template; developed HSEEP-compliant tabletop exercise materials and a train-the trainer program to enable Community Health Centers to test the adequacy of their Emergency Operations Plans.

JSI, International Division, Boston Massachusetts and Washington, DC,
Consultant, April 1995 to June 2002.

Selected Projects:

Urban Family Health Partnership (UFHP), US Agency for International Development, Dhaka, Bangladesh. Served as Team Leader, Program Development. Responsible for leading design and evaluation of new service initiatives, including safe delivery pilot program based on qualitative and quantitative community-level needs assessments. Responsible for conduct of internal reviews of program activities and for ensuring that findings were fed back into the program. Managed technical assistance activities of Behavior Change Communications (BCC) Team, leading development and review of health BCC materials and BCC and counseling-related curricula for project and overseeing technical staff.

OTHER ACTIVITIES

NH Medical Reserve Corps, Concord, New Hampshire
Member, January 2010 – present

Boston University School of Public Health, Boston, Massachusetts
Guest Professor, Spring 2005, Spring 2006

Instructed Master's level course entitled, "Management of Reproductive Health Programs In Developing Countries".



40-B

Handwritten initials/signature



Nicholas A. Toumpas
Commissioner

José Thier Montero
Director

STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES

129 PLEASANT STREET, CONCORD, NH 03301-3857
603-271-9564 1-800-852-3345 Ext. 9564
Fax: 603-271-8431 TDD: 603-271-1351



Approved

Date 7-10-13
Item # 40B June 18, 2013

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

86.53% led
11.01% other (REBATES)
Retroactive

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division of Public Health Services, to enter into an agreement with JSI Research & Training Institute, Inc. dba Community Health Institute (Vendor #161611-B001), 501 South Street, 2nd Floor, Bow, NH 03304, in an amount not to exceed \$1,362,200.00, to provide a broad range of programmatic support services across a number of public health programs to include public health strategic planning, needs assessment, training and technical assistance; implementation of health communications campaigns; and a coordinated system for the placement of clinical health providers in areas of the State designated as being medically underserved, to be effective **retroactive** to July 1, 2013, through June 30, 2015.

Funds are anticipated to be available in SFY 2014 and SFY 2015 upon the availability and continued appropriation of funds in the future operating budgets, with authority to adjust amounts within the price limitation and amend the related terms of the contract without further approval from Governor and Executive Council.

See attachment for financial details

EXPLANATION

Retroactive approval is being requested for this agreement because the complexity in the procurement process of consolidating six program areas and ten funding sources was more time-consuming than originally anticipated. Lessons learned during this initial attempt to consolidate agreements will be applied in the future and result in savings of staff time and resources.

Funds in this agreement will be used to implement programs in six different areas:

State Health Improvement Planning

- Conduct a re-assessment of the National Public Health Performance Standards by convening and supporting a one-day conference and publishing a report of the findings.
- Support to revise the 2011 Division of Public Health Services Strategic Plan by convening and supporting a one-day conference and publishing a final report.

Climate Change and Public Health Adaptation Planning

- Provide training and technical assistance services to develop and implement an action plan to increase the capacity for public health systems to manage and mitigate the health impacts related to climate change.

Public Health Preparedness Training and Technical Assistance

- Provide training and technical assistance programs to strengthen local, regional, and state partners' ability to meet federal preparedness standards.
- Provide logistics support for two, one-day conferences each year sponsored by the Department of Health and Human Services and the Department of Safety, Homeland Security and Emergency Management.

Immunization Health Communications

- Develop, implement, and evaluate health communication messaging to New Hampshire residents to increase immunization rates in New Hampshire among children, adolescents, and adults.

HIV Comprehensive Needs Assessment

- Design, implement, and analyze a Comprehensive Needs Assessment for residents who are living with HIV disease.

Clinical Placement Program

- Collaborate with clinical health care provider sites in New Hampshire designated as being medically underserved, state healthcare workforce officials, and New Hampshire-based medical training programs to create a coordinated clinical placement system for primary care provider students.

Should Governor and Executive Council not authorize this Request there will be a reduction in the Division's ability to implement a recommendation of the Legislative Commission on Primary Care Workforce Issues to develop an effective system to place health care providers in underserved areas; provide training and technical expertise to local and regional public health emergency responders; and improve the quality and cost-effectiveness of services provided to individuals living with HIV. Additionally, it will delay implementation of a communications strategy to increase seasonal influenza vaccination rates, and prepare for and reduce the impacts on health from climate change.

JSI Research & Training Institute, Inc. dba Community Health 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 April 2, 2013 through April 29, 2013. In addition, a bidder's teleconference was held on April 8, 2013.

Two Letters of Intent were submitted in response to this statewide competitive bid; two proposals were received. Nine reviewers who work internal and external to the Department of Health and Human Services reviewed the proposals. The reviewers represent seasoned public health administrators and managers with between five to 25 years experience in contract and vendor management, public health administration and management, program management, emergency preparedness, client services, and case management. Each reviewer was selected for the specific skill set they possess and their experience. Their decision followed a thorough discussion of the strengths and weaknesses to the proposals. The final decision was made by taking an average of all reviewers' scores. The Bid Summary is attached.

As referenced in the Request for Proposals, Renewals Section, the Department of Health and Human Services in its sole discretion may decide to offer a two (2) year extension of this competitively procured agreement, contingent upon satisfactory delivery of services, available funding, agreement of the parties and approval of the Governor and Council.

The following performance measures will be used to measure the effectiveness of the agreement.

State Health Improvement Planning

- At least 75% of participants rate the re-assessment of the National Public Health Performance Standards as either “excellent” or “very good” in an evaluation survey.

Climate Change and Public Health Adaptation Planning

State Fiscal Year 2014

- At least 85% of participants rate the planning sessions as either “excellent” or “very good” in an evaluation survey.
- The technical assistance provided to support development of project evaluation plan is rated as either “excellent” or “very good” by the Division.
- The climate-related health impact review, technical assistance, and written recommendations is rated as either “excellent” or “very good” by the Division.
- The review of “best available” interventions, technical assistance, and written recommendations is rated as either “excellent” or “very good” by the Division.
- The Climate Change and Public Health Adaptation Plan report is rated as either “excellent” or “very good” by the Division prior to printing or publishing to the Web.

State Fiscal Year 2015

- Support provided for development and finalization of the Climate Change and Public Health Adaptation Plan is rated as either “excellent” or “very good” by the Division.
- At least 85% of participants rate the four training sessions as either “excellent” or “very good” in an evaluation survey.
- The training module provided to the Division for future trainings is rated as either “excellent” or “very good” by DPHS.
- The technical assistance provided to support assessment and presentation of findings is rated as either “excellent” or “very good” by the Division.

Public Health Preparedness

- At least 90% of high-priority technical assistance needs identified by Regional Public Health Networks as part of an annual technical assistance plan are met.
- At least 90% of high-priority technical assistance requests made by the Division or the Emergency Services Unit are met.
- At least 85% of participants rate the training programs as either “excellent” or “very good” in an evaluation survey.
- At least 85% of conference participants rate the elements pertaining to conference logistics as either “excellent” or “very good” in an evaluation survey.
- At least 85% of conference planning committee members rate the conference planning support as either “excellent” or “very good” in an evaluation survey.

