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STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF COMMUNITY BASED CARE SERVICES
Bureau of Drug and Alcohol Services

DEC 02 '15 11:10 AM

Nicholas A. Toumpas
Commissioner

105 PLEASANT STREET, CONCORD, NH 03301
603-271-6738 1-800-804-0909

Kathleen Dunn
Associate Commissioner

Fax: 603-271-6105 TDD Access: 1-800-735-2964 www.dhhs.nh.gov

November 30, 2015

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

REQUESTED ACTION

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

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

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

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

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

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

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

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

EXPLANATION

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

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

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

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

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

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

Should the Governor and Executive Council not approve this contract, there would be reduced professional development among practitioners in increasing the use of evidenced informed knowledge and skill to reduce alcohol and other drug misuse. There would be a lack of trainings that support professionals in becoming certified, thus not being able to increase the number of professionals in the workforce. Overall, there would not be the training and technical assistance provided to practitioners, policymakers, and other stakeholders to collectively improve practices and skills, and increase the information needed to make decisions about mitigating alcohol and other drug misuse and its social, health, and behavioral consequences such as overdoses, lost wages, and strain on public resources like criminal justice and health care.

Area Served: Statewide.

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

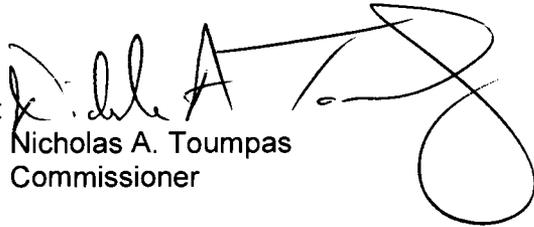
In the event that Federal Funds become no longer available, General Funds will not be requested to support these programs.

Respectfully submitted,



Kathleen A. Dunn, MPH
Associate Commissioner

Approved by:



Nicholas A. Toumpas
Commissioner



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

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

RFP Name

RFP #16-DHHS-DCBCS-BDAS-02

RFP Number

Reviewer Names

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

Maximum Points	Actual Points
760	660

Bidder Name

1. JSI Research and Training Institute, Inc.

2.

3.

4.

5.

6.

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

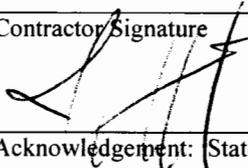
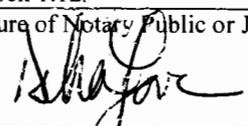
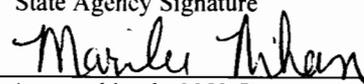
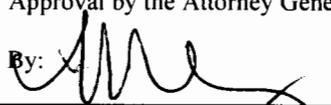
Notice: This agreement and all of its attachments shall become public upon submission to Governor and Executive Council for approval. Any information that is private, confidential or proprietary must be clearly identified to the agency and agreed to in writing prior to signing the contract.

AGREEMENT

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

GENERAL PROVISIONS

1. IDENTIFICATION.

1.1 State Agency Name Department of Health and Human Services		1.2 State Agency Address 129 Pleasant Street Concord, NH 03301	
1.3 Contractor Name JSi Research and Training Institute, Inc.		1.4 Contractor Address 501 South Street, 2 nd Floor Bow, NH 03304	
1.5 Contractor Phone Number 603-573-3300	1.6 Account Number 05-95-49-49150-29900000-102-500734; 05-95-49-491510-29880000-102-500734; 05-95-49-491510-29890000-102-500734	1.7 Completion Date June 30, 2017	1.8 Price Limitation \$1,254,747.
1.9 Contracting Officer for State Agency Eric Borrin, Director Contracts and Procurement		1.10 State Agency Telephone Number 603-271-9558	
1.11 Contractor Signature 		1.12 Name and Title of Contractor Signatory Jonathan Stewart Director	
1.13 Acknowledgement: State of New Hampshire, County of Merrimack On 11/25/2015, before the undersigned officer, personally appeared the person identified in block 1.12, or satisfactorily proven to be the person whose name is signed in block 1.11, and acknowledged that s/he executed this document in the capacity indicated in block 1.12.			
1.13.1 Signature of Notary Public or Justice of the Peace  [Seal]			
1.13.2 Name and Title of Notary or Justice of the Peace DEBRA L. LOVE, Notary Public My Commission Expires October 16, 2018			
1.14 State Agency Signature 		1.15 Name and Title of State Agency Signatory Marilee Nihan Deputy Commissioner	
1.16 Approval by the N.H. Department of Administration, Division of Personnel (if applicable) By: _____ Date: 11/30/15 Director, On: _____			
1.17 Approval by the Attorney General (Form, Substance and Execution) (if applicable) By:  On: 12/1/15			
1.18 Approval by the Governor and Executive Council (if applicable) By: _____ On: _____			

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

3. EFFECTIVE DATE/COMPLETION OF SERVICES.
3.1 Notwithstanding any provision of this Agreement to the contrary, and subject to the approval of the Governor and Executive Council of the State of New Hampshire, if applicable, this Agreement, and all obligations of the parties hereunder, shall become effective on the date the Governor and Executive Council approve this Agreement as indicated in block 1.18, unless no such approval is required, in which case the Agreement shall become effective on the date the Agreement is signed by the State Agency as shown in block 1.14 ("Effective Date").
3.2 If the Contractor commences the Services prior to the Effective Date, all Services performed by the Contractor prior to the Effective Date shall be performed at the sole risk of the Contractor, and in the event that this Agreement does not become effective, the State shall have no liability to the Contractor, including without limitation, any obligation to pay the Contractor for any costs incurred or Services performed. Contractor must complete all Services by the Completion Date specified in block 1.7.

4. CONDITIONAL NATURE OF AGREEMENT. Notwithstanding any provision of this Agreement to the contrary, all obligations of the State hereunder, including, without limitation, the continuance of payments hereunder, are contingent upon the availability and continued appropriation of funds, and in no event shall the State be liable for any payments hereunder in excess of such available appropriated funds. In the event of a reduction or termination of appropriated funds, the State shall have the right to withhold payment until such funds become available, if ever, and shall have the right to terminate this Agreement immediately upon giving the Contractor notice of such termination. The State shall not be required to transfer funds from any other account to the Account identified in block 1.6 in the event funds in that Account are reduced or unavailable.

5. CONTRACT PRICE/PRICE LIMITATION/PAYMENT.
5.1 The contract price, method of payment, and terms of payment are identified and more particularly described in EXHIBIT B which is incorporated herein by reference.
5.2 The payment by the State of the contract price shall be the only and the complete reimbursement to the Contractor for all expenses, of whatever nature incurred by the Contractor in the performance hereof, and shall be the only and the complete compensation to the Contractor for the Services. The State shall have no liability to the Contractor other than the contract price.

5.3 The State reserves the right to offset from any amounts otherwise payable to the Contractor under this Agreement those liquidated amounts required or permitted by N.H. RSA 80:7 through RSA 80:7-c or any other provision of law.
5.4 Notwithstanding any provision in this Agreement to the contrary, and notwithstanding unexpected circumstances, in no event shall the total of all payments authorized, or actually made hereunder, exceed the Price Limitation set forth in block 1.8.

6. COMPLIANCE BY CONTRACTOR WITH LAWS AND REGULATIONS/ EQUAL EMPLOYMENT OPPORTUNITY.
6.1 In connection with the performance of the Services, the Contractor shall comply with all statutes, laws, regulations, and orders of federal, state, county or municipal authorities which impose any obligation or duty upon the Contractor, including, but not limited to, civil rights and equal opportunity laws. This may include the requirement to utilize auxiliary aids and services to ensure that persons with communication disabilities, including vision, hearing and speech, can communicate with, receive information from, and convey information to the Contractor. In addition, the Contractor shall comply with all applicable copyright laws.
6.2 During the term of this Agreement, the Contractor shall not discriminate against employees or applicants for employment because of race, color, religion, creed, age, sex, handicap, sexual orientation, or national origin and will take affirmative action to prevent such discrimination.
6.3 If this Agreement is funded in any part by monies of the United States, the Contractor shall comply with all the provisions of Executive Order No. 11246 ("Equal Employment Opportunity"), as supplemented by the regulations of the United States Department of Labor (41 C.F.R. Part 60), and with any rules, regulations and guidelines as the State of New Hampshire or the United States issue to implement these regulations. The Contractor further agrees to permit the State or United States access to any of the Contractor's books, records and accounts for the purpose of ascertaining compliance with all rules, regulations and orders, and the covenants, terms and conditions of this Agreement.

7. PERSONNEL.
7.1 The Contractor shall at its own expense provide all personnel necessary to perform the Services. The Contractor warrants that all personnel engaged in the Services shall be qualified to perform the Services, and shall be properly licensed and otherwise authorized to do so under all applicable laws.
7.2 Unless otherwise authorized in writing, during the term of this Agreement, and for a period of six (6) months after the Completion Date in block 1.7, the Contractor shall not hire, and shall not permit any subcontractor or other person, firm or corporation with whom it is engaged in a combined effort to perform the Services to hire, any person who is a State employee or official, who is materially involved in the procurement, administration or performance of this

Contractor Initials 
Date 11/25/15

Agreement. This provision shall survive termination of this Agreement.

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

8. EVENT OF DEFAULT/REMEDIES.

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

8.1.1 failure to perform the Services satisfactorily or on schedule;

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

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

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

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

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

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

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

9. DATA/ACCESS/CONFIDENTIALITY/PRESERVATION.

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

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

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

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

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

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

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

14. INSURANCE.

14.1 The Contractor shall, at its sole expense, obtain and maintain in force, and shall require any subcontractor or assignee to obtain and maintain in force, the following insurance:

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

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

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



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

15. WORKERS' COMPENSATION.

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

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

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

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

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

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

19. CONSTRUCTION OF AGREEMENT AND TERMS.

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

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

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

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

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

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



Scope of Services

1. **Provisions Applicable to All Services**
 - 1.1. The Contractor will submit a detailed description of the language assistance services they will provide to persons with limited English proficiency to ensure meaningful access to their programs and/or services within ten (10) days of the contract effective date.
 - 1.2. The Contractor agrees that, to the extent future legislative action by the New Hampshire General Court or federal or state court orders may have an impact on the Services described herein, the State Agency has the right to modify Service priorities and expenditure requirements under this Agreement so as to achieve compliance therewith.
 - 1.3. The Contractor shall provide training, and technical assistance, program evaluation, and data analysis, interpretation, and support to the alcohol and drug workforce such as but not limited to, prevention, intervention, treatment, and recovery supports providers, primary care physicians, and mental health professionals.
 - 1.4. The Contractor shall support the goals of providing the training, and technical assistance, program evaluation, and data analysis, interpretation, and support as follows:
 - 1.4.1. Increase professional service providers' knowledge and skills in the use of various outcome-supported and evidence-based practices and to improve providers overall operations and business practices in delivering alcohol and other drug services (prevention, intervention, treatment, and recovery support) to New Hampshire citizens.
 - 1.4.2. Increase the number of licensed and/or certified service providers who can deliver prevention, intervention, treatment, and recovery support services.
 - 1.4.3. Support integration of Alcohol and other Drug Prevention, Intervention, Treatment and Recovery Support services with primary and behavioral healthcare.
 - 1.5. The Contractor shall collaborate with the Department in developing and implementing specific training and technical assistance activities or programs to address the needs being identified through training and/or technical assistance.
 - 1.6. The Contractor shall provide for Department approval within ten (10) days from the contract effective date and then after thirty (30) days prior to the quarter end, a quarterly work plan for training, and technical assistance, program evaluation, and data analysis, interpretation, and support that includes at a minimum:
 - 1.6.1. The schedule of trainings with the number of trainings, the name of the training and the locations of the training,



Exhibit A

1.6.2. The schedule of technical assistance, the topics for technical assistance and the methods of delivering the assistance.

2. Definitions:

2.1. **Advisory Committee:** The Advisory Committee is a committee formed by the Contractor that includes the Department's Bureau of Drug and Alcohol Services, Contractor staff, relevant collaborative partners, training recipients, licensing and certification board such as those listed in Section 3.1.1.4, expert consultants and key stakeholders.

2.2. **Communities of Practice:** The purpose of the Community of Practice is to identify and convene professionals around a specific practice area to achieve the following:

2.2.1. Increase best practice knowledge relative to treating substance use disorders,

2.2.2. Build collegiality and professional mentoring, and

2.2.3. Improve communication between and within systems of care addressing and treating substance misuse and substance use disorders.

2.3. **Continuum of Care:** Continuum of Care is a robust and accessible, effective, and well-coordinated full spectrum of substance misuse and abuse prevention, intervention, treatment and recovery supports services that are integrated with primary health care and behavioral health, and align with the Department's efforts to establish whole person centered and community owned systems of care.

2.4. **Department Oversight Committee:** The Department Oversight Committee is comprised of Contractor staff and Department staff from the Bureau of Drug and Alcohol Services representing relevant program areas.

2.5. **ELearning:** ELearning is the computer and network-enabled transfer of skills and knowledge including all forms of electronically supported learning and teaching. Applications and processes including Web-based learning, computer-based learning, virtual education opportunities and digital collaboration. Content is delivered via the Internet, intranet/extranet, audio or videotape, satellite TV, and CD-ROM. It can be self-paced or instructor-led and includes media in the form of text, image, animation, streaming video and audio.

2.6. **Evidence-Based:** Evidence-Based Services are as follows:

2.6.1. **Prevention:** According the Substance Abuse and Mental Health Services Administration Evidence-based prevention refers to a set of prevention activities that evaluation research has shown to be effective in producing positive outcomes. <http://captus.samhsa.gov/prevention-practice/defining-evidence-based>.

2.6.2. **Treatment and Recovery Support Services:** Evidence-based as demonstrated by meeting one of the following criteria:





Exhibit A

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

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Exhibit A

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



Exhibit A

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

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

3. Scope of Services - Training

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

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

- 1. Impaired Driver Services Program

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Exhibit A

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



Exhibit A

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

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Exhibit A

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

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Exhibit A

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

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

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Exhibit A

- b. Are the participants highly satisfied with trainings being provided; and
 - c. What are the barriers and opportunities relative to training that can be addressed in the coming period?
2. Provide responses to the questions in Section 3.1.12.7 #1, letters a through c, to inform quality improvement plans for trainings that will be implemented in the subsequent 6-month period and reviewed at subsequent Advisory Committee meetings.
- 3.1.12.8. Administer an electronic, annual survey, beginning within 45 days of contract award, and every 12-months thereafter, using contact lists from a wide range of professional groups, including but not limited to the New Hampshire Boards of Alcohol and Drug Abuse Counseling, Mental Health Practice, Nursing, and Medicine; professional associations within multiple domains such as primary care, behavioral health, hospitals, alcohol and drug abuse prevention specialists and treatment counselors, law enforcement, school guidance counselors, business, and others, to assess, at a minimum:
1. Certification and licensure needs;
 2. Training topic needs by learning track;
 3. Preferred session lengths, days, methods of training;
 4. Disabilities or learning preferences, and
 5. General recommendations for trainings
- 3.1.12.9. Provide key findings of the annual survey in Section 3.1.12.8 in summary format to the Advisory Committee and Department Oversight Committee for consideration and feedback and for internal quality assurance processes.

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

4.1.1. Technical Assistance

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



Exhibit A

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



Exhibit A

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

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Exhibit A

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

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Exhibit A

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

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Exhibit A

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

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Exhibit A

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

4.1.2. Program Evaluation

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

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Exhibit A

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

4.1.3. Data Analysis, Interpretation and Support

- 4.1.3.1. The Contractor shall provide data analysis, interpretation and support for the purposes of decision-making and evaluation as follows:
 1. Gather substance use, misuse, and use disorder data from various sources such as the National Survey on Drug Use and Health (NSDUH), Youth Risk Behavior Survey (YRBS) and other Federal data sets;
 2. Analyze and interpret the data; and
 3. Produce and publish reports of the data.
- 4.1.3.2. The Contractor shall design, prepare and publish reports, upon the request of the Department, using data supplied by the Department and other sources, that includes:
 1. Designing and producing reports within Web Information Technology System (WITS) using the Sequel Server Reporting Service (SSRS) software system;
 2. Developing and publishing a system level annual status report, related to services provided and outcomes achieved for New Hampshire each year;
 3. Developing and publishing an annual report for the Governor's Commission on Alcohol and Drug Abuse Prevention, Treatment, and Recovery, as articulated in RSA 12-J:4.
 4. Developing topic specific Issue Briefs at the direction of the Department.
- 4.1.3.3. The Contractor shall provide administrative oversight for the State Epidemiological Outcome Workgroup (SEOW) by convening SEOW members at least six times a year, which includes:
 1. Recruiting other state and NH organizations' epidemiologists to ensure there is good representation from various fields such as



Exhibit A

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

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

5. Building Long-Term Sustainability for Workforce Development

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

6. Staffing

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

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Exhibit B

Method and Conditions Precedent to Payment

1. The State shall pay the Contractor an amount not to exceed the Price Limitation, Block 1.8, of the General Provisions, for the services provided by the Contractor pursuant to Exhibit A.
2. The Contract is funded with federal funds from the United States Department of Health and Human Services as follows:
 - 2.1. CFDA# 93.959, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment, Substance Abuse Prevention & Treatment Block Grant,
 - 2.2. CFDA#93.243, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Prevention, Partnership for Success Initiative 1,
 - 2.3. CFDA#93.243, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Prevention, Partnership for Success Initiative 2, and
 - 2.4. New Hampshire Other Funds from the Governor's Commission on Alcohol and Drug Abuse Prevention, Intervention and Treatment.
3. The Contractor agrees to provide the services in Exhibit A, Scope of Services in compliance with funding requirements in Section 2.
4. Payment for said services shall be made as follows:

The Contractor will submit an invoice by the tenth (10) working day of each month, which identifies and requests reimbursement for authorized expenses incurred in the prior month. The State shall make payment to the Contractor within thirty (30) days of receipt of each invoice for Contractor services provided pursuant to this Agreement. Invoices must be submitted to:

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



Exhibit B

6. Notwithstanding paragraph 18 of the P-37, an amendment limited to Exhibits B-1 through B-2, to adjust line item amounts within the budgets and to adjust amounts between State Fiscal Years, within the price limitation, can be made by written agreement of both parties and may be made without obtaining approval of Governor and Executive Council.
 - 6.1. Requests for budget line item adjustments will not be accepted after June 10th of each State Fiscal Year.

7. The Contractor shall submit to the Department for approval within 30 days from the contract effective date, the subcontractor's budget.
 - 7.1. The Contractor shall submit to the Department copies of their invoices and the subcontractor's invoices for actual expenses that support the requests for reimbursement.

8. Financial Reporting Requirements: The Contractor shall submit Monthly Financial Reports on forms provided by the Department.

9. When the contract price limitation is reached the program shall continue to operate at full capacity at no charge to the Department for the duration of the contract period.

10. Funding may not be used to replace funding for a program already funded from another source.

11. Funded contractors/vendors will be expected to keep records of their activities related to Department programs and services.

12. Notwithstanding anything to the contrary herein, the Contractor agrees that funding under this agreement may be withheld, in whole or in part, in the event of non-compliance with any Federal or State law, rule or regulation applicable to the services provided, or if the said services or products have not been satisfactorily completed in accordance with the terms and conditions of this agreement.

13. Contractor will have forty-five (45) days from the end of the contract period to submit to the Department final invoices for payment. Any adjustments made to a prior invoice will need to be accompanied by supporting documentation.

Exhibit Budget B-1

BUDGET FORM

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

Bidder Name: JSI Research & Training Institute, Inc.

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

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

Line Item	Direct Incremental	Indirect Fixed	Sub - Total Budget	Registration Income	TOTAL	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	\$ 120,926.40	\$ 15,720.44	\$ 136,646.84	\$ -	\$ 136,646.84	
2. Employee Benefits	\$ 45,952.03	\$ -	\$ 45,952.03	\$ -	\$ 45,952.03	
3. Consultants	\$ 10,000.00	\$ -	\$ 10,000.00	\$ -	\$ 10,000.00	
4. Equipment:	\$ 10,883.38	\$ -	\$ 10,883.38	\$ -	\$ 10,883.38	
Rental	\$ -	\$ -	\$ -	\$ -	\$ -	
Repair and Maintenance	\$ -	\$ -	\$ -	\$ -	\$ -	
Purchase/Depreciation	\$ -	\$ -	\$ -	\$ -	\$ -	
5. Supplies:	\$ -	\$ -	\$ -	\$ -	\$ -	
Educational	\$ -	\$ -	\$ -	\$ -	\$ -	
Lab	\$ -	\$ -	\$ -	\$ -	\$ -	
Pharmacy	\$ -	\$ -	\$ -	\$ -	\$ -	
Medical	\$ -	\$ -	\$ -	\$ -	\$ -	
Office	\$ 9,674.11	\$ -	\$ 9,674.11	\$ -	\$ 9,674.11	
6. Travel	\$ 1,000.00	\$ -	\$ 1,000.00	\$ -	\$ 1,000.00	
7. Occupancy	\$ 12,092.64	\$ -	\$ 12,092.64	\$ -	\$ 12,092.64	
8. Current Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	
Telephone	\$ -	\$ -	\$ -	\$ -	\$ -	
Postage	\$ -	\$ -	\$ -	\$ -	\$ -	
Subscriptions	\$ -	\$ -	\$ -	\$ -	\$ -	
Audit and Legal	\$ -	\$ -	\$ -	\$ -	\$ -	
Insurance	\$ -	\$ -	\$ -	\$ -	\$ -	
Board Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	
9. Software	\$ -	\$ -	\$ -	\$ -	\$ -	
10. Marketing/Communications	\$ -	\$ -	\$ -	\$ -	\$ -	
11. Staff Education and Training	\$ -	\$ -	\$ -	\$ -	\$ -	
12. Subcontracts/Agreements	\$ 138,000.00	\$ -	\$ 138,000.00	\$ 22,350.00	\$ 160,350.00	
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	\$ -	\$ -	
TOTAL	\$ 348,528.56	\$ 15,720.44	\$ 364,249.00	\$ 22,350.00	\$ 386,599.00	

Exhibit Budget B-2

BUDGET FORM

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

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

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

(Name of Contract)

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

Line Item	Direct Incremental	Indirect Fixed	Sub - Total Budget	Registration Income	TOTAL	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	\$ 310,392.14	\$ 40,350.97	\$ 350,743.11	\$ -	\$ 350,743.11	
2. Employee Benefits	\$ 117,949.01	-	\$ 117,949.01	\$ -	\$ 117,949.01	
3. Consultants	\$ 20,000.00	-	\$ 20,000.00	\$ -	\$ 20,000.00	
4. Equipment:	\$ 27,935.30	-	\$ 27,935.30	\$ -	\$ 27,935.30	
Rental	-	-	-	-	-	
Repair and Maintenance	-	-	-	-	-	
Purchase/Depreciation	-	-	-	-	-	
5. Supplies:	-	-	-	-	-	
Educational	-	-	-	-	-	
Lab	-	-	-	-	-	
Pharmacy	-	-	-	-	-	
Medical	-	-	-	-	-	
Office	\$ 24,831.37	-	\$ 24,831.37	-	\$ 24,831.37	
6. Travel	\$ 2,000.00	-	\$ 2,000.00	-	\$ 2,000.00	
7. Occupancy	\$ 31,039.21	-	\$ 31,039.21	-	\$ 31,039.21	
8. Current Expenses	-	-	-	-	-	
Telephone	-	-	-	-	-	
Postage	-	-	-	-	-	
Subscriptions	-	-	-	-	-	
Audit and Legal	-	-	-	-	-	
Insurance	-	-	-	-	-	
Board Expenses	-	-	-	-	-	
9. Software	-	-	-	-	-	
10. Marketing/Communications	-	-	-	-	-	
11. Staff Education and Training	-	-	-	-	-	
12. Subcontracts/Agreements	\$ 316,000.00	-	\$ 316,000.00	\$ 42,700.00	\$ 358,700.00	
13. Other (specific details mandatory):	-	-	-	-	-	
	-	-	-	-	-	
	-	-	-	-	-	
	-	-	-	-	-	
	-	-	-	-	-	
TOTAL	\$ 850,147.03	\$ 40,350.97	\$ 890,498.00	\$ 42,700.00	\$ 933,198.00	

Indirect % 4.7%
 Percent of Direct
 Page 1 of 1
 Contractor Initials: JA
 Date: 11/25/15



SPECIAL PROVISIONS

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

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



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

11. **Reports:** Fiscal and Statistical: The Contractor agrees to submit the following reports at the following times if requested by the Department.
 - 11.1. Interim Financial Reports: Written interim financial reports containing a detailed description of all costs and non-allowable expenses incurred by the Contractor to the date of the report and containing such other information as shall be deemed satisfactory by the Department to justify the rate of payment hereunder. Such Financial Reports shall be submitted on the form designated by the Department or deemed satisfactory by the Department.
 - 11.2. Final Report: A final report shall be submitted within thirty (30) days after the end of the term of this Contract. The Final Report shall be in a form satisfactory to the Department and shall contain a summary statement of progress toward goals and objectives stated in the Proposal and other information required by the Department.
12. **Completion of Services:** Disallowance of Costs: Upon the purchase by the Department of the maximum number of units provided for in the Contract and upon payment of the price limitation hereunder, the Contract and all the obligations of the parties hereunder (except such obligations as, by the terms of the Contract are to be performed after the end of the term of this Contract and/or survive the termination of the Contract) shall terminate, provided however, that if, upon review of the Final Expenditure Report the Department shall disallow any expenses claimed by the Contractor as costs hereunder the Department shall retain the right, at its discretion, to deduct the amount of such expenses as are disallowed or to recover such sums from the Contractor.
13. **Credits:** All documents, notices, press releases, research reports and other materials prepared during or resulting from the performance of the services of the Contract shall include the following statement:
 - 13.1. The preparation of this (report, document etc.) was financed under a Contract with the State of New Hampshire, Department of Health and Human Services, with funds provided in part by the State of New Hampshire and/or such other funding sources as were available or required, e.g., the United States Department of Health and Human Services.
14. **Prior Approval and Copyright Ownership:** All materials (written, video, audio) produced or purchased under the contract shall have prior approval from DHHS before printing, production, distribution or use. The DHHS will retain copyright ownership for any and all original materials produced, including, but not limited to, brochures, resource directories, protocols or guidelines, posters, or reports. Contractor shall not reproduce any materials produced under the contract without prior written approval from DHHS.
15. **Operation of Facilities: Compliance with Laws and Regulations:** In the operation of any facilities for providing services, the Contractor shall comply with all laws, orders and regulations of federal, state, county and municipal authorities and with any direction of any Public Officer or officers pursuant to laws which shall impose an order or duty upon the contractor with respect to the operation of the facility or the provision of the services at such facility. If any governmental license or permit shall be required for the operation of the said facility or the performance of the said services, the Contractor will procure said license or permit, and will at all times comply with the terms and conditions of each such license or permit. In connection with the foregoing requirements, the Contractor hereby covenants and agrees that, during the term of this Contract the facilities shall comply with all rules, orders, regulations, and requirements of the State Office of the Fire Marshal and the local fire protection agency, and shall be in conformance with local building and zoning codes, by-laws and regulations.
16. **Equal Employment Opportunity Plan (EEOP):** The Contractor will provide an Equal Employment Opportunity Plan (EEOP) to the Office for Civil Rights, Office of Justice Programs (OCR), if it has received a single award of \$500,000 or more. If the recipient receives \$25,000 or more and has 50 or

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

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

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

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

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

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

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

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

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

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

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

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

DEFINITIONS

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

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

DEPARTMENT: NH Department of Health and Human Services.

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

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

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

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

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

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



REVISIONS TO GENERAL PROVISIONS

1. Subparagraph 4 of the General Provisions of this contract, Conditional Nature of Agreement, is replaced as follows:
 4. **CONDITIONAL NATURE OF AGREEMENT.**
Notwithstanding any provision of this Agreement to the contrary, all obligations of the State hereunder, including without limitation, the continuance of payments, in whole or in part, under this Agreement are contingent upon continued appropriation or availability of funds, including any subsequent changes to the appropriation or availability of funds affected by any state or federal legislative or executive action that reduces, eliminates, or otherwise modifies the appropriation or availability of funding for this Agreement and the Scope of Services provided in Exhibit A, Scope of Services, in whole or in part. In no event shall the State be liable for any payments hereunder in excess of appropriated or available funds. In the event of a reduction, termination or modification of appropriated or available funds, the State shall have the right to withhold payment until such funds become available, if ever. The State shall have the right to reduce, terminate or modify services under this Agreement immediately upon giving the Contractor notice of such reduction, termination or modification. The State shall not be required to transfer funds from any other source or account into the Account(s) identified in block 1.6 of the General Provisions, Account Number, or any other account, in the event funds are reduced or unavailable.
2. Subparagraph 10 of the General Provisions of this contract, Termination, is amended by adding the following language;
 - 10.1 The State may terminate the Agreement at any time for any reason, at the sole discretion of the State, 30 days after giving the Contractor written notice that the State is exercising its option to terminate the Agreement.
 - 10.2 In the event of early termination, the Contractor shall, within 15 days of notice of early termination, develop and submit to the State a Transition Plan for services under the Agreement, including but not limited to, identifying the present and future needs of clients receiving services under the Agreement and establishes a process to meet those needs.
 - 10.3 The Contractor shall fully cooperate with the State and shall promptly provide detailed information to support the Transition Plan including, but not limited to, any information or data requested by the State related to the termination of the Agreement and Transition Plan and shall provide ongoing communication and revisions of the Transition Plan to the State as requested.
 - 10.4 In the event that services under the Agreement, including but not limited to clients receiving services under the Agreement are transitioned to having services delivered by another entity including contracted providers or the State, the Contractor shall provide a process for uninterrupted delivery of services in the Transition Plan.
 - 10.5 The Contractor shall establish a method of notifying clients and other affected individuals about the transition. The Contractor shall include the proposed communications in its Transition Plan submitted to the State as described above.
3. The Department reserves the right to renew the Contract for up to two additional years, subject to the continued availability of funds, satisfactory performance of services and approval by the Governor and Executive Council.

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CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS

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

ALTERNATIVE I - FOR GRANTEES OTHER THAN INDIVIDUALS

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

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

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

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



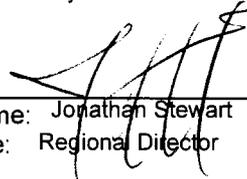
- has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
- 1.6. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph 1.4.2, with respect to any employee who is so convicted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

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

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

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

11/25/15
Date


Name: Jonathan Stewart
Title: Regional Director



CERTIFICATION REGARDING LOBBYING

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

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

Programs (indicate applicable program covered):

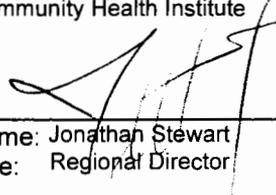
- *Temporary Assistance to Needy Families under Title IV-A
- *Child Support Enforcement Program under Title IV-D
- *Social Services Block Grant Program under Title XX
- *Medicaid Program under Title XIX
- *Community Services Block Grant under Title VI
- *Child Care Development Block Grant under Title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

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

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

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

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



Name: Jonathan Stewart
Title: Regional Director

11/25/15

Date



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

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

INSTRUCTIONS FOR CERTIFICATION

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

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

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

PRIMARY COVERED TRANSACTIONS

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

LOWER TIER COVERED TRANSACTIONS

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

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

Name: Jonathan Stewart
Title: Regional Director

11/25/15

Date

Contractor Initials

Date 11/25/15



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

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

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

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

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

Exhibit G

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

Contractor Initials

New Hampshire Department of Health and Human Services
Exhibit G



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

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

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

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

11/25/15

Date

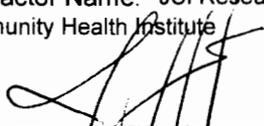

Name: Jonathan Stewart
Title: Regional Director

Exhibit G

Contractor Initials



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



CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO SMOKE

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

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

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

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

Name: Jonathan Stewart
Title: Regional Director

11/25/15

Date



Exhibit I

HEALTH INSURANCE PORTABILITY ACT
BUSINESS ASSOCIATE AGREEMENT

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

(1) **Definitions.**

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

3/2014

Contractor Initials

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

Date 11/25/15



Exhibit I

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

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

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

Handwritten initials, possibly 'JY', written in black ink.