Immunization Health Communications

- At least 90% of high-priority technical assistance requests made by the New Hampshire Immunization Program are met.
- The health communication strategy and plan is rated as either “excellent” or “very good” by the Division.
- At least 85% of the high priority components of the health communications plan are implemented and evaluated.
- At least 85% of training participants rate the training programs as either “excellent” or “very good” in an evaluation survey.
- At least 85% of conference participants rate the elements pertaining to conference logistics as either “excellent” or “very good” in an evaluation survey.
- At least 85% of conference planning committee members rate the conference planning support as either “excellent” or “very good” in an evaluation survey.

HIV Comprehensive Needs Assessment

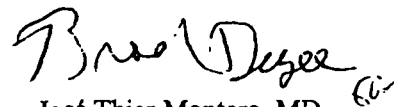
- The Comprehensive Needs Assessment for individuals who are living with HIV disease in the State of New Hampshire is rated as either “meets expectations” or “exceeds expectations” by the Division. Clinical Placement Program
- At least 75% of training program participants rate the placement experience as either “excellent” or “very good”.
- At least 75% of the clinical site program participants rate the placement experience as either “excellent” or “very good”.

Area served: statewide.

Source of Funds: 86.53% Federal Funds from the US Department of Health and Human Services, Centers for Disease Control and Prevention and the Health Resources and Service Administration; the US Food and Drug Administration; 11.01% Other Funds from Pharmaceutical Rebates; and 2.46% General Funds.

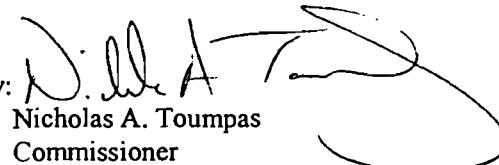
In the event that the Federal Funds become no longer available, General Funds will not be requested to support this program.

Respectfully submitted,



José Thier Montero, MD
Director

Approved by:


Nicholas A. Toumpas
Commissioner

**FINANCIAL DETAIL ATTACHMENT SHEET
Public Health Program Services Support Services**

**05-95-90-902510-5171 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF INFECTIOUS DISEASE CONTROL, EMERGENCY PREPAREDNESS
SFY 2014/2015 - 85.45% Federal Funds and 14.55% General Funds**

Fiscal Year	Class/Account	Class Title	Job Number	Total Amount
SFY 2014	102-500731	Contracts for Prog Svc	90077021	\$115,000.00
SFY 2015	102-500731	Contracts for Prog Svc	90077021	\$115,000.00
			Sub-total	\$230,000.00

**05-95-90-902510-2239 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF INFECTIOUS DISEASE CONTROL, HOSPITAL PREPAREDNESS
SFY 2014/2015 - 100% Federal Funds**

Fiscal Year	Class/Account	Class Title	Job Number	Total Amount
SFY 2014	102-500731	Contracts for Prog Svc	90077700	\$170,000.00
SFY 2015	102-500731	Contracts for Prog Svc	90077700	\$170,000.00
			Sub-Total	\$340,000.00

**05-95-90-901010-7965 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF PUBLIC HEALTH SYSTEMS, POLICY AND PERFORMANCE, RURAL HEALTH AND PRIMARY CARE
SFY 2014/2015 - 100% Federal Funds**

Fiscal Year	Class/Account	Class Title	Job Number	Total Amount
SFY 2014	102-500731	Contracts for Prog Svc	90073000	\$40,000.00
SFY 2015	102-500731	Contracts for Prog Svc	90073000	\$40,000.00
			Sub-Total	\$80,000.00

**05-95-90-902510-5178 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF INFECTIOUS DISEASE CONTROL, IMMUNIZATION
SFY 2014/2015 - 100% Federal Funds**

Fiscal Year	Class/Account	Class Title	Job Number	Total Amount
SFY 2014	102-500731	Contracts for Prog Svc	90023013	\$110,000.00
SFY 2015	102-500731	Contracts for Prog Svc	90023013	\$110,000.00
			Sub-Total	\$220,000.00

**05-95-90-901010-5997 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF PUBLIC HEALTH SYSTEMS, POLICY AND PERFORMANCE, STRENGTHENING PUBLIC HEALTH INFRASTRUCTURE
SFY 2014/2015 - 100% Federal Funds**

Fiscal Year	Class/Account	Class Title	Job Number	Total Amount
SFY 2014	102-500731	Contracts for Prog Svc	90001001	\$27,200.00
			Sub-Total	\$27,200.00

**FINANCIAL DETAIL ATTACHMENT SHEET
Public Health Program Services Support Services**

**05-95-90-902510-5189 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF INFECTIOUS DISEASE CONTROL, HIV/AIDS PREVENTION
SFY 2014/2015 - 100% Federal Funds**

Fiscal Year	Class/Account	Class Title	Job Number	Total Amount
SFY 2014	102-500731	Contracts for Prog Svc	90024000	\$50,000.00
SFY 2015	102-500731	Contracts for Prog Svc	90024000	\$50,000.00
			Sub-Total	\$100,000.00

**05-95-90-902510-2222 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF INFECTIOUS DISEASE CONTROL, RYAN WHITE PART B
SFY 2014/2015 - 100% Federal Funds**

Fiscal Year	Class/Account	Class Title	Job Number	Total Amount
SFY 2014	567-500919	Title II HIV Care Assistance	90024100	\$75,000.00
SFY 2015	567-500919	Title II HIV Care Assistance	90024100	\$75,000.00
			Sub-Total	\$150,000.00

**05-95-90-902510-2229 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF INFECTIOUS DISEASE CONTROL, PHARMACEUTICAL REBATES
SFY 2014/2015 - 100% Other Funds (Pharmaceutical Rebates)**

Fiscal Year	Class/Account	Class Title	Job Number	Total Amount
SFY 2014	530-500371	Drug Rebates	90024600	\$75,000.00
SFY 2015	530-500371	Drug Rebates	90024600	\$75,000.00
			Sub-Total	\$150,000.00

**05-95-90-903010-5350 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF LABORATORY SERVICES, FDA FERN MICRO
SFY 2014/2015 - 100% Federal Funds**

Fiscal Year	Class/Account	Class Title	Job Number	Total Amount
SFY 2014	020-500239	Current Expense	90069017	\$5,000.00
			Sub-Total	\$5,000.00

**05-95-90-901510-7936 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF PUBLIC HEALTH PROTECTION, CLIMATE EFFECTS
SFY 2014/2015 - 100% Federal Funds**

Fiscal Year	Class/Account	Class Title	Job Number	Total Amount
SFY 2014	102-500731	Contracts for Prog Svc	90007936	\$30,000.00
SFY 2015	102-500731	Contracts for Prog Svc	90007936	\$30,000.00
			Sub-Total	\$60,000.00
			Total	\$1,362,200.00

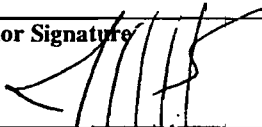
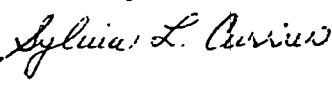
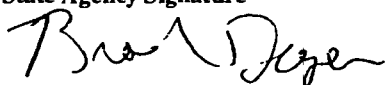
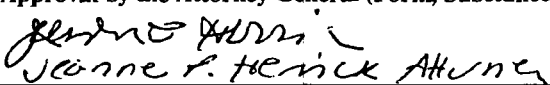
Subject: Public Health Program Services Support

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 Division of Public Health Services		1.2 State Agency Address 29 Hazen Drive Concord, NH 03301-6504	
1.3 Contractor Name JSI Research & Training Institute, Inc. dba Community Health Institute		1.4 Contractor Address 501 South Street, 2 nd Floor Bow, NH 03304	
1.5 Contractor Phone Number (603) 573-3300	1.6 Account Number 05-95-90-902510-5171-102-500731 See Exhibit B for additional account numbers.	1.7 Completion Date June 30, 2015	1.8 Price Limitation \$1,362,200.00
1.9 Contracting Officer for State Agency Lisa L. Bujno, MSN, APRN Bureau Chief		1.10 State Agency Telephone Number 603-271-4501	
1.11 Contractor Signature 		1.12 Name and Title of Contractor Signatory Jonathan Stewart Director	
1.13 Acknowledgement: State of <u>NH</u> , County of <u>Merrimack</u> On <u>5/24/13</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 SYLVIA L. CARRIER, Notary Public My Commission Expires December 18, 2013			
1.14 State Agency Signature 		1.15 Name and Title of State Agency Signatory Lisa L. Bujno Lisa L. Bujno, Bureau Chief	
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) By:  Attorney On: <u>17 JUN 2013</u>			
1.18 Approval by the Governor and Executive Council 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, this Agreement, and all obligations of the parties hereunder, shall not become effective until the date the Governor and Executive Council approve this Agreement ("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. In addition, the Contractor shall comply with all applicable copyright laws.
6.2 During the term of this Agreement, the Contractor shall not discriminate against employees or applicants for employment because of race, color, religion, creed, age, sex, handicap, sexual orientation, or national origin and will take affirmative action to prevent such discrimination.
6.3 If this Agreement is funded in any part by monies of the United States, the Contractor shall comply with all the provisions of Executive Order No. 11246 ("Equal Employment Opportunity"), as supplemented by the regulations of the United States Department of Labor (41 C.F.R. Part 60), and with any rules, regulations and guidelines as the State of New Hampshire or the United States issue to implement these regulations. The Contractor further agrees to permit the State or United States access to any of the Contractor's books, records and accounts for the purpose of ascertaining compliance with all rules, regulations and orders, and the covenants, terms and conditions of this Agreement.

7. PERSONNEL.

7.1 The Contractor shall at its own expense provide all personnel necessary to perform the Services. The Contractor warrants that all personnel engaged in the Services shall be qualified to perform the Services, and shall be properly licensed and otherwise authorized to do so under all applicable laws.
7.2 Unless otherwise authorized in writing, during the term of this Agreement, and for a period of six (6) months after the Completion Date in block 1.7, the Contractor shall not hire, and shall not permit any subcontractor or other person, firm or corporation with whom it is engaged in a combined effort to perform the Services to hire, any person who is a State employee or official, who is materially involved in the procurement, administration or performance of this Agreement. This provision shall survive termination of this Agreement.
7.3 The Contracting Officer specified in block 1.9, or his or her successor, shall be the State's representative. In the event of any dispute concerning the interpretation of this Agreement, the Contracting Officer's decision shall be final for the State.

8. EVENT OF DEFAULT/REMEDIES.

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

8.1.1 failure to perform the Services satisfactorily or on schedule;

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

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

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

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

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

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

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

9. DATA/ACCESS/CONFIDENTIALITY/PRESERVATION.

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

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

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

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

Report shall be identical to those of any Final Report described in the attached EXHIBIT A.

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

12. ASSIGNMENT/DELEGATION/SUBCONTRACTS. The Contractor shall not assign, or otherwise transfer any interest in this Agreement without the prior written consent of the N.H. Department of Administrative Services. None of the Services shall be subcontracted by the Contractor without the prior written 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 \$250,000 per claim and \$2,000,000 per occurrence; and

14.1.2 fire and extended coverage insurance 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 fifteen (15) 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 endeavor to provide the Contracting Officer identified in block 1.9, or his or her successor, no less than ten (10) 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.

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.

NH Department of Health and Human Services

Exhibit A

Scope of Services

Public Health Program Services Support

CONTRACT PERIOD: Retroactive to July 1, 2013, through June 30, 2015

CONTRACTOR NAME: JSI Research & Training Institute, Inc. dba Community Health Institute

501 South Street, 2nd Floor

ADDRESS: Bow, NH 03304

Director: Jonathan Stewart

TELEPHONE: (603) 573-3300

The Contractor shall:

Provide a broad range of programmatic support services across a number of public health issues and Division of Public Health Services (DPHS) operational areas. These support services include conducting strategic planning and needs assessment processes; providing training and technical assistance; implementing health communications campaigns; and implementing a coordinated system for the placement of clinical health care providers. The contractor must also have the capability to implement similar services addressing the same or other public health priorities using additional funds as they may become available during the contract period.

The contractor will coordinate activities with DPHS programs as follows:

State Health Improvement Planning - Public Health Improvement Section

Climate Change and Public Health Adaptation Planning – Climate Change and Public Health Program

Public Health Preparedness Training and Technical Assistance –Community Health Development Section

Immunization Health Communications – Immunization Program

HIV Comprehensive Needs Assessment – Ryan White CARE Program

Clinical Placement Program – Rural Health / Primary Care Section

To achieve these outcomes, the contractor will conduct the following activities:

1. **Required Activities**

State Health Improvement Planning (SHIP)

1. By October 1, 2013, complete a re-assessment process of the National Public Health Performance Standards (NPHPS) in coordination with the DPHS. It is anticipated that 6 to 8 Essential Services may have been re-assessed using the NPHPS prior to the start date of the contract.
 - 1.1 Plan and facilitate the re-assessment for any essential services not yet reassessed;
 - 1.2 Provide re-assessment data for those essential services to the Centers for Disease Control and Prevention (CDC) for analysis, in a format prescribed by CDC, within 10 working days of the assessment;
 - 1.3 Conduct at least one follow up meeting with partners once the CDC analysis is completed, to choose capacity priorities and create action plans for those priorities.
- 1.2 Coordinate all planning team and event logistics (see definition below); and
- 1.3 Draft a final report of the re-assessment that includes an Executive Summary of no more than five (5) pages. The document shall be submitted to DPHS in Microsoft Word and PDF formats within 30 days of the date of the reassessment and be approved by DPHS prior to publication.