Exhibit I

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

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

(3) Obligations and Activities of Business Associate.

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

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

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



Exhibit I

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

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

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Exhibit I

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

(4) Obligations of Covered Entity

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

(5) Termination for Cause

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

(6) Miscellaneous

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



Exhibit I

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

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

Department of Health and Human Services
The State

Marilee Nihan
Signature of Authorized Representative

Marilee Nihan
Name of Authorized Representative

Deputy Commissioner
Title of Authorized Representative

11/30/15
Date

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

Name of the Contractor

[Signature]
Signature of Authorized Representative

Jonathan Stewart

Name of Authorized Representative

Regional Director

Title of Authorized Representative

11/25/15

Date



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

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

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

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

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

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

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

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

Name: Jonathan Stewart
Title: Regional Director

11/25/15

Date

Date 11/25/15



FORM A

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

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

 NO x YES

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

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

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

 NO x YES

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

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

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

Name: _____	Amount: _____

State of New Hampshire
Department of State

CERTIFICATE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that JSI RESEARCH AND TRAINING INSTITUTE, INC., a(n) Massachusetts nonprofit corporation, registered to do business in New Hampshire on March 3, 1995. I further certify that it is in good standing as far as this office is concerned, having filed the return(s) and paid the fees required by law.



In TESTIMONY WHEREOF, I hereto
set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 24th day of November, A.D. 2015

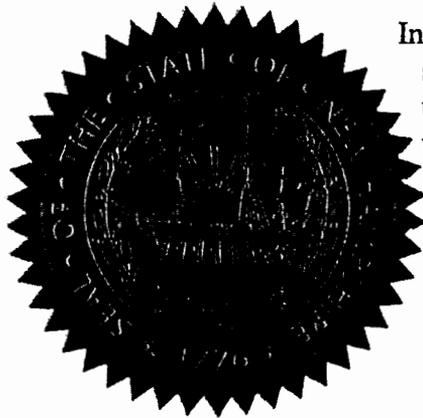
A handwritten signature in black ink, appearing to read "William M. Gardner".

William M. Gardner
Secretary of State

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 15th day of April, A.D. 2015

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

William M. Gardner
Secretary of State

CERTIFICATE OF VOTE/AUTHORITY

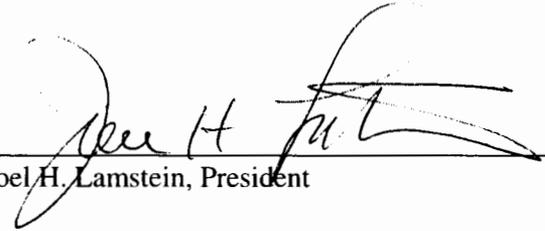
I, Joel H. Lamstein, of the JSI Research & Training Institute, Inc., d/b/a Community Health Institute, do hereby certify that:

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

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

3. I further certify that the foregoing resolutions have not been amended or revoked and remain in full force and effect as of November 25, 2015.

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 25th day of November, 2015.

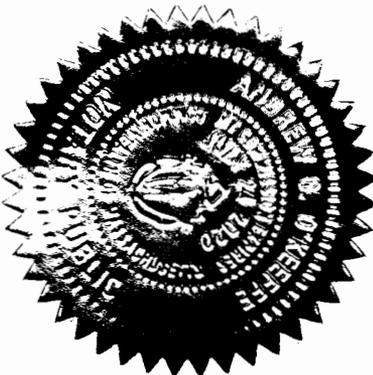


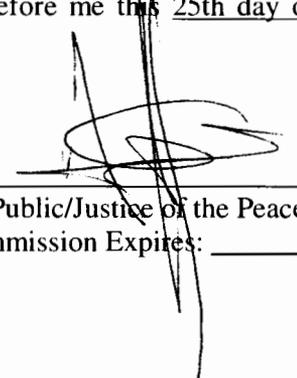
Joel H. Lamstein, President

STATE OF New Hampshire

COUNTY OF Merrimack

The foregoing instrument was acknowledged before me this 25th day of November, 2015 by Joel H. Lamstein.





Notary Public/Justice of the Peace
My Commission Expires: 7/24/2020



JOHNSNO-01

DMEANEY

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

9/11/2015

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: info@masoninsure.com														
INSURED JSI d/b/a Community Health Institute 501 South Street 2nd Floor Bow, NH 03304	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: center;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: center;">NAIC #</th> </tr> <tr> <td>INSURER A: Federal Insurance Company</td> <td style="text-align: center;">20281</td> </tr> <tr> <td>INSURER B: Executive Risk Indemnity</td> <td style="text-align: center;">35181</td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	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:	
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INSURER C:															
INSURER D:															
INSURER E:															
INSURER F:															

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

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:			35873320	09/09/2015	09/09/2016	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"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			73546634	09/09/2015	09/09/2016	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			79861066	09/09/2015	09/09/2016	EACH OCCURRENCE \$ 20,000,000 AGGREGATE \$ 20,000,000 \$
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	N/A	71733182	09/09/2015	09/09/2016	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
B	ERRORS & OMISSIONS			82120859	09/09/2015	09/09/2016	EACH OCC/GEN AGG 1,000,000
A	DIRECTORS & OFFICERS			81595534	11/09/2014	11/09/2015	EACH OCC/GEN AGG 3,000,000

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

CERTIFICATE HOLDER**CANCELLATION**

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

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JSI Research and Training

Mission Statement

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

Community Health Institute

Mission Statement

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

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

**Audited Consolidated Financial Statements and Reports
Required by Government Auditing Standards and OMB Circular A-133**

September 30, 2014

**JSI Research and Training Institute, Inc. and Affiliate
September 30, 2014**

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INDEPENDENT AUDITOR'S REPORT

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

Report on the Consolidated Financial Statements

We have audited the accompanying consolidated financial statements of JSI Research and Training Institute, Inc. and Affiliate (both non-profit organizations), which comprise the consolidated statement of financial position as of September 30, 2014, and the related consolidated statements of activities, functional expenses, and cash flows for the year then ended, and the related notes to the consolidated financial statements.

Management's Responsibility for the Consolidated Financial Statements

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

Auditor's Responsibility

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

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

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

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

Opinion

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of JSI Research and Training Institute, Inc. and Affiliate as of September 30, 2014, and the changes in their net assets and their cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Other Matters

Other Information

Our audit was conducted for the purpose of forming an opinion on the consolidated financial statements as a whole. The accompanying schedule of expenditures of federal awards, as required by U.S. Office of Management and Budget Circular A-133, *Audits of States, Local Governments, and Non-Profit Organizations*, is presented for purposes of additional analysis and is not a required part of the consolidated financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements. The information has been subjected to the auditing procedures applied in the audit of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated, in all material respects, in relation to the consolidated financial statements taken as a whole.

Report on Summarized Comparative Information

We have previously audited the JSI Research and Training Institute, Inc. and Affiliate consolidated financial statements, and we expressed an unmodified opinion on those audited financial statements in our report dated March 17, 2014. In our opinion, the summarized consolidated comparative information presented herein as of and for the year ended September 30, 2013 is consistent, in all material respects, with the audited consolidated financial statements from which it has been derived.

Other Reporting Required by *Government Auditing Standards*

In accordance with *Government Auditing Standards*, we have also issued a report dated February 12, 2015, on our consideration of JSI Research and Training Institute, Inc. and its affiliate's internal control over financial reporting and on our tests of their compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering JSI Research and Training Institute, Inc. and its affiliate's internal control over financial reporting and compliance.

A handwritten signature in black ink, reading "Howard J. Fungo CPA". The signature is written in a cursive style with a large, stylized initial "H".

Duxbury, Massachusetts
February 12, 2015

JSI Research and Training Institute, Inc. and Affiliate
CONSOLIDATED STATEMENT OF FINANCIAL POSITION
September 30, 2014
(With Comparative Totals for 2013)

	2014	2013
ASSETS		
Current Assets:		
Cash and cash equivalents	\$ 29,466,831	\$ 40,491,257
Receivables for program work	12,193,072	5,530,251
Loans receivable	425,470	330,711
Field advances - program	2,612,580	2,855,789
Employee advances	221,271	181,854
Prepaid expenses	3,700	3,864
Total Current Assets	44,922,924	49,393,726
Property and Equipment:		
Furniture and equipment	625,913	625,102
Leasehold improvements	30,355	30,355
	656,268	655,457
Less: Accumulated depreciation	(603,262)	(585,250)
Net Property and Equipment	53,006	70,207
Other Assets	83,336	80,198
TOTAL ASSETS	\$ 45,059,266	\$ 49,544,131
 LIABILITIES AND NET ASSETS		
Current Liabilities:		
Accounts payable and payroll withholdings	\$ 5,026,325	\$ 4,013,743
Accrued vacation	1,563,950	1,456,613
Advances for program work	14,217,480	24,753,370
Loans payable	-	-
Notes payable	-	-
Contingencies	-	-
Total Current Liabilities	20,807,755	30,223,726
Net Assets:		
Unrestricted	24,246,511	19,315,405
Temporarily restricted	5,000	5,000
Total Net Assets	24,251,511	19,320,405
TOTAL LIABILITIES AND NET ASSETS	\$ 45,059,266	\$ 49,544,131

See notes to consolidated financial statements.

JSI Research and Training Institute, Inc. and Affiliate
CONSOLIDATED STATEMENT OF ACTIVITIES
Year Ended September 30, 2014
(With Comparative Totals for 2013)

	2014	2013
UNRESTRICTED NET ASSETS:		
Public Support and Revenue		
Public Support:		
Government grants and contracts:		
U.S. Government	\$ 173,962,790	\$ 151,661,231
Commonwealth of Massachusetts	5,842,551	5,293,338
Other grants and contracts	44,450,878	40,181,675
Program income	95,478	125,762
Contributions	2,061,708	261,260
In kind project contributions	7,244,720	10,537,825
Interest income	12,236	47,775
Total Unrestricted Support and Revenue	233,670,361	208,108,866
Expenses		
Program Services:		
International programs	190,033,358	171,082,230
Domestic programs	14,255,597	12,226,257
Total Program Services	204,288,955	183,308,487
Supporting Services:		
Management and General	24,224,914	21,788,613
Fundraising	225,386	219,210
Total Supporting Services	24,450,300	22,007,823
Total Expenses	228,739,255	205,316,310
Increase (Decrease) in Unrestricted Net Assets	4,931,106	2,792,556
Net Assets at Beginning of Year	19,320,405	16,527,849
Net Assets at End of Year	\$ 24,251,511	\$ 19,320,405

See notes to consolidated financial statements.

JSI Research and Training Institute, Inc. and Affiliate
CONSOLIDATED STATEMENT OF FUNCTIONAL EXPENSES
Year Ended September 30, 2014
(With Comparative Totals for 2013)

	PROGRAM SERVICES			SUPPORTING SERVICES			TOTAL	
	International Programs	Domestic Programs	Total	Management And General	Fundraising	Total	2014	2013
Salaries	\$ 20,457,182	\$ 6,609,295	\$ 27,066,477	\$ 5,705,147	\$ 150,040	\$ 5,855,187	\$ 32,921,664	\$ 29,361,382
Consultants	11,720,327	3,862,158	15,582,485	666,153	29,400	695,553	16,278,038	15,167,039
Cooperating National								
Salaries	29,311,608	-	29,311,608	532,134	-	532,134	29,843,742	25,610,137
Travel	11,824,448	558,707	12,383,155	604,462	127	604,589	12,987,744	11,206,790
Allowance & Training	7,576,320	2,165	7,578,485	218,327	-	218,327	7,796,812	6,290,231
Sub-contracts	47,859,375	1,805,034	49,664,409	-	-	-	49,664,409	39,388,618
Equipment, Material and								
Supplies	5,458,019	31,814	5,489,833	187,477	80	187,557	5,677,390	4,794,885
Other Costs	48,581,359	1,386,424	49,967,783	16,293,202	45,739	16,338,941	66,306,724	62,947,371
In-kind project expenses	7,244,720	-	7,244,720	-	-	-	7,244,720	10,537,825
Depreciation	-	-	-	18,012	-	18,012	18,012	12,032
TOTAL EXPENSE	\$ 190,033,358	\$ 14,255,597	\$ 204,288,955	\$ 24,224,914	\$ 225,386	\$ 24,450,300	\$ 228,739,255	\$ 205,316,310

See notes to consolidated financial statements.

JSI Research and Training Institute, Inc. and Affiliate
CONSOLIDATED STATEMENT OF CASH FLOWS
Year Ended September 30, 2014
(With Comparative Totals for 2013)

	2014	2013
Cash Flows From Operating Activities:		
Increase (Decrease) in net assets	\$ 4,931,106	\$ 2,792,556
Adjustments to reconcile change in net assets to net cash provided by operating activities:		
Depreciation	18,012	12,032
(Increase) Decrease in receivables for program work	(6,662,821)	(2,979,106)
(Increase) Decrease in loans receivable	(94,759)	(330,711)
(Increase) Decrease in field advances - program	243,209	(706,652)
(Increase) Decrease in employee advances	(39,417)	3,766
(Increase) Decrease in prepaid expenses	164	-
(Increase) Decrease in other assets - deposits	(3,138)	762
Increase (Decrease) in accounts payable and payroll withholdings	1,012,582	1,203,439
Increase (Decrease) in accrued vacation	107,337	93,070
Increase (Decrease) in advances for program work	(10,535,890)	2,883,650
Net Cash Provided (Used) By Operating Activities	(11,023,615)	2,972,806
Cash Flows From Investing Activities:		
Acquisition of property and equipment	(811)	(34,047)
Net Cash Provided (Used) By Investing Activities	(811)	(34,047)
Cash Flows From Financing Activities:		
Proceeds from loans payable	4,046,996	2,910,553
Payments of loans payable	(4,046,996)	(3,395,271)
Net Cash Provided (Used) By Financing Activities	-	(484,718)
Net Increase (Decrease) in Cash and Cash Equivalents	(11,024,426)	2,454,041
Cash and Cash Equivalents at Beginning of Year	40,491,257	38,037,216
Cash and Cash Equivalents at End of Year	\$ 29,466,831	\$ 40,491,257

See notes to consolidated financial statements.

JSI Research and Training Institute, Inc. and Affiliate
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
September 30, 2014

NOTE 1 – ORGANIZATION AND NATURE OF ACTIVITIES

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

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

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

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

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Principles of Consolidation

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

Basis of Accounting

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

JSI Research and Training Institute, Inc. and Affiliate
NOTES TO FINANCIAL STATEMENTS - CONTINUED
September 30, 2014

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES – continued

Use of Estimates

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

Fair Value

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

Cash and Cash Equivalents

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

Investments

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

Property and Equipment

Property and equipment is reported on the basis of cost less accumulated depreciation. Acquisitions of property and equipment in excess of \$1,500 are capitalized. Depreciation is computed using the straight-line method calculated to extinguish the book value of the respective assets over their estimated useful lives (5 - 7 years) of the related assets.

Revenue Recognition

Unrestricted and restricted contributions are recognized as revenue at the date the pledge is made or the gift is received, whichever is earlier. Revenue from cost reimbursement contracts and grants is recorded as the related expenditures are incurred.

JSI Research and Training Institute, Inc. and Affiliate
NOTES TO FINANCIAL STATEMENTS - CONTINUED
September 30, 2014

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES – continued

Contributions

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

Donated Materials and Services

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

Income Taxes

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

The Organization has evaluated its tax positions and believes that there would be no material changes to the results of its operations or financial position as a result of an audit by the applicable taxing authorities, federal or state. The Organization has filed all of its known and required returns in a timely manner including as permitted allowed extensions. Following administrative practice of the taxing authorities, the tax years 2011, 2012 and 2013, remain open years subject to examination and review.

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

Functional Allocation of Expenses

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

Financial Statement Presentation

In accordance with accounting principles generally accepted in the United States of America, the Organization reports information regarding its financial position and activities according to three classes of net assets: unrestricted net assets, temporarily restricted net assets, and permanently restricted net assets based upon the existence or absence of donor imposed restrictions. For the

JSI Research and Training Institute, Inc. and Affiliate
NOTES TO FINANCIAL STATEMENTS - CONTINUED
September 30, 2014

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES – continued

year ended September 30, 2014 there was no activity in temporarily restricted or permanently restricted net assets.

NOTE 3 – CONCENTRATION OF CREDIT RISK

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

NOTE 4 – INVESTMENTS

Fair Value

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

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

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

JSI Research and Training Institute, Inc. and Affiliate
NOTES TO FINANCIAL STATEMENTS - CONTINUED
September 30, 2014

NOTE 4 – INVESTMENTS - continued

The following is a summary of fair values of investments which are measured on a recurring basis using Level 1 inputs as recorded in the Consolidated Statement of Financial Position at September 30, 2014:

Current assets:	
Cash and cash equivalents (invested)	<u>\$ 14,500,645</u>
	<u>\$ 14,500,645</u>

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

The following schedule summarizes the investment return and its classification in the Consolidated Statement of Activities for the year ended September 30, 2014:

	<u>Unrestricted</u>
Interest income	<u>\$ 12,236</u>
Total investment return	<u>\$ 12,236</u>

NOTE 5 – RECEIVABLES FOR PROGRAM WORK

Receivables for program work are stated at the amount management expects to collect from outstanding balances. Management provides for probable uncollectable amounts through a provision for bad debt expense and an adjustment to a valuation allowance based on its assessment of the current status of individual accounts. Balances that are still outstanding after management has used reasonable collection efforts are written off through a charge to the valuation allowance and a credit to accounts receivable. The allowance for doubtful accounts at September 30, 2014 was \$0.

JSI Research and Training Institute, Inc. and Affiliate
NOTES TO FINANCIAL STATEMENTS - CONTINUED
September 30, 2014

NOTE 5 – RECEIVABLES FOR PROGRAM WORK - continued

Receivables for program work consist of the following at September 30, 2014:

U.S. Agency for International Development	\$ 7,422,214
U.S. Department of Health and Human Services	379,820
U.S. Department of State	215,127
U.S. Department of Labor	61,542
U.S. Department of Education	8,756
Commonwealth of Massachusetts	295,121
Other - non-governmental	<u>3,810,492</u>
	<u>\$ 12,193,072</u>

NOTE 6 – LOANS RECEIVABLE

Loans receivable consist of various unsecured short-term loans, due on demand, from John Snow, Inc., a related party (See NOTE 17). No interest is charged on the loans. The loans receivable balance at September 30, 2014 is \$425,470.

NOTE 7 – PROPERTY AND EQUIPMENT AND ACCUMULATED DEPRECIATION

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

	<u>Cost</u>	<u>Accumulated Depreciation</u>	<u>Net</u>
Furniture and equipment	\$ 625,913	\$ (574,806)	\$ 51,107
Leasehold Improvements	<u>30,355</u>	<u>(28,456)</u>	<u>1,899</u>
	<u>\$ 656,268</u>	<u>\$ (603,262)</u>	<u>\$ 53,006</u>

Depreciation expense was \$18,012 for the year ended September 30, 2014.

JSI Research and Training Institute, Inc. and Affiliate
NOTES TO FINANCIAL STATEMENTS - CONTINUED
September 30, 2014

NOTE 8 – OTHER ASSETS

Other assets consist of the following at September 30, 2014:

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

NOTE 9 – ACCRUED VACATION

In accordance with formal policies, vacation was accrued at September 30, 2014 as follows:

JSI Research and Training Institute, Inc.	\$ 1,262,970
World Education, Inc. (Affiliate)	<u>300,980</u>
	<u>\$ 1,563,950</u>

NOTE 10 – ADVANCES FOR PROGRAM WORK

Advances for program work consist of the following at September 30, 2013:

Other - non-governmental	<u>\$ 14,217,480</u>
	<u>\$ 14,217,480</u>

NOTE 11 – LOANS PAYABLE

Loans payable consist of various unsecured short-term loans, payable on demand, from John Snow, Inc., a related party (See NOTE 17). No interest is charged on the loans. The loans payable balance at September 30, 2014 is \$0.

JSI Research and Training Institute, Inc. and Affiliate
NOTES TO FINANCIAL STATEMENTS - CONTINUED
September 30, 2014

NOTE 12 – NOTES PAYABLE

Citizens Bank

World Education, Inc. (Affiliate) has a revolving line of credit established February 3, 2004 with Citizens Bank of Massachusetts with a borrowing limit of up to \$500,000. The revolving line of credit was renewed on April 1, 2014. The loan is payable on demand. Interest is charged by utilizing a fluctuating rate based on the LIBOR (Advantage) rate plus 2.50%. The line of credit remains in effect until December 31, 2014 and annually thereafter contingent upon performance. The loan is collateralized by a first priority interest in all the assets of World Education, Inc. No funds were borrowed during the year and as a result, as of September 30, 2014, the outstanding balance is \$0 and no interest was incurred on this loan during the year ended September 30, 2014.

John Snow, Inc.

World Education, Inc. (Affiliate) has an unsecured revolving line of credit established September 1, 2007 with John Snow, Inc. (a related party) with a borrowing limit of up to \$1,000,000. The loan was renewed on July 1, 2013. Interest is charged by utilizing a fluctuating rate based on the current prime rate plus 0.25%. The loan is payable on demand and, in any event, on or prior to June 30, 2016. The loan is not collateralized. No funds were borrowed during the year and as a result, as of September 30, 2014, the outstanding balance is \$0. No interest was incurred on this loan during the year ended September 30, 2014. (See NOTE 17)

NOTE 13 – CONTINGENCIES

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

JSI Research and Training Institute, Inc. is a co-borrower of a demand loan with no balance due at September 30, 2014. Management believes that the co-borrower is current on the loan and that its collateral exceeds the balance due. (See NOTE 17)

JSI Research and Training Institute, Inc. and Affiliate
NOTES TO FINANCIAL STATEMENTS - CONTINUED
September 30, 2014

NOTE 14 – TEMPORARILY RESTRICTED NET ASSETS

At September 30, 2014, the Welthy Fisher Fund of World Education, Inc. is the beneficiary of an irrevocable life income trust agreement. Under the terms of the agreement, the donor will receive either a fixed percentage of the initial fair market value of the gift or the actual income earned by the trust. Upon the death of the donor, the funds are released to World Education, Inc. for its unrestricted use.

No assets were released from donor restriction by occurrence of events specified by the donor during the year ended September 30, 2014. The temporarily restricted net assets balance at September 30, 2014 is \$5,000.

NOTE 15 – SURPLUS REVENUE RETENTION

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

The following summarizes the Company’s calculation of the surplus for fiscal year 2014 and on a cumulative basis:

	Commonwealth Surplus Retention Net Assets	Other Net Assets	Total Net Assets
Beginning of Year	\$ 647,090	\$ 18,673,315	\$ 19,320,405
Current Year	<u>172,416</u>	<u>4,758,690</u>	<u>4,931,106</u>
End of Year	<u>\$ 819,506</u>	<u>\$ 23,432,005</u>	<u>\$ 24,251,511</u>

JSI Research and Training Institute, Inc. and Affiliate
NOTES TO FINANCIAL STATEMENTS - CONTINUED
September 30, 2014

NOTE 16 – COMMONWEALTH OF MASSACHUSETTS

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

Accrued (deferred) Revenue at October 1, 2013	\$ 827,417
Receipts	(6,374,847)
Disbursements/expenditures	<u>5,842,551</u>
Accrued (deferred) Revenue at September 30, 2014	<u>\$ 295,121</u>

NOTE 17 – RELATED PARTY TRANSACTIONS

John Snow, Inc.

JSI Research and Training Institute, Inc. (an exempt organization) and John Snow, Inc. (a non-exempt corporation) purchase consulting services from each other. Mr. Joel Lamstein is President and Director of both organizations, and is the sole stockholder of John Snow, Inc. The two companies bill each other at the same rates that they bill the federal and state governments. During the year ended September 30, 2014, John Snow, Inc. billed JSI Research and Training Institute, Inc. \$18,635,515 for consulting services (technical support). This amount is reflected under the program services-consulting line item (\$11,424,234) and program services – other costs line item (\$7,211,281) on the statement of functional expenses. In addition, JSI Research and Training Institute, Inc. performed consulting services (technical support) for John Snow, Inc. totaling \$8,962,419.

The two companies also share facilities and pool various overhead expenses. For the year ended September 30, 2014, JSI Research and Training Institute, Inc. incurred \$18,024,907 of overhead expenses (supporting services), of which \$5,162,195 was its share of John Snow, Inc. incurred costs.

JSI Research and Training Institute, Inc. is a co-borrower with John Snow, Inc. on a commercial demand loan-revolving line of credit with an expiration date of February 28, 2015, which allows for borrowings up to \$6,500,000. The loan is collateralized by a security agreement with a first position lien on all corporate assets of JSI Research and Training Institute, Inc. and John Snow, Inc. including assignment of promissory notes and security documents between the two companies. Interest is charged by utilizing a fluctuating rate based on LIBOR (Advantage) plus two percent (2.00%) payable monthly in arrears, which at September 30, 2014 was 2.234%. At September 30, 2014, a balance of \$0 was outstanding on the loan. Management believes the loan payable will be extended, when due, under similar terms and conditions.

JSI Research and Training Institute, Inc. and Affiliate
NOTES TO FINANCIAL STATEMENTS - CONTINUED
September 30, 2014

NOTE 17 – RELATED PARTY TRANSACTIONS – continued

John Snow, Inc. - continued

During the year, the Company had various loans receivable due from, and various loans payable due to John Snow, Inc. At September 30, 2014, the loan receivable balance is \$425,479 and the loan payable balance is \$0.

World Education, Inc. (Affiliate) has an agreement with John Snow, Inc. whereby John Snow, Inc. will provide administrative and technical support as deemed necessary by World Education, Inc.'s Board of Trustees. Transactions with John Snow, Inc. for the year ended September 30, 2014 are summarized as follows:

Administrative and technical support	\$ 343,644
Other direct charges (including rent of \$694,897)	<u>932,966</u>
	<u>\$ 1,276,610</u>

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

World Education, Inc. provided services to John Snow, Inc. during the year ended September 30, 2014 totaling \$256,252 and was recorded as revenue in the consolidated statement of activities.

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

Partnership for Supply Chain Management, Inc.

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

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

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

During the year ended September 30, 2014, JSI Research and Training Institute, Inc. billed PSCM \$55,743,613 for services performed.

JSI Research and Training Institute, Inc. and Affiliate
NOTES TO FINANCIAL STATEMENTS - CONTINUED
September 30, 2014

NOTE 17 – RELATED PARTY TRANSACTIONS – continued

Partnership for Supply Chain Management, Inc. - continued

During the year ended September 30, 2014, PSCM made an unrestricted contribution of \$2,000,000 to the Company.

Other

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

The Manoff Group, Inc. (a non-exempt corporation; 40% owned by John Snow, Inc.)	<u>\$ 1,226,711</u>
	<u>\$ 1,226,711</u>

NOTE 18 – RETIREMENT PLANS

JSI Research and Training Institute, Inc. has a defined contribution profit sharing/401(K) plan covering substantially all its employees. Employee contributions are voluntary. Employer contributions are based on a percentage (10% - 15% depending on length of service) of salary. The Plan was effective April 11, 1979. Pension expense was \$2,566,460 for the year ended September 30, 2014.

World Education, Inc. (Affiliate) provides retirement benefits to substantially all employees under a plan. World Education, Inc.'s contributions of 7 percent of employee salaries are used to purchase individual annuities. Additional voluntary contributions may be made by the employees. Participants of the plan are fully and immediately vested when contributions are made. Pension costs incurred by World Education, Inc. were \$331,738 in the year ended September 30, 2014.

NOTE 19 – COMMITMENTS

Operating Leases

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

JSI Research and Training Institute, Inc. and Affiliate
NOTES TO FINANCIAL STATEMENTS - CONTINUED
September 30, 2014

NOTE 19 – COMMITMENTS - continued

Operating Leases - continued

During the year ended September 30, 2014, rentals under long-term lease obligations were \$527,209. Future obligations over the primary terms of the Company's long-term leases as of September 30, 2014 are:

Year Ended September 30,	
2015	\$ 469,786
2016	384,243
2017	258,901
2018	170,468
Thereafter	-
	<u>\$ 1,283,398</u>

World Education, Inc. (Affiliate) leases space for general offices on a year-to-year basis. Rent expense for the year ended September 30, 2014 was \$694,897.

NOTE 20 – CONCENTRATION OF FUNDING

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

The Organization received 10% or more of its revenues and support from the following sources for the year ended September 30, 2014:

	Income Received	% of Total Income
U.S. Agency for International Development	\$ 108,805,271	46.56%
Partnership for Supply Chain Management, Inc.	55,743,613	23.86%
	<u>\$ 164,548,884</u>	<u>70.42%</u>

JSI Research and Training Institute, Inc. and Affiliate
NOTES TO FINANCIAL STATEMENTS - CONTINUED
September 30, 2014

NOTE 21 – IN KIND PROJECT CONTRIBUTIONS

The Organization receives donated materials and services consisting of commodities, facilities and equipment, and services for use in its programs from overseas collaborative private voluntary organizations and from foundations providing grants directly to a project. Donated materials and services totaled \$7,244,720 for the year ended September 30, 2014, and are reflected as In Kind Project Contributions on the Consolidated Statement of Activities and In Kind Project Expenses on the Consolidated Statement of Functional Expenses.

These contributions satisfy part of the matching requirements needed to obtain full funding on certain U.S. Agency for International Development grants. During the year ended September 30, 2014, the following donated materials and services received by the Organization have been used to fulfill matching requirements on active grants:

36521	Uganda STAR-EC	\$ 3,323,453
36528	Nigeria Tship	(10)
36620	Africa FHI NID	195,684
36662	Madagascar CBIHP	3,040,202
36883	Social ACO's	33,672
36895	Mozambique M-SIP	820
63068	Benin	340
63092	Mali/Walaikim	123,802
63101	Senegal/Journalism	62,274
63104	AED/Senegal/PGP	27,028
63114	Uganda	88,079
64024	Tanzania	180,756
64026	Uganda	116
64057	Zimbabwe	168,504
		<u>168,504</u>
		<u>\$ 7,244,720</u>

NOTE 22 – SUBSEQUENT EVENTS

The Organization has evaluated subsequent events through February 12, 2015, the date on which the consolidated financial statements were available to be issued. During this period, there were no subsequent events that require adjustment to the consolidated financial statements.

Supplementary Information

JSI Research and Training Institute, Inc.
SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS
Year Ended September 30, 2014

Federal Grantor/Pass-through Grantor Program Title	Agency or Pass-through Number	Federal CFDA Number	Federal Expenditures
U.S. AGENCY FOR INTERNATIONAL DEVELOPMENT			
Direct Grants:			
36359 - Nepal Family Health Program II	367-A-00-08-00001-00	98.001	\$ (1,051)
36514 - Liberia RBHS	669-A-00-09-00001-00	98.001	8,626,055
36521 - Uganda HIV/AIDS/TB	617-A-00-09-00007-00	98.001	8,647,008
36528 - Nigeria TSHIP	620-A-00-09-00014-00	98.001	16,701,004
36529 - Ghana Focus	641-A-00-09-00030-00	98.001	3,317,858
36532 - Turkmenistan YC	120-A-00-09-00029-00	98.001	277,655
36648 - Pakistan TAUH	391-A-00-11-01214-00	98.001	(22,171)
36662 - Madagascar CBIHP	687-A-00-11-00013-00	98.001	8,601,160
36697 - SPRING	AID-OAA-A-11-00031	98.001	15,677,524
36702 - Nepal CHX Cord Care	AID-OAA-A-11-00073	98.001	491,614
36747 - Ukraine HWUP	AID-121-A-11-00003	98.001	1,561,345
36800 - Advancing Partners	AID-OAA-A-12-00047	98.001	15,640,709
36807 - Live Learn & Play	AID-OAA-L-12-00003	98.001	140,027
36845 - Pakistan HSSP	AID-391-A-13-00002	98.001	3,413,097
36895 - Mozambique M-SIP	AID-656-A-13-00006	98.001	1,028,594
36932 - Senegal LLP	AID-685-A-14-00001	98.001	269,622
36991 - AIDSFREE	AID-OAA-A-14-00046	98.001	172,613
Total Direct Grants			<u>84,542,663</u>
Pass-through Grants:			
Passed through Partnership for Supply Chain Management, Inc. (PSCM):			
36344/36524 - Supply Chain Management System	GPO-I-00-05-00032-00	98.001	53,204,470
Passed through World Education:			
36591 - Tanzania OVC	621-A-00-10-00024-00	98.001	23,975
36840 - Zimbabwe - Vanc. Bantwana	64053-0556-1001	98.001	246,231
Passed through Family Health International (FHI):			
36620 - Africa FHI Neglected Tropical Disease	OAA-A-10-00050	98.001	329,480
Passed through International Business Initiatives, Corporation (IBI):			
36826 - Liberia Governance and Economic Management Support Program	669-C-00-11-00050-00	98.001	186,595
Total Pass-through Grants			<u>53,990,751</u>
Total - CFDA #98.001 - USAID Foreign Assistance for Programs Overseas			<u>138,533,414</u>
Sub-Total			<u>138,533,414</u>

See notes to Schedule of Expenditures of Federal Awards.