- 1.4 Develop and conduct a survey of participants regarding their satisfaction with the event.
2. By October 1, 2013, develop the structure and content of web pages for the NH SHIP per DPHS requirements. At a minimum, content will include each of the ten SHIP priority areas and summaries of the SHIP development process. These web pages will conform to the design and technical requirements of the NH Department of Health and Human Services (DHHS) website for inclusion on the DPHS web page. The web pages must be approved by DPHS prior to publishing to the web.
3. By October 1, 2013, coordinate with DPHS to revise the 2011 DPHS Strategic Plan:
 - 3.1 Plan and facilitate a 1-day planning retreat for an estimated 50 participants;
 - 3.2 Coordinate all planning team and event logistics; and
 - 3.3 Draft a final report of the strategic plan that includes an Executive Summary of no more than five (5) pages. The document shall be submitted to DPHS in Microsoft Word and PDF formats within 30 days of the date of the strategic planning retreat. The plan must be approved by DPHS prior to publication.
 - 3.4 Develop and conduct a survey of participants regarding their satisfaction with the retreat.
4. Background: On July 1, 2011, the NH Department of Environmental Services (DES) Laboratory was merged with the NH Public Health Laboratories (PHL) as part of the Bureau of Laboratory Services, which is an operating unit within the DPHS. In 2011, the DPHS Strategic Plan was published (referenced in #3 above) and the PHL would now like to complete a strategic plan specific to the Bureau of Laboratory Services. The PHL has completed some preliminary work for strategic planning, including the completion of an environmental scan: strengths, weaknesses, opportunities and threats (SWOT) analysis. Consequently, the lab seeks a contractor to facilitate their strategic planning process and the drafting of the strategic planning document.
 - 4.1 By August 31, 2013, coordinate with NH PHL and NH DPHS to conduct a Public Health Laboratory Strategic Planning session and write a PHL Strategic Plan:
 - 4.1 Plan and facilitate a 1 and a half-day planning retreat for up to 30 people.
 - 4.2 Provide meeting logistics support as described on pages 35 and 36 of this RFP.
 - o Review and consider the preliminary work completed to date such as PHL SWOT analysis and DPHS Strategic Plan
 - 4.3 Draft a NH PHL Strategic Plan to include one hard copy and one copy in MS WORD on CD.

Climate Change and Public Health Adaptation Planning (CCPHAP)

By June 30, 2014

1. Host and facilitate four sessions to provide input for development of a strategic plan for public health related climate adaptation. Sessions will be four hours long, for up to 50 partners, with break out groups utilizing climate impact data and models provided by previously contracted vendors.
2. Design, layout, and assist with drafting a CCPHAP Graphics will include photos specific to NH (ex. planning team, locations, disaster impacts), charts, tables, etc. and maps provided by the DPHS' Geographic Information Systems (GIS) staff. The plan will be submitted electronically in a format that conforms to the design and technical requirements of the DHHS website. Coordinate the development of the plan, building on existing plans, with the Climate Adaptation and Public Health Program Manager, who will have primary responsibility for writing the plan.
3. Provide technical assistance to develop an evaluation plan component to be included in the strategic plan. This will be closely coordinated with the Climate and Health Manager and in accordance with guidance from the U.S. CDC.
4. Provide epidemiological technical assistance consisting of a literature review of the health impacts related to climate change as well as a review of inputs from DPHS epidemiologists that support this planning to describe health impacts and populations most affected by climate related events. Provide similar support to identify the best available interventions for climate adaptation strategies for public health systems and vulnerable populations. This work will support the Climate and Health Intervention Assessment component of the CCPHAP.

By June 30, 2015

1. Collaborate with the DPHS program manager to develop and finalize the CCPHAP. The program manager will act as primary editor and organizer of the plan. Support will include assistance with overall layout, structure, graphics and integrating the information gathered and literature review findings. The completed plan will be used to structure implementation trainings.
2. Develop content for and logistics support for training sessions targeted to state and local partners to introduce and implement the Climate Change and Public Health Adaptation Plan. Partners will include Public Health Network (PHN) partners, state agencies identified in the plan, and other stakeholders. Four, one-day sessions will be provided in selected regions, with one held in the Concord area targeted to state agencies. The training will be evaluated to assess increased knowledge, awareness and capacity among attendees, with a particular emphasis on strengthening capacity to implement interventions that are identified in the strategic plan.
3. Collaborate with the program manager to develop evaluation and research methods that can assess the potential impact of future interventions identified in the plan. This process will link to the evaluation planning noted in year one. All activities will be conducted in a manner to allow for the contribution to the evidence-based literature for effective climate adaptation interventions for public health systems and for vulnerable populations.
4. Coordinate with the program manager to identify other opportunities to disseminate the plan.

Public Health Preparedness Training and Technical Assistance

Technical Assistance to Regional Partners

- a. Develop and implement an annual technical assistance needs assessment survey of PHN coordinators.
- b. Based on the survey findings and other needs identified during the project period, develop an individualized technical assistance plan for each PHN. The plan shall be developed in collaboration with each coordinator and DPHS staff, and identify high-priority needs for each state fiscal year.
- c. Provide technical assistance on an ongoing basis based on the technical assistance plans.
- d. Conduct quarterly technical assistance sessions with each of the PHN coordinators. The primary purpose of these sessions is to provide individualized assistance. As warranted, small group sessions may be held in lieu of individual sessions when there are similar technical assistance needs among PHN coordinators.
- e. Participate in quarterly meetings with appropriate staff from the DPHS and the DHHS' Emergency Services Unit (ESU) to develop joint approaches to meet the PHNs' technical assistance needs.
- f. Based on identified technical assistance needs, provide input to DPHS staff to identify topics and speakers for bimonthly meetings of PHN coordinators organized and facilitated by the DPHS.

Technical Assistance and Funding of Medical Reserve Corps (MRC) Units

- a. Develop and implement an annual technical assistance needs assessment survey of MRC coordinators.
- b. Based on the survey findings and other needs identified during the project period, develop a single technical assistance plan for all MRC coordinators statewide. The plan shall be developed in coordination with DPHS and ESU staff.
- c. Provide technical assistance by hosting bimonthly meetings of the 15 MRC coordinators. Ensure the ability for participation via conference call.
- d. Execute a subcontract with each of the 13 agencies registered with the U.S. Surgeon General, Office of the Civilian Volunteer Medical Reserve Corps, to support recruitment, training and deployment of the MRC serving their region. The funding amount for each subcontract will be determined by DPHS and ESU staff.
- e. In consultation with the DPHS and ESU, review workplan and budget proposals from each MRC unit. As needed, negotiate revisions to these proposals prior to the execution of the subcontract.
- f. Collect quarterly programmatic and financial reports from each MRC unit.
- g. Participate in quarterly meetings with appropriate staff from the DPHS and the ESU to develop joint approaches to meeting the MRC coordinators' technical assistance needs.

State Partners

- a. In collaboration with the DPHS, conduct hazard vulnerability assessments (HVAs) that include eight PHNs (Regions 1 – 8). The HVAs will be specific to the public health, healthcare, and behavioral health systems and include: determining the impacts to these three systems resulting from seven different scenarios; determining the current level of regional preparedness to mitigate these impacts; and identifying high-priority interventions to be implemented by PHNs to further mitigate impacts. The exact HVA methodology will be determined in consultation with DPHS staff.
- b. Assist with the development of templates of emergency operations plans, annexes, and appendices under development by the DPHS and ESU to be used by regional partners.
- c. Develop, implement, and maintain a web-based progress reporting system for use by PHN and MRC coordinators that includes MRC reporting elements. Provide individual and summary reports to DPHS.
- d. As requested by the DPHS and as funding allows, respond to requests for additional technical assistance from state agencies (i.e. DPHS, ESU). Provision of any services under this section shall be negotiated in advance with the DPHS' Community Health Development Section (CHDS) Administrator.
- e. Review the results of a 2011 training needs assessment conducted by the DPHS and the Preparedness and Emergency Response Learning Center at Harvard (PERLC-Harvard). In consultation with the DPHS, identify high-priority training needs based on the core competencies and the knowledge, skills and abilities of the NH public health preparedness workforce.
- f. Develop at least two trainings targeted to PHN partners in each fiscal year based on the findings from the above review and other input. All trainings shall be based on adult learning models.
- g. Deliver new training programs using the various training modalities (i.e. classroom, web-based training of trainers, etc.) to maximize the reach of these programs. Programs shall be co-sponsored by the appropriate PHN(s).
- h. Revise, as needed, existing training programs developed during previous years. Revisions shall be responsive to the findings from the PERLC-Harvard needs assessment and revisions to state and regional response plans.
- i. Provide logistical support for an annual statewide preparedness conference of up to 500 participants and an annual MRC volunteer conference of up to 200 participants.

Immunization Health Communications

1. Immunization Outreach Marketing Plan:
By September 15, 2013, prepare a workplan to implement the marketing plan during the remainder of the project period.
 - a. By October 1, 2013, review and assess the current Immunization Marketing Assessment and identify potential barriers and identify needed changes.
 - b. By December 1, 2013, using the most current education strategies and behavioral theories, develop and present creative concepts and ideas to the New Hampshire Immunization Program (NHIP) that include campaigns and educational materials that increase understanding and awareness about the importance of recommended vaccinations.
 - c. By September 15, 2013, prepare a workplan to implement the marketing plan during the remainder of the project period.
2. Develop Educational Materials:
 - a. By December 31, 2013, research available materials and, after approval by the NHIP, develop new materials to improve childhood and adult immunization rates.
 - o Provide a first draft of new materials for NHIP review.
 - o Based on the NHIP review, submit a second draft.
 - o After acceptance by the NHIP and by February 15, 2014, institute changes and then coordinate project completion including printing and delivery of materials.
3. Manage Meetings and Conferences
 - a. Provide logistical support for an annual statewide immunization conference to be held in March of each year for the purposes of offering educational hours to improve the skills and knowledge of health care

- personnel. Expenses incurred during these events will be paid with funds from this contract or revenue generated by the conference.
- b. Based on a timeline to be determined by the NHIP and as funding allows, coordinate, implement and evaluate trainings for NHIP staff and health care providers to reduce medical errors, vaccine wastage and vaccine declination.
 - c. Conduct, facilitate and evaluate a one-day strategic planning session for NHIP staff to be held in October each year.
4. Materials for Emergency Preparedness
- a. By September 1 of each year develop and implement a seasonal influenza campaign to increase public awareness of influenza vaccination.
 - b. By March 30 of each year evaluate the seasonal influenza campaign.
 - c. By August 15 of each year develop and print educational materials to increase awareness school-based influenza vaccination clinics. Coordinate the printing of materials with key messages and assume all related printing costs as funding allows.
 - d. By March 30 of each year evaluate the marketing component of the school-based clinic initiative in collaboration with PHN coordinators.
 - e. In the event of an imminent influenza pandemic and at the request of the DPHS and as funding allows, develop, print and evaluate educational materials related pandemic influenza.

HIV Comprehensive Needs Assessment (HIV-CNA)

1. Comply with the rules, regulations and policies as outlined by U.S. Health Resources Services Administration (HRSA), NH DHHS, DPHS, and the Bureau of Infectious Disease Control (BIDC).
2. Comply with all applicable provider/subgrantee responsibilities outlined in the HRSA National Monitoring Standards, as instructed by DPHS. The National Monitoring Standards are available at:
Fiscal Standards: <http://hab.hrsa.gov/manageyourgrant/files/fiscalmonitoringpartb.pdf>
Program Standards: <http://hab.hrsa.gov/manageyourgrant/files/programmonitoringpartb.pdf>
Universal Standards: <http://hab.hrsa.gov/manageyourgrant/files/universalmonitoringpartab.pdf>
3. The SFY 2014 Comprehensive Needs Assessment process must be compliant with a mandate to adhere to the Ryan White CARE Act Needs Assessment Guide which is available at: <http://hab.hrsa.gov/tools/needs>. This guide identifies five components to be included in a Comprehensive Needs Assessment. The contractor is required to produce a document that includes all five components outlined as follows:

A. Epidemiological Profile

HIV surveillance data will be provided by the BIDC. The contractor is responsible to review this data and create an epidemiological profile report that will:

1. Summarize pertinent information including prevalence, incidence, and unmet need data by age, gender, race/ethnicity, transmission mode and geographic area.
2. Identify descriptive trends in HIV and associated co-morbidities since case reporting by name began in 2005.
3. Create projections about the status of the epidemic statewide over the next three to five years. The profile should include any co-morbidities, especially Sexually Transmitted Diseases (STDs), Tuberculosis (TB) and Hepatitis, associated with the HIV/AIDS epidemic in NH.
4. Provide community population estimates, the number of individuals diagnosed and living with HIV/AIDS within each Public Health Region (PHR) and a comparison to the rates and percentages for the state. The data shall also include a description of those individuals at-risk for HIV infection based on rates of sexually transmitted diseases.
5. Publication of the epidemiological profile shall be in compliance with state and federal security and confidentiality guidelines as well as the DPHS Data Release Policy. The BIDC is prohibited from releasing data to the public that could be constructively identifying. For example, publishing HIV risk by county could potentially result in values that are small and could therefore result in identifying a client.

B. Assessment of Service Needs among Affected Populations

1. Gather information from People Living with HIV/AIDS (PLWHA), their families and caregivers in an effort to identify common themes and trends through the use of targeted focus groups with select priority populations that will yield:
 - a. Qualitative feedback for the Needs Assessment, and
 - b. Survey questions to be utilized in a questionnaire to be conducted of targeted statewide populations including, but not limited to those who are in or out of HIV medical care and those with co-morbidities such TB, STDs, Hepatitis C, mental illness and substance abuse.
2. Create statistical reports reflecting the results of the survey.
3. Conduct an analysis of the data to obtain necessary information and generate recommendations. Preliminary results will be shared with the Bureau of Infectious Disease Prevention, Investigation and Care Services (ID-PICS) Section in order to obtain input into final recommendations.
4. Assure that targeted priority PLWHA populations are included in the Needs Assessment including, but not exclusive to:
 - a. Men who have sex with men
 - b. Black and Hispanic women
 - c. Adolescents
 - d. Injecting drug users and other substance users
 - e. PLWHA with "unmet need" for primary medical care including those who have not yet entered care, those who have been in care but are not currently receiving primary medical care.
 - f. African American men

C. Resource Inventory

This portion of the Comprehensive Needs Assessment will address all services available to PLWHA in NH, regardless of funding source.

1. Develop a full illustration of services available statewide to address the medical, social and economic needs of targeted populations identified by PHR.
2. Work with the ID-PICS Section to develop a resource inventory survey based on existing needs assessment data.

D. Profile of Provider Capacity and Capability

The profile identifies the extent to which the services identified in the resource inventory are accessible, available, appropriate, affordable and acceptable to PLWHA. The estimate of capacity describes how much of a service can actually be provided. Capability is an assessment of how well the provider can actually provide a service, including the expertise of agency staff and its accessibility.

1. Develop and implement a provider survey to determine capacity and capability to deliver services identified in the resource inventory. The contractor will collaborate with the BIDC ID-PICS Section to develop the provider survey.