JSI Research and Training Institute, Inc.
SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS
Year Ended September 30, 2014

Federal Grantor/Pass-through Grantor Program Title	Agency or Pass-through Number	Federal CFDA Number	Federal Expenditures
U.S. AGENCY FOR INTERNATIONAL DEVELOPMENT - CONTINUED			
Sub-Total from previous page			\$ 138,533,414
Direct Grant:			
36098 - Pakistan MNH Prog. Paiman	391-A-00-05-01037-00	98.004	(55,253)
Total - CFDA #98.004 - Non-Governmental Organization Strengthening (NGO)			(55,253)
TOTAL - U.S. AGENCY FOR INTERNATIONAL DEVELOPMENT			\$ 138,478,161
 U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES			
Pass-through Grants:			
Passed through NACCHO:			
36689 - NH MRC Conferences	2011-041218	93.008	\$ 1
36773 - NH MRC Conferences	2012-041010	93.008	6,411
Total CFDA #93.008 - Medical Reserve Corps Small Grant Program			6,412
Direct Grant:			
36612 - Project HOPE	MPPWH100030	93.015	23,967
Total CFDA #93.015 - HIV Prevention Programs For Women			23,967
Pass-through Grant:			
Passed through State of New Hampshire:			
36741 - Injury Prevention	1022534	93.043	103
Total CFDA #93.043 - Special Programs for the Aging - Title VII, Chapter 2			103
Pass-through Grant:			
Passed through Harvard School of Public Health:			
36936 - HSPH Evaluation	Agreement @ 2-21-14	93.061	1,760
Total CFDA #93.061 - Innovations in Applied Public Health Research			1,760
 Sub-Total			 32,242

See notes to Schedule of Expenditures of Federal Awards.

JSI Research and Training Institute, Inc.
SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS
Year Ended September 30, 2014

Federal Grantor/Pass-through Grantor Program Title	Agency or Pass-through Number	Federal CFDA Number	Federal Expenditures
U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES - CONTINUED			
Sub-Total from previous page			\$ 32,242
Direct Grants:			
36537 - CDC - Botswana IS	5U2GPS001958-04	93.067	22,776
36538 - CDC - Botswana IS	5U2GPS001958-05	93.067	150,095
36901 - CDC - Strategic Assessments for Strategic Action in India	1U2GGH001132-01	93.067	450,567
Total CFDA #93.067 - Global AIDS			623,438
Pass-through Grants:			
Passed through State of New Hampshire:			
36879 - Public Health Program Services Support	PO# 1031592	93.069	83,077
36880 - Public Health Program Services Support	PO# 1031592	93.069	16,571
Passed through Goodwin Community Health:			
36943 - Strafford Cty Data	Agreement @ 3-14-14	93.069	3,977
Total CFDA #93.069 - Public Health Emergency Preparedness			103,625
Pass-through Grants:			
Passed through State of Vermont:			
36847 - Asthma Control Program	23940	93.070	38,653
Passed through State of New Hampshire:			
36879 - Public Health Program Services Support	PO# 1031592	93.070	28,887
36880 - Public Health Program Services Support	PO# 1031592	93.070	2,607
Total CFDA #93.070 - Environmental Public Health and Emergency Response			70,147
Pass-through Grants:			
Passed through Puerto Rico Academy of Medical Directors, Inc.:			
36871 - Cuidate TDF Training	Agreement @ 7-2-13	93.092	7,898
36948 - Cuidate TDF Training	Agreement @ 4-1-14	93.092	5,441
Total CFDA #93.092 - Affordable Care Act Personal Responsibility Education Program			13,339
Pass-through Grant:			
Passed through State of Vermont:			
36959 - Wise Woman Evaluation	26288	93.094	\$ 11,505
Total CFDA #93.094 - Well-Integrated Screening and Evaluation for Women Across the Nation			11,505
Sub-Total			854,296

See notes to Schedule of Expenditures of Federal Awards.

JSI Research and Training Institute, Inc.
SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS
Year Ended September 30, 2014

Federal Grantor/Pass-through Grantor Program Title	Agency or Pass-through Number	Federal CFDA Number	Federal Expenditures
U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES - CONTINUED			
Sub-Total from previous page			\$ 854,296
Pass-through Grants:			
Passed through State of New Hampshire:			
36501 - Epidemiology/Public Health Data	3160295	93.110	268
36879 - Public Health Program Services Support	PO# 1031592	93.110	33,114
36880 - Public Health Program Services Support	PO# 1031592	93.110	3,879
Total CFDA #93.110 - Maternal and Child Health Federal Consolidated Programs			37,261
Pass-through Grant:			
Passed through State of Vermont:			
36877 - VT ORHPC TA	24572	93.130	688
Total CFDA #93.130 - Cooperative Agreements to States/Territories for the Coordination and Development of Primary Care Offices			688
Pass-through Grant:			
Passed through State of Rhode Island:			
36501 - Epidemiology/Public Health Data	3160295	93.136	32,268
Total CFDA #93.136 - Injury Prevention and Control Research and State and Community Based Programs			32,268
Pass-through Grants:			
Passed through Health Research, Inc.:			
36886 - National Quality Center Evaluation Activities	4538-02	93.145	182,549
36989 - National Quality Center Evaluation Consultation Services	4538-03	93.145	17,466
Direct Grant:			
36904 - Ryan White ACE	UF2HA26520	93.145	1,880,060
Total CFDA #93.145 - AIDS Education and Training Centers			2,080,075
Sub-Total			3,004,588

See notes to Schedule of Expenditures of Federal Awards.

JSI Research and Training Institute, Inc.
SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS
Year Ended September 30, 2014

Federal Grantor/Pass-through Grantor Program Title	Agency or Pass-through Number	Federal CFDA Number	Federal Expenditures
U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES - CONTINUED			
Sub-Total from previous page			\$ 3,004,588
Pass-through Grants:			
Passed through Action for Boston Community Development, Inc.:			
36834 - FamPlan Data Systems		93.217	17,042
36935 - FamPlan Data Systems		93.217	25,078
Passed through State of New Hampshire:			
36834 - FamPlan Data Systems	PO# 1031566	93.217	4,748
36935 - FamPlan Data Systems	PO# 1039867	93.217	2,550
Passed through State of Rhode Island:			
36834 - FamPlan Data Systems	PO# 3307663	93.217	15,556
36935 - FamPlan Data Systems	PO# 3307663	93.217	9,766
Passed through Planned Parenthood of Southern New England:			
36834 - FamPlan Data Systems		93.217	22,280
36935 - FamPlan Data Systems		93.217	32,785
Passed through Planned Parenthood of Northern New England:			
36834 - FamPlan Data Systems		93.217	10,160
36935 - FamPlan Data Systems		93.217	14,951
Passed through Health Imperatives, Inc.:			
36834 - FamPlan Data Systems		93.217	7,195
36935 - FamPlan Data Systems		93.217	10,588
Passed through Planned Parenthood League of Massachusetts:			
36834 - FamPlan Data Systems		93.217	2,643
36935 - FamPlan Data Systems		93.217	3,889
Passed through Health Quarters, Inc.:			
36834 - FamPlan Data Systems		93.217	5,124
36935 - FamPlan Data Systems		93.217	7,540
Passed through Tapestry Health Systems:			
36834 - FamPlan Data Systems		93.217	5,187
36935 - FamPlan Data Systems		93.217	7,633
Passed through Family Planning Association of Maine:			
36834 - FamPlan Data Systems		93.217	13,598
36935 - FamPlan Data Systems		93.217	20,011
Total CFDA #93.217 - Family Planning Services			<u>238,324</u>
Sub-Total			<u>3,242,912</u>

See notes to Schedule of Expenditures of Federal Awards.

JSI Research and Training Institute, Inc.
SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS
Year Ended September 30, 2014

Federal Grantor/Pass-through Grantor Program Title	Agency or Pass-through Number	Federal CFDA Number	Federal Expenditures
U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES - CONTINUED			
Sub-Total from previous page			\$ 3,242,912
Pass-through Grants:			
Passed through First Nations Community Healthsource:			
36856 - Readiness Assessment	Agreement @ 5-3-13	93.224	4,937
37000 - NCQA PCMH Recognition Technical Assistance	Agreement @ 6-13-14	93.224	<u>531</u>
Total CFDA #93.224 - Consolidated Health Centers			<u>5,468</u>
Pass-through Grants:			
Passed through State of New Hampshire:			
36875 - NH Center for Excellence - Drug and Alcohol	1025785	93.243	288,727
Passed through County of Cheshire, New Hampshire:			
36889 - Drug Court Program	Agreement @ 8-19-13	93.243	48,054
Passed through Institute for Health & Recovery:			
36619 - IHR - RENW Eval	Agreement @ 10-27-10	93.243	23,127
Passed through Action for Boston Community Development, Inc.:			
36806 - Entre Nosotras II	Agreement @ 12-2-12	93.243	823
36903 - Entre Nosotras FY14	Agreement @ 10-19-13	93.243	20,151
36913 - ABCD SIS Evaluation	PO# 71039	93.243	6,890
Passed through City of Dover, New Hampshire:			
36837 - Dover STOP Act Grant Evaluation	PO# 201307604	93.243	2,262
Passed through Buildings Bright Futures State Advisory Council, Inc:			
36850 - Vermont L.A.U.N.C.H. Project	13/7	93.243	<u>69,803</u>
Total CFDA #93.243 - Substance Abuse and Mental Health Services Projects of Regional and National Significance			<u>459,837</u>
Pass-through Grant:			
Passed through The Dartmouth Institute for Health Policy and Clinical Practice:			
36861 - Community Health Assessment and Improvement Process	Agreement @ 3-22-13	93.249	<u>13,152</u>
Total - CFDA #93.249 - Public Health Training Centers Program			<u>13,152</u>
 Sub-Total			 <u>3,721,369</u>

See notes to Schedule of Expenditures of Federal Awards.

JSI Research and Training Institute, Inc.
SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS
Year Ended September 30, 2014

Federal Grantor/Pass-through Grantor Program Title	Agency or Pass-through Number	Federal CFDA Number	Federal Expenditures
U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES - CONTINUED			
Sub-Total from previous page			\$ 3,721,369
Direct Grants:			
36777 - National Training Center - Quality Assurance, Quality Improvement, Evaluation	FPTPA006025	93.260	725,366
36787 - Reproductive Health Prevention Training and Technical Assistance	FPTPA006015	93.260	197,555
36792 - National Training Center for Management and Systems Improvement	FPTPA006023	93.260	923,279
36794 - Region VIII Sexual Health	FPTPA006016	93.260	167,107
Total - CFDA #93.260 - Family Planning - Personnel Training			<u>2,013,307</u>
Pass-through Grants:			
Passed through State of New Hampshire:			
36879 - Public Health Program Services Support	PO# 1031592	93.268	85,173
36880 - Public Health Program Services Support	PO# 1031592	93.268	10,640
Total CFDA #93.268 - Immunization Cooperative Agreements			<u>95,813</u>
Pass-through Grants:			
Passed through Merrimack, New Hampshire School District:			
36915 - Evaluation Services	PO# 1499031	93.276	9,606
Passed through Community Action Partnership for Strafford County, New Hampshire:			
36920 - Bridging the Gap Evaluation Services	Agreement @ 12-9-13	93.276	7,961
Passed through United Way of Greater Nashua:			
36937 - Nashua DFC Evaluation	Agreement @ 3-5-14	93.276	5,883
Total CFDA #93.276 - Drug-free Communities Support Program Grants			<u>23,450</u>
Sub-Total			<u>5,853,939</u>

See notes to Schedule of Expenditures of Federal Awards.

JSI Research and Training Institute, Inc.
SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS
Year Ended September 30, 2014

Federal Grantor/Pass-through Grantor Program Title	Agency or Pass-through Number	Federal CFDA Number	Federal Expenditures
U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES - CONTINUED			
Sub-Total from previous page			\$ 5,853,939
Pass-through Grants:			
Passed through State of New Hampshire:			
36843 - Tobacco Helpline	1028499	93.283	247,002
36880 - Public Health Program Services Support	PO# 1031592	93.283	11,416
36906 - NH Top QL Partnership	Agreement @ 9-14-13	93.283	63,942
Passed through City of Manchester, New Hampshire Health Department:			
36955 - NH Tobacco Helpline	Agreement @ 3-25-14	93.283	14,095
36964 - NH Tobacco Helpline	Agreement @ 5-27-14	93.283	4,757
Passed through Community Health Access Network:			
36909 - NH Asthma Aware FY14	13-14:01	93.283	2,499
Passed through State of Rhode Island:			
36501 - Epidemiology/Public Health Data	3160295	93.283	33,183
36849 - Smoker's Helpline - Quitline Tobacco Cessation	3320510	93.283	157,635
Passed through Commonwealth of Massachusetts Department of Public Health:			
36157 - HIV/AIDS Research, Training and Support	INTF-2915M04900315005	93.283	53,606
Total - CFDA #93.283 - Centers for Disease Control and Prevention - Investigations and Technical Assistance			<u>588,135</u>
Direct Grant:			
36891 - PPHF 2013 - OSTLTS Partnerships	1U38OT000188	93.292	109,528
Total - CFDA #93.292 - National Public Health Improvement Initiative			<u>109,528</u>
Pass-through Grants:			
Passed through Black Ministerial Alliance of Greater Boston, Inc.:			
36664 - Healthy Futures	Agreement @ 6-1-11	93.297	175,458
36750 - Healthy Futures Health Education	Agreement @ 4-20-12	93.297	19,449
36848 - Teen Pregnancy Prevention Initiative	Agreement @ 5-1-13	93.297	7,357
Passed through Touchstone Behavioral Health:			
36912 - Ciudadate - Training of Trainers	Agreement @ 10-17-13	93.297	4,686
Total - CFDA #93.297 - Teenage Pregnancy Prevention Program			<u>206,950</u>
Sub-Total			<u>6,758,552</u>

See notes to Schedule of Expenditures of Federal Awards.