E. Assessment of Service Gaps/Unmet Need

This segment of the report shall include both quantitative and qualitative data on service needs, resources and barriers to help set priorities and allocate resources.

1. Conduct a thorough assessment of unmet need for PLWHA who know their status but are not in primary medical care.
2. Make recommendations based on quantitative and qualitative data on service needs, resource and barriers to help set priorities and allocate resources.

3. Present options for meeting service needs by maximizing identified resources and overcoming identified barriers, including coordinating Ryan White and HIV Prevention services with other health care delivery systems.
4. Present recommendations for improving service delivery, bridging gaps and reducing duplicative services, as appropriate within the Ryan White and HIV Prevention service delivery system.
5. Make recommendations for future gap analysis with emphasis on perceived and unmet needs statewide.
6. In collaboration with the ID-PICS Section, develop a strategy for meeting training, education and capacity needs of HIV providers, as identified by the assessment of service gaps/unmet need.

The above activities shall be conducted in accordance with the schedule below.

Activity	Timeline	Deliverable(s)
Maintain regular contact with the DPHS	Ongoing	Quarterly in-person meetings with Section staff; weekly emails and/or telephone calls with Section staff
Draft report of epidemiological profile to ID-PICS	January 2014	Electronic draft submitted to ID-PICS Section staff, for review and approval
Assessment of service needs draft	April 2014	Electronic draft submitted to ID-PICS Section staff, for review and approval
Resource Inventory Draft Provider Capacity Draft	June 2014	Electronic draft submitted to ID-PICS Section staff, for review and approval
Assessment of Service Gaps/Unmet Need	October 2014	Electronic draft submitted to ID-PICS Section staff, for review and approval
Strategy for meeting needs of HIV providers, as identified by the assessment of service gaps/unmet need	December 2014	Electronic draft submitted to ID-PICS Section staff, for review and approval
Submit final report to the DPHS	May 2015	Final Report in electronic form submitted to ID-PICS Section staff, for review and approval
Make presentation on final report to DPHS in person	June 2015	Presentation to ID-PICS and other interested DPHS staff

Clinical Placement Program (CPP)

The Clinical Placement Program (CPP) will create a conduit between clinical sites and training programs to improve the clinical placement experience for all involved, while building a transparent structure that can prioritize students most apt to meet identified workforce needs in NH. As part of this process, the contractor will work with NH clinical sites to identify and grow clinical opportunities for health professions students in the state.

Students with NH roots and those training in NH-based programs shall be prioritized in the CPP. Additional factors to be weighed in placing students would be based on annual workforce assessments by clinics, hospitals, and state workforce planners. These may be site-specific factors and general factors. At all times, educational programs and clinical sites have the final decision-making authority to approve placements.

The CPP may function in a number of ways relating to these payments: a) work to standardize payments from programs to providers, to "level the playing field"; b) use the variation in payments as an additional weighted factor in considering assignments of students to sites (this could be done in a site specific fashion, or in a generalized fashion); or c) maintain a minimal role, allowing programs and sites to settle up after clinical placements have been made.

The contractor will be required to:

1. Convene a group of NH-based training programs to provide feedback on the CPP.
2. Convene a group of NH clinical placement sites to provide feedback on the CPP.
3. Collect and keep confidential data from NH-based training programs on current clinical placement sites and produce a map of the locations.
4. Research best practices and create a report on other clinical placement systems in the region or the US. This report must be approved by DPHS and completed by October 4, 2013.
5. Create a plan and cost estimate for an information technology approach to managing the CPP. The plan and cost estimate must be approved by DPHS and completed by December 20, 2013.
6. Research best practices and create report on curriculum to support clinical placement sites. The report must be approved by DPHS and completed by June 30, 2014.

Required Activities for Conference and Meeting Logistical Support - All Services

For the purposes of this RFP, logistical support for trainings and conferences is defined as:

1. Convene and facilitate meetings of the respective planning teams. Record and disseminate meeting minutes and materials.
2. Coordinate development of the training/conference agenda.
3. Compile e-mail lists to promote the training/conference using addresses supplied by DPHS and other planning team members.
4. Design and electronically publish a training/conference brochure, flyers or other marketing materials.
5. Design, layout and print materials for attendees.
6. Coordinate logistics with speakers.
7. As applicable, coordinate logistics with vendors. This includes executing contracts, supporting their logistical needs during the conference and receiving payment from vendors. All revenue generated must be put toward other activities funded by the program that was the source of funds used for each specific conference or training.
8. Provide logistical services during the training/conference including registering attendees, coordinating with the conference site staff and vendors; and other activities typically associated with conference support. Provide light refreshments during events that are two hours or longer.
9. Compile data from attendee's evaluation forms and analyze the data. Provide a report to the DPHS.
10. Upon a request from the DPHS' Public Health Laboratory execute an agreement to procure training services from the National Laboratory Training Network.
11. Upon a request from the DPHS execute an agreement to procure a web-based collaboration tool selected by the DPHS. The collaboration tool is a password-protected secure website that provides document-sharing, discussion boards, and a shared calendar among other features.

2. Performance Measures:

State Health Improvement Planning

- At least 75% of participants rate the re-assessment of the National Public Health Performance Standards as either "excellent" or "very good" in an evaluation survey.

Climate Change and Public Health Adaptation Planning

State Fiscal Year 2014

- At least 85% of participants rate the planning sessions as either "excellent" or "very good" in an evaluation survey.
- The technical assistance provided to support development of project evaluation plan is rated as either "excellent" or "very good" by DPHS.

- The climate-related health impact review, technical assistance, and written recommendations is rated as either "excellent" or "very good" by DPHS.
- The review of "best available" interventions, technical assistance, and written recommendations is rated as either "excellent" or "very good" by DPHS.
- The CCPHAP report is rated as either "excellent" or "very good" by DPHS prior to printing or publishing to the Web.

State Fiscal Year 2015

- Support provided for development and finalization of the CCPHAP is rated as either "excellent" or "very good" by DPHS.
- At least 85% of participants rate the four training sessions as either "excellent" or "very good" in an evaluation survey.
- The training module provided to DPHS for future trainings is rated as either "excellent" or "very good" by DPHS.
- The technical assistance provided to support assessment and presentation of findings is rated as either "excellent" or "very good" by DPHS.

Public Health Preparedness

- At least 90% of high-priority technical assistance needs identified by RPHNs as part of an annual technical assistance plan are met.
- At least 90% of high-priority technical assistance requests made by DPHS or the ESU are met.
- At least 85% of participants rate the training programs as either "excellent" or "very good" in an evaluation survey.
- At least 85% of conference participants rate the elements pertaining to conference logistics as either "excellent" or "very good" in an evaluation survey.
- At least 85% of conference planning committee members rate the conference planning support as either "excellent" or "very good" in an evaluation survey.

Immunization Health Communications

- At least 90% of high-priority technical assistance requests made by the NHIP are met.
- The health communication strategy and plan is rated as either "excellent" or "very good" by DPHS.
- At least 85% of the high priority components of the health communications plan are implemented and evaluated.
- At least 85% of training participants rate the training programs as either "excellent" or "very good" in an evaluation survey.
- At least 85% of conference participants rate the elements pertaining to conference logistics as either "excellent" or "very good" in an evaluation survey.
- At least 85% of conference planning committee members rate the conference planning support as either "excellent" or "very good" in an evaluation survey.