JSI Research and Training Institute, Inc.
SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS
Year Ended September 30, 2014

Federal Grantor/Pass-through Grantor Program Title	Agency or Pass-through Number	Federal CFDA Number	Federal Expenditures
U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES - CONTINUED			
Sub-Total from previous page			\$ 6,758,552
Pass-through Grant:			
Passed through State of New Hampshire:			
36879 - Public Health Program Services Support	PO# 1031592	93.448	1,224
Total - CFDA #93.448 - Food Safety and Security Monitoring Project			1,224
Pass-through Grant:			
Passed through State of Vermont:			
36853 - Maternal, Infant, and Early Childhood Home Visitation Program	24086	93.505	45,835
Total - CFDA #93.505 - Affordable Care Act Maternal, Infant, and Early Childhood Home Visiting Program			45,835
Pass-through Grants:			
Passed through State of New Hampshire:			
36879 - Public Health Program Services Support	PO# 1031592	93.507	13,367
36880 - Public Health Program Services Support	PO# 1031592	93.507	2,827
Total - CFDA #93.507 - PPHF 2012 National Public Health Improvement Initiative			16,194
Pass-through Grant:			
Passed through State of Rhode Island:			
36501 - Epidemiology/Public Health Data	3160295	93.525	6,812
Total - CFDA #93.525 - State Planning and Establishment Grants for the Affordable Care Act (ACA)'s Exchanges			6,812
Pass-through Grants:			
Passed through Town of Hudson, Massachusetts:			
36754 - MetroWest Moves	Agreement @ 5-9-12	93.531	77,531
Passed through State of Vermont:			
36930 - Vermont Oral Health Coalition	25965	93.531	10,153
Total - CFDA #93.531 - PPHF 2012 - Community Transition Grants			87,684
Pass-through Grant:			
Passed through State of New Hampshire:			
36879 - Public Health Program Services Support	PO# 1031592	93.538	49,200
Total - CFDA #93.538 - Affordable Care Act - Nat'l Environmental Public Health Tracking Program			49,200
Sub-Total			6,965,501

See notes to Schedule of Expenditures of Federal Awards.

JSI Research and Training Institute, Inc.
SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS
Year Ended September 30, 2014

Federal Grantor/Pass-through Grantor Program Title	Agency or Pass-through Number	Federal CFDA Number	Federal Expenditures
U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES - CONTINUED			
Sub-Total from previous page			\$ 6,965,501
Pass-through Grant:			
Passed through Dartmouth College:			
36970 - TDI Q1 Research	Agreement @ 5-1-14	93.542	<u>13,887</u>
Total - CFDA #93.542 - Health Promotion and Disease Prevention			
Research Centers: PPHF - Affordable Care Act Projects			<u>13,887</u>
Pass-through Grant:			
Passed through State of Rhode Island:			
36501 - Epidemiology/Public Health Data	3160295	93.548	<u>6,744</u>
Total - CFDA #93.548 - PPHF: State Nutrition, Physical Activity, and Obesity Programs			<u>6,744</u>
Pass-through Grants:			
Passed through Commonwealth of Massachusetts Department of Public Health:			
Ensuring Quitline Capacity	INTF-2915-M04900315005	93.735	381,685
Passed through State of New Hampshire:			
36843 - Tobacco Helpline	1028499	93.735	<u>83,012</u>
Total - CFDA #93.735 - State Public Health Approaches for Ensuring Quitline Capacity			<u>464,697</u>
Pass-through Grant:			
Passed through Ozarks Regional YMCA:			
36835 - Transformation Engagement Project	Agreement @ 2-28-13	93.737	126,165
36929 - Ozarks Regional Food Policy Council	Agreement @ 1-12-14	93.737	<u>14,454</u>
Total - CFDA #93.737 - Community Transformation Grants			<u>140,619</u>
Pass-through Grant:			
Passed through state of Rhode Island:			
36501 - Epidemiology/Public Health Data	3160295	93.758	<u>2,535</u>
Total - CFDA #93.758 - Preventive Health and Health Services Block Grant Funded Solely with Prevention and Public Health Funds (PPHF)			<u>2,535</u>
Sub-Total			<u>7,593,983</u>

See notes to Schedule of Expenditures of Federal Awards.

JSI Research and Training Institute, Inc.
SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS
Year Ended September 30, 2014

Federal Grantor/Pass-through Grantor Program Title	Agency or Pass-through Number	Federal CFDA Number	Federal Expenditures
U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES - CONTINUED			
Sub-Total from previous page			\$ 7,593,983
Pass-through Grants:			
Passed through State of New Hampshire:			
36879 - Public Health Program Services Support	PO# 1031592	93.889	153,399
36880 - Public Health Program Services Support	PO# 1031592	93.889	45,281
Total - CFDA #93.889 - National Bioterrorism Hospital Preparedness Program			198,680
Pass-through Grants:			
Passed through Mid-State Health Center:			
36953 - PATT Evaluation	MS1415-1	93.912	1,775
Passed through Plains Medical Center:			
36872 - ECHO Evaluation	Agreement @ 6-24-13	93.912	750
36882 - ECHO Project	Agreement @ 7-1-13	93.912	3,303
Total - CFDA #93.912 - Rural Health Care Services Outreach			5,828
Pass-through Grants:			
Passed through State of New Hampshire:			
36623 - Rural Health and Primary Care	PO# 1011440	93.913	8,457
36879 - Public Health Program Services Support	PO# 1031592	93.913	34,162
36880 - Public Health Program Services Support	PO# 1031592	93.913	386
36988 - Rural Health and Primary Care	PO# 1038916	93.913	1,787
Total - CFDA #93.913 - Grants to States for Operation of Offices of Rural Health			44,792
Pass-through Grant:			
Passed through Boston Public Health Commission:			
36453 - BPHC Quality Management	6307A	93.914	158,303
Total - CFDA #93.914 - HIV Emergency Relief Project Grants			158,303
Pass-through Grants:			
Passed through State of New Hampshire:			
36879 - Public Health Program Services Support	PO# 1031592	93.917	59,657
36880 - Public Health Program Services Support	PO# 1031592	93.917	11,072
Passed through Commonwealth of Massachusetts Department of Public Health:			
36157 - HIV Care	INTF-4971-M04603614082	93.917	420,297
Total - CFDA #93.917 - HIV Care Formula Grants			491,026
Sub-Total			8,492,612

See notes to Schedule of Expenditures of Federal Awards.

JSI Research and Training Institute, Inc.
SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS
Year Ended September 30, 2014

Federal Grantor/Pass-through Grantor Program Title	Agency or Pass-through Number	Federal CFDA Number	Federal Expenditures
U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES - CONTINUED			
Sub-Total from previous page			\$ 8,492,612
Direct Grant:			
36967 - Healthy Start Performance Project	UF5MC26845	93.926	153,686
Total - CFDA #93.926 - Healthy Start Initiative			153,686
Pass-through Grant:			
Passed through Commonwealth of Massachusetts Department of Public Health:			
Special Projects of National Significance	INTF-4971-M04603614082	93.928	47,825
Total - CFDA #93.928 - Special Projects of National Significance			47,825
Direct Grant:			
36487 - CDC CBA Project	U65PS001661	93.939	520,793
36945 - CDC CBA FY13 - FY19	U65PS004406	93.939	318,514
Total - CFDA #93.939 - HIV Prevention Activities - NGO Based			839,307
Pass-through Grants:			
Passed through Commonwealth of Massachusetts Department of Public Health:			
36157 - HIV Prevention Activities	INTF-4971-M04603614082	93.940	49,114
Passed through State of New Hampshire:			
36879 - Public Health Program Services Support	PO# 1031592	93.940	39,771
36880 - Public Health Program Services Support	PO# 1031592	93.940	7,381
Total - CFDA #93.940 - HIV Prevention Activities - Health Department Based			96,266
Pass-through Grant:			
Passed through Commonwealth of Massachusetts Department of Public Health:			
HIV/AIDS Surveillance	INTF-4971-M04603614082	93.944	14,106
Total - CFDA #93.944 - HIV/AIDS Surveillance			14,106
Direct Grant:			
36615 - CDC Teen Pregnancy	U58DP002906	93.946	295,496
Total - CFDA #93.946 - Cooperative Agreements to Support State-Based Safe Motherhood and Infant Initiative Programs			295,496
Sub-Total			9,939,298

See notes to Schedule of Expenditures of Federal Awards.

JSI Research and Training Institute, Inc.
SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS
Year Ended September 30, 2014

Federal Grantor/Pass-through Grantor Program Title	Agency or Pass-through Number	Federal CFDA Number	Federal Expenditures
U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES - CONTINUED			
Sub-Total from previous page			\$ 9,939,298
Pass-through Grant:			
Passed through State of Rhode Island:			
36801 - Prevention Resource Center	3316844	93.959	<u>200,861</u>
Total - CFDA #93.959 - Block Grants for Prevention and Treatment of Substance Abuse			<u>200,861</u>
Pass-through Grants:			
Passed through State of Rhode Island:			
36501 - Epidemiology/Public Health Data	3160295	93.994	9,478
Passed through State of New Hampshire:			
36879 - Public Health Program Services Support	PO# 1031592	93.994	1,617
36889 - Public Health Program Services Support	PO# 1031592	93.994	<u>575</u>
Total - CFDA #93.994 - Maternal & Child Health Services Block Grant to the States			<u>11,670</u>
TOTAL - U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES			<u>\$ 10,151,829</u>

JSI Research and Training Institute, Inc.
SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS
Year Ended September 30, 2014

Federal Grantor/Pass-through Grantor Program Title	Agency or Pass-through Number	Federal CFDA Number	Federal Expenditures
U.S. DEPARTMENT OF HOMELAND SECURITY			
Pass-through Grant:			
Passed through State of New Hampshire:			
36854 - Supplemental Oxygen Exercises	1029685	97.067	\$ 82,886
Total CFDA #97.067 - Homeland Security Grant Program			82,886
Direct Grants:			
United States Coast Guard -			
36757 - Nat'l. Estimate of Life Jacket Wear Rate	3311FAN1202.03	97.012	(1,888)
36857 - Nat'l. Estimate of Life Jacket Wear Rate	3313FAN1302.15	97.012	68,221
36958 - WA Parks Lifejackets	315-126	97.012	28,597
36969 - Nat'l. Estimate of Life Jacket Wear Rate	3314FAN1402.09	97.012	162,511
Total CFDA #97.012 - Boating Safety Financial Assistance			257,441
TOTAL - U.S. DEPARTMENT OF HOMELAND SECURITY			\$ 340,327
 U.S. ENVIRONMENTAL PROTECTION AGENCY			
Direct Grant:			
36789 - Reducing Asthma Disparities Through Adult Basic Education	96161301	66.034	\$ 29,162
Total CFDA #66.034 - Surveys Studies Research Investigations, Demonstrations and Special Purpose Activities Relating to the Clean Air Act			29,162
Pass-through Grant:			
Passed through State of Rhode Island:			
36501 - Epidemiology/Public Health Data	3160295	66.472	18,094
Total CFDA #66.472 - Beach Monitoring and Notification Program Implementation Grants			18,094
Direct Grant:			
36788 - Latino Youth Environment Awareness and Action	96159901	66.604	4,425
Total CFDA #66.604 - Environmental Justice Small Grant Program			4,425
Sub-Total			51,681

See notes to Schedule of Expenditures of Federal Awards.

JSI Research and Training Institute, Inc.
SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS
Year Ended September 30, 2014

Federal Grantor/Pass-through Grantor Program Title	Agency or Pass-through Number	Federal CFDA Number	Federal Expenditures
U.S. ENVIRONMENTAL PROTECTION AGENCY - CONTINUED			
Sub-Total from previous page			\$ 51,681
Direct Grant:			
36698 - Children's Health	CH-83510601	66.609	4,592
Total CFDA #66.609 - Protection of Children From Environmental Health Risks			4,592
Pass-through Grant:			
Passed through State of New Hampshire:			
36880 - Public Health Program Services Support	PO# 1031592	66.707	14,788
Total CFDA #66.707 - TSCA Title IV State Lead Grants Certification of Lead-Based Paint Professional			14,788
TOTAL - U.S. ENVIRONMENTAL PROTECTION AGENCY			\$ 71,061
 U.S. DEPARTMENT OF JUSTICE			
Pass-through Grants:			
Passed through State of New Hampshire:			
36838 - Court Diversion	Agreement @ 2-1-13	16.540	28,704
36931 - Court Diversion	Pending @ 2-21-14	16.540	58,450
Total - CFDA #16.540 - Juvenile Justice and Delinquency Prevention - Allocation to States			87,154
Pass-through Grant:			
Passed through County of Cheshire, New Hampshire:			
36902 - Cheshire County Drug Court	Agreement @ 9-20-13	16.858	16,053
Total - CFDA #16.858 - Department of Justice, Bureau of Justice Assistance Grant			16,053
TOTAL U.S. DEPARTMENT OF JUSTICE			\$ 103,207

See notes to Schedule of Expenditures of Federal Awards.

JSI Research and Training Institute, Inc.
SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS
Year Ended September 30, 2014

Federal Grantor/Pass-through Grantor Program Title	Agency or Pass-through Number	Federal CFDA Number	Federal Expenditures
U.S. DEPARTMENT OF STATE			
Direct Grant:			
36796 - Pakistan - PRM	S-PRMCO-12-CA-1067	19.519	\$ <u>71,503</u>
Total - CFDA #19.519 - Overseas Refugee Assistance Program for Near East and South Asia			<u>71,503</u>
TOTAL U.S. DEPARTMENT OF STATE			\$ <u>71,503</u>
 TOTAL FEDERAL AWARDS			 \$ <u>149,216,088</u>

JSI Research and Training Institute, Inc.
NOTES TO SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS
September 30, 2014

NOTE 1 – BASIS OF PRESENTATION

JSI Research and Training Institute, Inc. is the sole member of World Education, Inc. (the affiliate).

The accompanying schedule of expenditures of federal awards (the Schedule) includes the federal grant activity of JSI Research and Training Institute, Inc. under programs of the federal government for the year ended September 30, 2014. The information in this Schedule is presented in accordance with the requirements of OMB Circular A-133, *Audits of States, Local Governments, and Non-Profit Organizations*. Because the Schedule presents only a selected portion of the operations of JSI Research and Training Institute, Inc., it is not intended to and does not present the financial position, changes in net assets, or cash flows of JSI Research and Training Institute, Inc.

The Schedule does not include the federal grant activity of World Education, Inc. (the affiliate). World Education, Inc. maintains a different fiscal year end (June 30) and has its own stand alone audit performed in accordance with the U.S. Office of Management and Budget Circular A-133, *Audits of States, Local Governments, and Non-Profit Organizations*, which includes its own separate schedule of expenditures of federal awards. However, the consolidated financial statements contain the combined activity of JSI Research and Training, Institute and World Education, Inc.

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

- (1) Expenditures reported on the Schedule are reported on the accrual basis of accounting. Such expenditures are recognized following the cost principles contained in OMB Circular A-122, *Cost Principles for Non-Profit Organizations*, wherein certain types of expenditures are not allowable or are limited as to reimbursement.
- (2) Catalog of Federal Domestic Assistance (CFDA) numbers are presented when available.

JSI Research and Training Institute, Inc.
NOTES TO SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS
September 30, 2014

NOTE 3 – SUBRECIPIENTS

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

<u>Program</u>	<u>CFDA Number</u>	<u>Amount Provided to Subrecipients</u>
Juvenile Justice and Delinquency Prevention	16.540	\$ 20,378
Overseas Refugee Assistance Program for Near East and South Asia	19.519	23,747
Environmental Justice Small Grant Program	66.604	4,375
Protection of Children from Environmental Health Risks	66.609	2,771
Environmental Public Health and Emergency Response	93.070	4,707
AIDS Education and Training Centers	93.145	393,299
Family Planning Services	93.217	43,731
Substance Abuse and Mental Health Services - Projects of Regional and National Significance	93.243	106,539
Family Planning - Personnel Training	93.260	9,750
Centers for Disease Control and Prevention - Investigations and Technical Assistance	93.283/93.917/93.940/93.941	337,504
National Public Health Improvement Initiative	93.292	49,000
ACA - State Innovation Models: Funding for Model Design and Model Testing Assistance	93.624	30,486
Centers for Medicare and Medicaid Services Research, Demonstrations and Evaluations	93.779	22,650
Grants to States for Operation of Offices of Rural Health	93.913/93.283/93.236/93.130	29,248
HIV Care Formula Grants	93.917	5,521
Healthy Start Initiative	93.926	3,804
Assistance Programs for Chronic Disease Prevention and Control	93.945	11,440
RI Prevent Resource Center	93.959	450
Homeland Security Grant Program	97.067	26,159
USAID Foreign Assistance for Program Overseas	98.001	<u>31,001,970</u>
Total Federal Awards Provided to Subrecipients		\$ 32,127,529
Non-Federal Awards Provided to Subrecipients		<u>3,264,101</u>
		<u>\$ 35,391,630</u>

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



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

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

We have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the consolidated financial statements of JSI Research and Training Institute, Inc. and Affiliate ("Organization"), which comprise the consolidated statement of financial position as of September 30, 2014, and the related consolidated statements of activities, and cash flows for the year then ended, and the related notes to the consolidated financial statements, and have issued our report thereon dated February 12, 2015.