HIV Comprehensive Needs Assessment

- The Comprehensive Needs Assessment for individuals who are living with HIV disease in the State of New Hampshire is rated as either "meets expectations" or "exceeds expectations" by ID-PICS Section.

Clinical Placement Program

- At least 75% of training program participants rate the placement experience as either “excellent” or “very good”.
- At least 75% of the clinical site program participants rate the placement experience as either “excellent” or “very good”.

Contract Administration and Management

1. Progress and Financial Reporting, Contract Monitoring and Performance Evaluation Activities

All Services

1. Participate in an annual or semi-annual site visit with staff from each participating DPHS program. Site visits will include:
 - 1.1. A review of the progress made toward meeting the deliverables and requirements described in this Exhibit A based on an evaluation plan that includes performance measures.
 - 1.2. On-site reviews may be waived or abbreviated at the discretion of the CHDS. Abbreviated reviews will focus on any deficiencies found in previous reviews, issues of compliance with this Exhibit, and actions to strengthen performance as outlined in the agency Performance Workplan.
 - 1.3. Subcontractors must attend all site visits as requested by DHHS.
 - 1.4. A financial audit in accordance with state and federal requirements.
 - 1.5 Key personnel involved in the implementation of the CPP at any and all locations where funded activities occur, as well as appropriate records, must be available for site visits.
2. Monitor progress on the final two-year workplan approved by the DHHS prior to the initiation of the contract. There must be a separate section for each program area.
 - 2.1 Submit quarterly progress reports based on performance using reporting tools developed by the DPHS. A single report shall be submitted to the DPHS’ CHDS that describes activities under each section of this Exhibit. The Section will be responsible to distribute the report to the appropriate contract managers in other DPHS programs.
 - 2.2 Corrective actions shall be implemented as advised by DPHS programs if contracted services are not found to be provided in accordance with this Exhibit.
3. Maintain the capability to accept and expend funds to support funded services.
 - 3.1 Submit monthly invoices within 20 working days after the end of each calendar month in accordance with the terms described in Exhibit B, paragraph 3, on forms provided by the DHHS.
 - 3.2. Assess agency policies and procedures to determine areas to improve the ability to expedite the acceptance and expenditure of funds during public health emergencies.
4. Ensure the capability to accept and expend new state or federal funds during the contract period for similar program support services.
5. Submit for approval all educational materials developed with these funds. All materials must be submitted prior to printing or dissemination by other means. Acknowledgement of the funding source shall be in compliance with the terms described in Exhibit C, paragraph 14.
6. Provide other programmatic and financial updates as requested by the DHHS.
7. The Sources of Revenue report must be resubmitted at any point when changes in revenue threaten the ability of the agency to carry out the planned program.

3. Subcontractors

- 3.1. When any services required by this Exhibit are provided, in whole or in part, by a subcontracted agency or provider, the DHHS must be notified in writing and approve the subcontractual agreement, prior to initiation of the subcontract.
- 3.2. In addition, the original contractor will remain liable for all requirements included in this Exhibit and carried out by subcontractors.

4. Staffing Provisions

New Hires

The Contractor shall notify the CHDS in writing within one month of hire when a new administrator or coordinator or any staff person essential to carrying out this scope of services is hired to work in the program. A resume of the employee shall accompany this notification.

Vacancies

The Contractor must notify the CHDS in writing if any of the key professional staff positions funded under this agreement are vacant for more than three months. This may be done through a budget revision. In addition, the CHDS must be notified in writing if at any time any site funded under this agreement does not have adequate staffing to perform all required services for more than one month.

5. State and Federal Laws

The Contractor is responsible for compliance with all relevant state and federal laws. Special attention is called to the following statutory responsibilities:

1. Persons employed by the Contractor shall comply with the reporting requirements of New Hampshire RSA 169:C, Child Protection Act; RSA 161:F46, Protective Services to Adults and RSA 631:6, Assault and Related Offences.

I understand and agree to this scope of services to be completed in the contract period. In the event our agency is having trouble fulfilling this contract we will contact the appropriate DHHS office immediately for additional guidance.

NH Department of Health and Human Services

Exhibit B

**Purchase of Services
Contract Price**

Public Health Program Services Support

CONTRACT PERIOD: Retroactive to July 1, 2013, through June 30, 2015

CONTRACTOR NAME: JSI Research & Training Institute, Inc. dba Community Health Institute

501 South Street, 2nd Floor

ADDRESS: Bow, NH 03304

Director: Jonathan Stewart

TELEPHONE: (603) 573-3300

Vendor #161611-B001	Job #90077021	Appropriation #05-95-90-902510-5171-102-500731
	90077700	05-95-90-902510-2239-102-500731
	90073000	05-95-90-901010-7965-102-500731
	90023013	05-95-90-902510-5178-102-500731
	90001001	05-95-90-901010-5997-102-500731
	90024000	05-95-90-902510-5189-102-500731
	90024100	05-95-90-902510-2222-102-500731
	90024600	05-95-90-902510-2229-102-500731
	90069017	05-95-90-903010-5350-102-500731
	90007936	05-95-90-901510-7936-102-500731

1. The total amount of all payments made to the Contractor for cost and expenses incurred in the performance of the services during the period of the contract shall not exceed:

- \$230,000 for Public Health Preparedness Training and Technical Assistance, funded from 85.45% Federal Funds from the US Centers for Disease Control and Prevention, (CDC) (CFDA #93.069) and 14.55% General Funds;
- \$340,000 for Medical Reserve Corps, funded from 100% Federal Funds from the US Department of Health and Human Services, Assistant Secretary for Preparedness and Response, (CFDA #93.889);
- \$80,000 for Rural Health Workforce, funded from 100% Federal Funds from the US Department of Health and Human Services, Health Resources and Services Administration, (CFDA #93.913);
- \$220,000 for Immunization, funded from 100% Federal Funds from the US CDC, (CFDA #93.268);
- \$27,200 for Public Health Improvement, funded from 100% Federal Funds from the US CDC (CFDA #93.507);
- \$100,000 for HIV Needs Assessment, funded from 100% Federal Funds from the US CDC (CFDA #93.940);
- \$150,000 for HIV Needs Assessment funded from 100% Federal Funds from the US Department of Health and Human Services, Health Resources and Services Administration (CFDA #93.917);
- \$150,000 for HIV Needs Assessment, funded from 100% Other Funds (Pharmaceutical Rebates);

- \$5,000 for Public Health Laboratories Strategic Planning, funded from 100% Federal Funds from the US Food and Drug Administration (CFDA #93.448);
- \$60,000 for Climate and Public Health funded from 100% Federal Funds from the US CDC, (CFDA #93.070).