Internal Control Over Financial Reporting

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

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

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

Compliance and Other Matters

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

Purpose of this Report

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

A handwritten signature in black ink, appearing to read "Thomas R. Jones, CPA". The signature is written in a cursive style and is positioned above a vertical line.

Duxbury, Massachusetts
February 12, 2015



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

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

Report on Compliance for Each Major Federal Program

We have audited JSI Research and Training Institute, Inc.'s compliance with the types of compliance requirements described in the *OMB Circular A-133 Compliance Supplement* that could have a direct and material effect on each of JSI Research and Training Institute, Inc.'s major federal programs for the year ended September 30, 2014. JSI Research and Training Institute, Inc.'s major federal programs are identified in the summary of auditors' results section of the accompanying schedule of findings and questioned costs.

Management's Responsibility

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

Auditor's Responsibility

Our responsibility is to express an opinion on compliance for each of JSI Research and Training Institute, Inc.'s major federal programs based on our audit of the types of compliance requirements referred to above. We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America; the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States; and OMB Circular A-133, *Audits of States, Local Governments, and Non-Profit Organizations*. Those standards and OMB Circular A-133 require that we plan and perform the audit to obtain reasonable assurance about whether noncompliance with the types of compliance requirements referred to above that could have a direct and material effect on a major federal program occurred. An audit includes examining, on a test basis, evidence about JSI Research and Training Institute, Inc.'s compliance with those requirements and performing such other procedures as we considered necessary in the circumstances.

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

Opinion on Each Major Federal Program

In our opinion, JSI Research and Training Institute, Inc. complied, in all material respects, with the compliance requirements referred to above that could have a direct and material effect on each of its major federal programs for the year ended September 30, 2014.

Report on Internal Control Over Compliance

Management of JSI Research and Training Institute, Inc. is responsible for establishing and maintaining effective internal control over compliance with the types of compliance requirements referred to above. In planning and performing our audit of compliance, we considered JSI Research and Training Institute, Inc.'s internal control over compliance with the types of requirements that could have a direct and material effect on each major federal program to determine the auditing procedures that are appropriate in the circumstances for the purpose of expressing an opinion on compliance for each major federal program and to test and report on internal control over compliance in accordance with OMB Circular A-133, but not for the purpose of expressing an opinion on the effectiveness of internal control over compliance. Accordingly, we do not express an opinion on the effectiveness of JSI Research and Training Institute, Inc.'s internal control over compliance.

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

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

World Education, Inc. (Affiliate) maintains a different fiscal year (June 30) and has its own stand alone audit performed in accordance with the U.S. Office of Management and Budget Circular A-133, *Audits of States, Local Governments, and Non-Profit Organizations*. However, the

consolidated financial statements contain the combined activity of JSI Research and Training, Institute and World Education, Inc.

The purpose of this report on internal control over compliance is solely to describe the scope of our testing of internal control over compliance and the results of that testing based on the requirements of OMB Circular A-133. Accordingly, this report is not suitable for any other purpose.

A handwritten signature in black ink, appearing to read "Samuel J. Zeger" followed by "4/2 2/11". The signature is written in a cursive style.

Duxbury, Massachusetts
February 12, 2015

JSI Research and Training Institute, Inc. and Affiliate
SCHEDULE OF FINDINGS AND QUESTIONED COSTS
September 30, 2014

A. SUMMARY OF AUDIT RESULTS

1. The auditors' report expresses an unqualified opinion on the consolidated financial statements of JSI Research and Training Institute, Inc. and Affiliate.
2. No significant deficiencies were disclosed during the audit of the consolidated financial statements of JSI Research and Training Institute, Inc. and Affiliate.
3. No instances of noncompliance material to the consolidated financial statements of JSI Research and Training Institute, Inc. and Affiliate were disclosed during the audit.
4. No significant deficiencies in internal control were disclosed during the audit of the major federal award programs of JSI Research and Training Institute, Inc.
5. The auditors' report on compliance for the major federal award programs for JSI Research and Training Institute, Inc. expresses an unqualified opinion on all major federal programs.
6. There are no audit findings that are required to be reported in this schedule in accordance with Sec. 510 (a) of OMB Circular A-133.
7. The programs tested as major programs included:

Agency	Program Title	C.F.D.A. #
Agency for International Development	USAID Foreign Assistance for Programs Overseas	98.001 (Cluster)

8. The threshold for distinguishing Types A and B programs was \$3,000,000.
9. JSI Research and Training Institute, Inc. was determined to be a low-risk auditee.

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99 HERITAGE LANE
DUXBURY, MA 02332-4334



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FAX: 781-934-0606

STATUS OF PRIOR YEAR'S FINDINGS AND QUESTIONED COSTS

There were no reportable findings or questioned costs for the year ended September 30, 2013.



JSI Research & Training Institute, Inc.

Officers

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

Board of Directors

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



Board of Directors, cont.

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

JONATHAN A. STEWART

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jstewart@jsi.com

EDUCATION

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

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

EXPERIENCE

JSI Research & Training Institute, Inc. d/b/a 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 Planning & Management Projects

New Hampshire Public Health Emergency Planning Technical Assistance and Training: Provide technical assistance to NH Public Health Regions to assist with all aspects of planning for public health emergencies.

NH DHHS, Community and Public Health Development Program: Project Director for initiative to provide 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.

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

Endowment for Health & NH Department of Health & Human Services: Co-Project Director 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 currently in or at-risk for out-of-home placement.

U.S. Public Health Service, Commissioned Corps, Rockville, MD: Business process analysis for Commissioned Corps career assignment and management practices, procedures and organizational structure.

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.

Penobscot Nation Health Department (Old Town, Maine): Community Health Needs Assessment and Internal Program Assessment. Involved household surveys of health status, health behaviors, service utilization, and satisfaction.

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.

Selected Program Evaluation Projects

Beyond Influence/Greater Nashua Community Prevention Collaborative (Nashua, NH): Program Evaluator for regional coalition involved in Strategic Prevention Framework (SAMSHA) initiative to prevent underage and binge drinking.



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.

North Country Health Consortium, Littleton, New Hampshire

General Manager, 12/97 to 8/00 and 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*.

SM Donovan, DF Krahn, **JA Stewart**, and AM Sarrif. "Mutagenic Activities of Formaldehyde and Hexamethylphosphoramide in Reverse and Forward Salmonella Typhimurium Mutation Assays"; Environmental Mutagen Society, Proceedings of the Fourteenth Annual Meeting, *January, 1983*.

SELECTED WORKSHOPS | PRESENTATIONS

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*.

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*.

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 – Statewide Conference; *November 2002*



AMY L. PEPIN

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aepin@jsi.com

EDUCATION

BOSTON COLLEGE
Master of Social Work

UNIVERSITY OF NEW HAMPSHIRE
Bachelor of Social Work

EXPERIENCE

JSI Research & Training Institute, Inc. d/b/a Community Health Institute, Bow, New Hampshire
Program Manager, 2014

NHCF Youth SBIRT Initiative. Providing training and technical assistance at implementation sites and through a learning collaborative model with several cohorts of participants. The Initiative's goal is the adoption of Screening, Brief Intervention and Referral to Treatment (SBIRT) as a sustainable practice in NH by expanding youth SBIRT in primary medical care settings, and screening no less than 10,000 youth and young adults (ages 12-22) by 2017. The global aim is universal alcohol and other drug screening of adolescents and young adults across NH pediatric primary care practices as a proven strategy for reinforcing healthy behaviors, identifying problematic drug and alcohol use early, reducing substance misuse, and referring to treatment those who need it.

NH Center for Excellence in Substance Use Disorder Prevention and Treatment. Consultation, training, and technical assistance for substance use work including evaluation, needs assessment, system capacity assessment, strategic planning, and policy recommendation as well as training and technical assistance regarding substance use disorder services and systems. Specifically:

- Providing training and technical assistance for SBIRT implementation at NH Community Health Centers
- Crafting federal proposals for funding for NH DHHS
- Training and consultation for Student Assistance Program implementation
- Support Communities of Practice as preparation and implementation support for elements of the recovery oriented system of care including

Fostering Effective Integration Evaluation. Providing insight and recommendations for priorities for future funding for primary care and behavioral health integration support for the Blue Cross Blue Shield Foundation of Massachusetts through site visits, literature review, and comprehensive reporting.

Massachusetts Health Policy Commission. Consultation with policymakers to improve substance use disorder prevention, treatment and recovery support services including capacity and barriers assessment.

New Futures, Concord, NH

Policy Director, 2010

Responsible for advocacy to maximize the implementation of the Affordable Care Act in New Hampshire, particularly in policy areas impacting the potential increase of access to treatment for substance use disorders through Medicaid expansion and parity in the federally facilitated Marketplace.

Child and Family Services of New Hampshire, Manchester, NH

Youth and Young Adult Programs Director, 1992

Progressive 18 year career at statewide, non-profit child services organization. Developed, implemented and directed

- alcohol and other drug prevention programs;
- comprehensive youth/young adult substance use disorder outpatient and intensive outpatient services;
- runaway and homeless youth prevention and emergency response; and
- homeless street outreach programs in communities throughout the state including federal, state, local and charitable grant writing and contract management; development and oversight of \$1.5 million annual budget and management and



supervision of 20+ staff members.

Hesser College, Concord and Manchester, NH

Psychology/Sociology Adjunct Professor, 2008-2012

Developed and delivered Bachelor's level classes to non-traditional students of diverse backgrounds.

Direct Services, various locations, NH

Residential Counselor, 1988-1992

Provided direct services for severely emotionally disturbed children and youth for residential service providers.

LICENSES/CERTIFICATIONS

LICENSED INDEPENDENT CLINICAL SOCIAL WORKER (LICSW) NH# 1311

CERTIFIED PREVENTION SPECIALIST (CPS)

PROFESSIONAL AWARDS

Lifetime Achievement Award

New Hampshire Alcohol and Drug Abuse Counselors Association, 2012

Executive Director's Award

New Futures, 2011

PROFESSIONAL MEMBERSHIPS

State Advisory Group on Juvenile Justice

Governor's appointment, 2009 – present

New Hampshire Voices for Health

Policy Committee, 2012 – present; Affordable Care Act Implementation Taskforce, 2011-2014

New Hampshire Governor's Commission on Alcohol and Drug Abuse Prevention, Intervention and Treatment

Systems Reform Task Force, Co-Chair 2011- 2014; Treatment Task Force, 2010 – 2014; Prevention Task Force, 2001-2010

New Hampshire Alcohol and other Drug Consortium

Founder, 2010 – 2014

NH Alcohol and other Drug Provider's Association

President 2009-2010, Board Member 2005-2010

New Hampshire Child Advocacy Network

Advisory Board member 2012 – 2014

National Organization on Fetal Alcohol Syndrome – New Hampshire

Founding Board member 2011 - 2012

New Hampshire Suicide Prevention Council, 2011 – 2012

Reclaiming Futures Treatment Fellow, 2007- 2010

Commission to Study the Scope of Criminal Street Gang Violence

Governor's appointee, 2008 – 2009

Makin' It Happen, Board Member 2004-2007, 2009

Leadership Manchester, class of 2008

NH Prevention Certification Peer Review Board, 2005-2008

Initiative to Improve Access to Treatment for Adolescents and Young Adults with Co-occurring Mental Illness and

Substance Use Disorders: National Alliance for the Mentally Ill

Project Advisory Group 2007

New England Leadership Institute, 2005-2006

LISA MURÉ

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501 South Street, Bow, New Hampshire 03304 (603) 573-3311

lmure@jsi.com

EDUCATION

ANTIOCH NEW ENGLAND, KEENE, NEW HAMPSHIRE
Institute for Non-Profit Management, 2005

NOTRE DAME COLLEGE, MANCHESTER, NEW HAMPSHIRE
M.Ed. Secondary English Education, 1996
Graduate Assistantship

UNIVERSITY OF WISCONSIN, MADISON, WISCONSIN
B.A. Psychology, 1987
Research Assistantship

EXPERIENCE

JSI Research & Training Institute, Inc. d/b/a Community Health Institute, Bow, New Hampshire
Senior Consultant, June 2007 to present

Current and recent projects:

Massachusetts Health Policy Commission

Consultant contracted to gather data and explore policy opportunities to expand access and reduce barriers to opioid use disorder treatment. Activities included comprehensive literature review, key informant interviews, geo-spatial interpretation of services and policy review.

NH Center for Excellence

Director of a state-wide technical assistance and resource center for the implementation of evidence-based practice in alcohol and other drug prevention, intervention, treatment and recovery services. The Center provides technical assistance and consultation in best practices in the areas of data-driven practice, systems change, quality improvement, evaluation, and outcome monitoring relative to alcohol and other drug services in New Hampshire. Technical assistance is provided across multiple community sectors including schools and public health departments as well as to multiple state agencies and task forces affiliated with the NH Governor's Commission on Alcohol and Drug Abuse. The Center also facilitates a State Epidemiological Outcome Workgroup that produces analytical reports on population-level health indicators relative to opioid misuse, other substance abuse, and co-occurring mental health disorders.

Within the scope of this project, Ms. Muré has provided technical assistance to a Federally Qualified Health Center that became the first in the state to fully adopt universal, annual alcohol and other drug screening with its adult patient population and is the lead technical writer for competitive federal funding opportunities pursued by the Bureau of Drug and Alcohol Services, including a successful \$12M Access to Recovery award for the State of New Hampshire to expand treatment and recovery services for special populations and a \$12M Partnership For Success award for evidence-based prevention programming.

Ms. Muré designs and oversees knowledge transfer to a wide range of stakeholders through collaborative design development, group facilitation, learning networks, literature reviews, readiness assessments, strategic planning, data monitoring and other activities. Her experience includes the development of state-level guidance documents and strategic plans, technical assistance, and communications to promote best practices in communities, clinical practice, and government and institutional policy. More recently, Ms. Mure has designed system strategies and developed proposals for access to treatment and recovery, including medication-assisted treatment, and has done extensive work in the area of state policy and resource allocation to expand access to medication assisted treatment and recovery supports in alignment with SAMHSA recommendations. She has led treatment access assessment analyses and develops data-driven policy recommendations for states, public health entities and communities relative to substance use disorder prevention, early identification, treatment and recovery support.



Ms. Muré also authored the state's prescription drug and alcohol and other drug multi-year strategic plans, facilitates policy and resource allocation review and recommendations, and has provided technical assistance to stakeholder groups advising the state's implementation of a substance use disorder benefit with its expanded Medicaid population.

As director, Ms. Muré manages multiple and complex budgets, scopes of services, and a staff of nine in addition to overseeing project evaluation, sub-contracts and regular reporting to funders and stakeholders.

ASO Systems Change

Consultant contracted to facilitate an advisory council of mental health providers, residential care providers, state agencies, and family support organizations to operationalize a wrap-around model of care for children with mental health needs in state systems of care. This project included gaining IRB approval to conduct a review of records of clients in state care to assess community access to care before state care involvement, cost of services by diagnosis, and discharge data. The project leveraged the record review to design a pilot project to create a wraparound model of care for children re-entering communities that braided funding mechanisms and service systems to create a more effective and cost-efficient safety net for vulnerable children. The pilot design was funded and evaluated by JSI in subsequent years.

NH Strategic Prevention Framework, multiple regions, NH

Assessment and evaluation contractor for three NH regions covering 73 towns, reviewing existing data sources, conducting community needs assessments, conducting Community Based Participatory Research, and providing technical assistance and evaluation in a state-wide project to reduce alcohol problems among twelve to thirty-four year olds.

NH Healthy Kids, Concord, NH

Facilitator contracted to conduct and report on qualitative assessment of families seeking Healthy Kids insurance coverage to determine barriers to successful completion of enrollment process and requirements.

NH Youth Vision Project, Manchester, NH

Consultant contracted by NH Employment Services and the NH Departments of Education and Health and Human Services to gather quantitative and qualitative data on the well being of youth exiting the foster care and residential care system in Manchester. The culminating assessment report is serving as the reference point for strategic planning and system change to improve health, education, and employment outcomes for state care youth.