TOTAL: \$1,362,200.00

2. The Contractor agrees to use and apply all contract funds from the State for direct and indirect costs and expenses including, but not limited to, personnel costs and operating expenses related to the Services, as detailed in the attached budgets. Allowable costs and expenses shall be determined by the State in accordance with applicable state and federal laws and regulations. The Contractor agrees not to use or apply such funds for capital additions or improvements, entertainment costs, or any other costs not approved by the State.
3. This is a cost-reimbursement contract based on an approved budget for the contract period. Reimbursement shall be made monthly based on actual costs incurred during the previous month.
4. Invoices shall be submitted by the Contractor to the State in a form satisfactory to the State for each of the Service category budgets. Said invoices shall be submitted within twenty (20) working days following the end of the month during which the contract activities were completed, and the final invoice shall be due to the State no later than sixty (60) days after the contract Completion Date. Said invoice shall contain a description of all allowable costs and expenses incurred by the Contractor during the contract period.
5. Payment will be made by the State agency subsequent to approval of the submitted invoice and if sufficient funds are available in the Service category budget line items submitted by the Contractor to cover the costs and expenses incurred in the performances of the services.
6. The Contractor may amend the contract budget for any Service category through line item increases, decreases, or the creation of new line items provided these amendments do not exceed the contract price for that particular Service category. Such amendments shall only be made upon written request to and written approval by the State. Budget revisions will not be accepted after June 20th of each contract year.
7. The Contractor shall have written authorization from the State prior to using contract funds to purchase any equipment with a cost in excess of three hundred dollars (\$300) and with a useful life beyond one year.

The remainder of this page is intentionally left blank.

Contractor Initials: SK

Date: 5/21/13

NH Department of Health and Human Services

Exhibit C

SPECIAL PROVISIONS

1. **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:
2. **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.
3. **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.
4. **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.
5. **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.
6. **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.
7. **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.
8. **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 Contractor's 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 fundors 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 fundors, the Department may elect to:

8.1 Renegotiate the rates for payment hereunder, in which event new rates shall be established;

8.2 Deduct from any future payment to the Contractor the amount of any prior reimbursement in excess of costs;

8.3 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:

9. **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:

9.1 **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.

9.2 **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 recipient), records regarding the provision of services and all invoices submitted to the Department to obtain payment for such services.

9.3 **Medical Records:** Where appropriate and as prescribed by the Department regulations, the Contractor shall retain medical records on each patient/recipient of services.

10. **Audit:** Contractor shall submit an annual audit to the Department within nine months 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.

10.1 **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.

10.2 **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.

11. **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 directed connected to the administration of the services and the Contract; and provided further, that the use or disclosure by any party of any information concerning a recipient for any purpose not directly connected with the administration of the Department or the Contractor's responsibilities with respect to purchased services hereunder is prohibited except on written consent of the recipient, his attorney or guardian.

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

12. **Reports: Fiscal and Statistical:** The Contractor agrees to submit the following reports at the following times if requested by the Department

12.1 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.

12.2 Final Report: A final report shall be submitted within sixty (60) 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.

13. **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.

14. **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:

14.1 The preparation of this (report, document, etc.), was financed under a Contract with the State of New Hampshire, Department of Health and Human Services, Division of Public Health Services, with funds provided in part or in whole 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.

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 government 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. **Insurance:** Select either (1) or (2) below:

As referenced in the Request for Proposal, Comprehensive General Liability Insurance Acknowledgement Form, the Insurance requirement checked under this section is applicable to this contract:

Insurance Requirement for (1) - 501(c) (3) contractors whose annual gross amount of contract work with the State does not exceed \$500,000, per RSA 21-I:13, XIV, (Supp. 2006): The general liability insurance requirements of standard state contracts for contractors that qualify for nonprofit status under section 501(c)(3) of the Internal Revenue Code and whose annual gross amount of contract work with the state does not exceed \$500,000, is comprehensive general liability insurance in amounts of not less than \$1,000,000 per claim or occurrence and \$2,000,000 in the aggregate. *These amounts may NOT be modified.*

(1) The contractor certifies that it **IS** a 501(c) (3) contractor whose annual total amount of contract work with the State of New Hampshire does **not** exceed \$500,000.

Insurance Requirement for (2) - All other contractors who do not qualify for RSA 21-I:13, XIV, (Supp. 2006), Agreement P-37 General Provisions, 14.1 and 14.1.1. Insurance and Bond, shall apply: 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, both for the benefits of the State, the following insurance: comprehensive general liability insurance against all claims of bodily injury, death or property damage, in amounts of not less than \$250,000 per claim and \$2,000,000 per incident or occurrence. *These amounts MAY be modified if the State of NH determines contract activities are a risk of lower liability.*

√ (2) The contractor certifies it does **NOT** qualify for insurance requirements under RSA 21-I:13, XIV (Supp. 2006).

Subparagraph 14.1.1 of the General Provisions of this contract is deleted and the following subparagraph is added:

14.1.1 comprehensive general liability against all claims of bodily injury, death or property damage, in amounts of not less than \$250,000 per claim and \$1,000,000 per occurrence and excess/umbrella liability coverage in the amount of \$1,000,000 per occurrence, and.

17. **Renewal:**

As referenced in the Request for Proposals, Renewals Section, DHHS in its sole discretion may decide to offer a two (2) year renewal of this competitively procured agreement, contingent upon satisfactory delivery of services, available funding, agreement of the parties and approval of the Governor and Executive Council.

18. **Authority to Adjust**

Notwithstanding paragraph 18 of the P-37 and Exhibit B, Paragraph 1 Funding Source(s), to adjust funding from one source of funds to another source of funds that are identified in the Exhibit B Paragraph 1 and within the price limitation, and to adjust amounts if needed and justified between State Fiscal Years and within the price limitation, can be made by written agreement of both parties and may be made without obtaining approval of Governor and Council.

18. 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.

19. 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.

SPECIAL PROVISIONS – 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.

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: Whenever 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 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.

CERTIFICATE OF VOTE/AUTHORITY

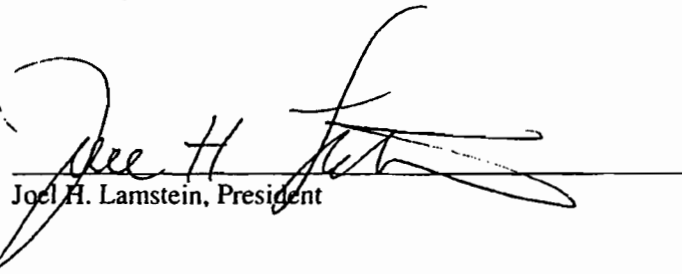
I, Joel H. Lamstein, of the JSI Research & Training Institute, Inc., d/b/a Community Health Institute, do hereby certify that:

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

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

3. I further certify that the foregoing resolutions have not been amended or revoked and remain in full force and effect as of May 21, 2013.

IN WITNESS WHEREOF, I have hereunto set my hand as the President of the JSI Research & Training Institute, Inc., d/b/a Community Health Institute this 21st day of May, 2013.

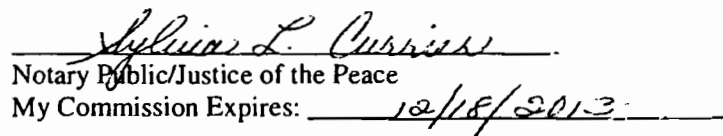


Joel H. Lamstein, President

STATE OF New Hampshire

COUNTY OF Merrimack

The foregoing instrument was acknowledged before me this 21st day of May, 2013 by Joel H. Lamstein.



Notary Public/Justice of the Peace
My Commission Expires: 12/18/2013

SYLVIA L. CARRIER, Notary Public
My Commission Expires December 18, 2013