Webster Place Recovery Center, Franklin, NH

Project Manager for new residential alcohol and other drug recovery facility start-up, building out non-profit structure, financial planning, stakeholder participation, referral network, program development, and marketing research and related functions.

Communities for Alcohol & Drug Free Youth (CADY), Plymouth, NH

Consultant to substance abuse prevention coalition, engaging community-level stakeholders and staff in needs assessments, strategic planning, proposal development, and program evaluation.

State of New Hampshire, Department of Health and Human Services,

Division of Public Health, Bureau of Prevention Services, Concord, New Hampshire

Administrator of Alcohol, Tobacco and Drug Prevention Services, 2006–2007

Managed \$13.5M in grant-making to community-based prevention providers, supervised staff of fifteen, fulfilled federal grantor requirements and mandates, oversaw data management and dissemination, participated in prevention-related state-wide planning committees and task forces with high-level stakeholders, and participated in state and national prevention memberships and related sub-committees.

Communities for Alcohol and Drug-Free Youth (CADY), Plymouth, New Hampshire

Executive Director, 2000–2006

As the organization's founding director, led prevention project through the Whole Village Family Resource Center and CADY's evolution into a newly incorporated, independent 501c3. Fulfilled financial, reporting, evaluation and due diligence requirements for multiple state, foundation, and federal grantors. Monitored and provided resource and support for school- and community-based prevention and engaged in extensive school and community outreach and public relations. Oversaw sub-grantee initiatives and reporting and provided extensive grant writing and management services for multiple projects and activities.



KARYN DUDLEY MADORE

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kmadore@jsi.com

EDUCATION

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

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

PLYMOUTH STATE COLLEGE, PLYMOUTH, NEW HAMPSHIRE
M.Ed. 1995, B.S., 1987

EXPERIENCE

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

NH Operations Director

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

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 Oral Health Communication Planning

Serve as Project Director to assist the NH Oral Health Program in the development and presentation of a five year oral health communications plan that increases awareness and visibility of oral health priorities and prevention strategies among key targeted groups. As part of this planning, we are conducting a review media products developed by the New Hampshire Oral Health Coalition

Prediabetes Media Development and Placement Services

Serve as Project Director to develop, manage and evaluate a statewide campaign targeting NH adults at high risk for Type 2 diabetes and to educate NH adults on prediabetes and the National Diabetes Prevention Program (NDPP), in order to prevent or delay the development of Type 2 diabetes.

National Healthy Start Branding and Communications Lead

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

NH Tobacco Helpline Operation & Sustainability (THOS) and Tobacco Addiction Treatment Services (TATS)

Served as Project Director for the NH THOS/TATS projects, which were follow on to the NH Tobacco Use Cessation and Counter Marketing Project completed in FY07. This contract served as the hub for the NH Tobacco Resource Center, which incorporates: 1) the NH Smokers' Helpline offering free and confidential counseling and services in English, Spanish and Portuguese; 2) the promotion of the NH Smokers' Helpline through a variety of traditional and non-traditional media outlets; and 3) www.trytostoph.org, 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 included 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.

Expand and Promote Try-To-Stop Resource Center

Served 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 was used to promote the NH Tobacco Helpline including radio, TV, newspaper, bus and web advertising. Additionally, the plan included a pilot project to implement systems change through Families First, where they implemented an electronic referral form to contact the Helpline rather than the original fax referral.

NH County Rankings Video Project

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

New Hampshire Public Health Emergency Planning Technical Assistance and Training

Co-developed and -implemented a Public Information Officer (PIO) Training for public health and safety officials and representatives of human service organizations likely to be called upon to fill a PIO role in a public health event. The training strengthens the communication skills of individuals performing the role of PIO in an emergency, including press releases, speaking with the press, key messaging, and audience definition. The trainings continue 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

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

NH Tobacco Use Cessation and Counter Marketing (TUCCM), NH Try-To-STOP TOBACCO Resource Center, and Tobacco Technical Assistance and Development (TA)

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

PROFESSIONAL ASSOCIATIONS

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

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

CDC Media Network Representative for NH

MSA Violation Monitoring National Workgroup



LEA R. AYERS LAFAVE, PHD, RN

JSI Research & Training Institute, Inc. d/b/a Community Health Institute
501 South Street, Bow, New Hampshire 03304 (603) 573-3316

llafave@jsi.com

EDUCATION

UNIVERSITY OF MASSACHUSETTS, SCHOOL OF NURSING, WORCESTER, MASSACHUSETTS
PhD, 2008 – Dissertation: Nursing Practice as Knowledge Work within a Clinical Microsystem

STATE UNIVERSITY OF NEW YORK, DECKER SCHOOL OF NURSING, BINGHAMTON, NEW YORK
Fuld Fellow, 2000 – Helene Fuld Summer Institute in Rural Community Health Nursing

YALE UNIVERSITY SCHOOL OF NURSING, NEW HAVEN, CONNECTICUT
Nursing Management and Policy in Community Health Program
MSN, 1996 – Thesis: An Organizational Case Study of a Nursing Home-based Hospice Home Care Program

SMITH COLLEGE, PSYCHOLOGY, NORTHAMPTON, MASSACHUSETTS
AB, 1992

EXPERIENCE

JSI Research & Training Institute, Inc. d/b/a Community Health Institute, Bow, New Hampshire
Senior Project Director, 2008 to present

Provide technical assistance to local, state, 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. Areas of expertise include public health infrastructure development, health care systems, home care, substance abuse prevention, nursing education and curriculum development, action learning collaboratives, qualitative research, network analysis, and quality improvement.

NH Center for Excellence: New Hampshire's Resource for Best Practices in Alcohol and Other Drug Services
Consultant, Systems Change and Quality Improvement, 2009 to present

Collaborated with experts to design structure and process of the NH Center for Excellence, a Substance Abuse and Mental Health Services Administration-funded partnership between JSI and the NH BDAS developed to foster systems change and professional development through evidence-based prevention and treatment interventions. Applying principles of Community-Based Participatory Research, support NH Bureau of Drug and Alcohol Services (NH BDAS) to foster systems change through development of the NH Regional Network. Conduct baseline and annual network analysis to support NH BDAS evaluation of regional and statewide network collaboration. Provide support and TA to regional and state networks through the application of findings of network analysis and principles of network development.

Division of Maternal and Child Health, Bureau of Health Resources Service Administration, Supporting Healthy Start Performance Project (SHSPP)

Technical Advisor for QI, 2014 to present

Provide technical assistance and training to Healthy Start grantees to ensure program effectiveness in reducing infant mortality and health disparities, and improving perinatal health outcomes. This project focuses on providing comprehensive and innovative capacity building assistance to community-based grantees, measuring project success by the degree to which grantees achieve core competencies essential for effective implementation of the Healthy Start model and institutionalize a culture of QI and evaluation based on a foundation of documented program effectiveness.

Ohio Rural Health Clinic Quality Network

Quality Specialist, 2014 to present

Provide technical support to a developing Rural Health Clinic (RHC) Quality Network in order to measure and improve overall performance by providing QI information and TA to aid sites in identifying core primary care quality measures, data collection and benchmarking of identified core quality measures, and identifying a benchmarking system.

New Hampshire Youth SBIRT Initiative

Project Director, January 2014 to present

Funded by the NH Charitable Foundation in partnership with the Conrad N. Hilton Foundation, provide TA through an action learning collaborative model to two cohorts of 5 pediatric-behavioral health partner grantees including hospital-



based and FQHC-based practices to embed SBIRT (Screening, Brief Intervention, and Referral to Treatment) as standard practice for 12-22 year olds, including adapting electronic health records.

Maine Quality Counts Primary Care Quality Improvement Initiative

Consultant, 2014

Provided technical support to a joint effort of Maine Quality Counts and the Maine Center for Disease Control to assist primary care practices and provider groups to improve outcomes for patients with hypertension and diabetes. Developed a change package for a learning collaborative focused on improving quality of services for patients with chronic illness. Change package strategies, organized around the Chronic Care Model, specifically focused on improvements targeting patients with hypertension and diabetes.

Africa Routine Immunization System Essentials-Systems Innovations (ARISE-SI)

Evaluation Consultant 2011–2012

Developed tools and collected and analyzed data for Bill and Melinda Gates Foundation-funded research team from the Dartmouth Institute for Health Policy and Clinical Practice to evaluate an ALC as a community health improvement method applied to sustaining and enhancing routine immunization in a high performing Ugandan health district. Outcomes included improved collective problem-solving at the local level, increased engagement of community health workers in their local routine immunization systems, increased immunizations rates, reduced waiting times, improved documentation and application of data for decision-making.

OTHER PROFESSIONAL EXPERIENCE

Provided person-centered nursing care across diverse systems of care and patient populations, and served as nurse educator, curriculum developer and evaluator for a community-based nursing curriculum focused on mental health, maternal child health and pediatrics, as well as school-based clinics and home visiting programs.

LEADERSHIP | COMMUNITY SERVICE

New Hampshire Division of Public Health Services, Concord, New Hampshire

Public Health Improvement Services Council

Member, 2008 to present

Lake Sunapee Region Visiting Nurse Association and Hospice, New London, New Hampshire

Board of Trustees,

Member, 2000–2006, 2008 to present; Executive Committee, 2010–2015; Chair, 2013–2015

SELECTED PEER-REVIEWED PUBLICATIONS

- Bazos, D. A., **LaFave, L. R. A.**, Suresh, G., Shannon, K. C., Nuwaha, F., & Splaine, M. E. (2015). The gas cylinder, the motorcycle and the village health team member: a proof-of-concept study for the use of the Microsystems Quality Improvement Approach to strengthen the routine immunization system in Uganda. *Implementation Science*, 10(1), 30.
- **LaFave, L.R.A.** and Cobb, A. (2013). The intersection of producers and consumers within New Hampshire's food system. Funded by CDC through the Healthy Farms, Healthy People Coalition.

SELECTED PRESENTATIONS

- Turner, W. and **LaFave, L.R.** (2014, October). Screening, Brief Intervention and Referral to Treatment for Alcohol and Other Drugs. Presentation at the New England Rural Health Conference, Westford, MA
- **LaFave, L.A.**, Ghosh, A., Muré, L., Shea, K., Morgan, V., Metzger, J. and Rourke, T., (2014, May). Evaluating Cross-Sector Collaboration within a Developing Regional Substance Misuse Prevention System. Poster presentation at the National Network for Public Health Institutes Annual Meeting: Leading Change through Innovative Solutions. New Orleans, LA
- **LaFave, L.R.** (2014, April). Use of Network Analysis to Understand Structures and Collaboration among Regional Networks Providing Tobacco-Related Services. Presentation at the Public Health Systems and Services Research 2014 Keeneland Conference, Lexington, KY

RACHEL S. KOHN, MSW, MPH

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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 presentation, visualization and health communication strategies.

Program Evaluation and Needs Assessment projects:

Current 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 and stakeholders on the core elements and best practices of diversion programs across the country; Conduct and extensive literature review of juvenile diversion best-practices; establish communication and outreach strategies to garner community support for juvenile diversion; and develop strategies to expand and sustain court diversion programs in New Hampshire.

Cheshire County Adult Treatment Drug Court

Evaluator – Design and oversee a utilization-focused evaluation plan for the SAMHSA Center for Substance Abuse Treatment-funded Cheshire County Drug Court (CCDC). In parallel, implement a Department of Justice Bureau of Justice Assistance-funded cost-benefit analysis of the CCDC using the Transactional and Institutional Cost Analysis approach along with a quasi-experimental study design to compare outcome result between participants and comparable peers.

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-base Programs and Practices (NREPP).

Community-Based Coalition Evaluation

Evaluator – Provide evaluation services for local substance abuse prevention coalitions and Drug-Free Community Grantees. Scope of work includes evaluation plans, membership surveys, collecting and reporting national outcome measures using YRBS or comparable data sources, and local strategy/activity program evaluation.

Other Recent Projects:

Institute for Health and Recovery – Project RENEW

Evaluation Advisor –SAMHSA/CSAT-funded ReEntry 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.



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.

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.

NH Tobacco & Obesity Policy Project

Evaluator for implementing high-impact public policy in the domains of licensed child care settings and public schools. TOPP evaluation activities included an annual needs assessment and survey of licensed childcare providers, evaluation of a 3-module training protocol, and an assessment of public school wellness policy adoption and implementation.

Assertive Adolescent Family Treatment – Cohort 2 & 3

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.

NH Immunization Marketing

Evaluator for the NH Immunization Program health marketing campaign that identified priority audiences, best-practice outreach strategies, partner communication channels and effective educational outreach materials to advance the understanding of the health benefits of vaccines and immunizations.

Legacy Foundation Low Income Smokers

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 Strategic Prevention Framework State incentive Grant

Providing local evaluation services and technical support to two regional coalitions implementing the New Hampshire SPF-SIG assessment, planning and implementation process to address underage and binge drinking among youth and young adults in each region.

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 State Incentive Grant

Local Evaluator Liaison for three of twelve funded community coalitions funded under the State Incentive Program to implement evidence based models of substance abuse prevention with youth. Interventions range from school based educational, support and prevention programs to those focused on strengthening families. Responsible for assessment of the capacity of each coalition to implement an evaluation of prevention interventions.

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.

ASSOCIATIONS | BOARDS

National Association of Drug Court Professionals; American Evaluation Association

COMPUTER SKILLS

Adobe CS6 Professional Suite: Illustrator, Photoshop, InDesign, Flash, Dreamweaver; MS Office Suite: Word, Excel, Publisher, Access; SPSS; Social Network Applications.



REKHA SREEDHARA

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EDUCATION

UNIVERSITY OF MASSACHUSETTS, WORCESTER, MASSACHUSETTS
*Master of Public Health, Epidemiology, 2010
Delta Omega Honor Society 2010*

COLLEGE OF THE HOLY CROSS, WORCESTER, MASSACHUSETTS
Bachelor of Arts, Psychology and Pre-Medical Studies, 2004

EXPERIENCE

JSI Research & Training Institute, Inc. d/b/a Community Health Institute, Bow, New Hampshire
April 2010 to present

New Hampshire Center for Excellence, April 2010 - Present

Project Manager of Treatment Services for the NH Center for Excellence, a state-wide technical assistance and resource center for the implementation of evidence-based interventions in alcohol and other drug prevention, intervention, treatment and recovery services. Primary responsibilities include the provision of technical assistance to 13 treatment contractors funded by the New Hampshire Bureau of Drug and Alcohol Services (NH BDAS) and other agencies throughout the state of New Hampshire as well as providing support to state task forces including the Perinatal Substance Exposure Task Force, Methadone Workgroup, Opioid Task Force, Treatment Task Force, and Recovery Task Force. Work activities have included assessing needs and capacity to implement evidence-based practices, conducting multi-system assessments of substance use disorder services, facilitating a high level strategy for recruiting and engaging medical practitioners who can prescribe buprenorphine and other medications, providing research support for making recommendations related to methadone dosing, coordinating activities related to workforce development, providing data and evaluation support, providing trainings, webinars, and presentations, organizing and facilitating action learning collaboratives, preparing literature reviews, white papers, guides and other materials related to a variety of substance use related topics, facilitating focus groups, and conducting site visits.

PRIOR EXPERIENCE

Community Healthlink, Inc., Worcester, Massachusetts
Quality Assurance Coordinator, 02-04/2010

Oriented and trained 20 program staff to quality assurance procedures to meet state licensing and site visit regulations for 75 client charts in 5 residential treatment programs.

Program Coordinator, Faith House, 02/2005 to 04/2010

Oversight of programming including planning, implementation and evaluation of the second oldest women and children substance use disorder treatment program in the country, provision of supervision for Assistant Coordinator, 6 full-time counselors, 8-10 per diem relief counselors, and 1-2 interns per year, facilitation of evidence-based groups, oversight of medications, oversight of quality assurance procedures and adherence to state licensing and site visit regulations, managed referrals, budget, and census, and oversight of comprehensive case management services for 28 clients with substance use and mental health disorders.

Residential Counselor, Faith House, 07/2004 to 02/2005

Served as primary Residential Counselor for 6-10 clients. Provided treatment planning and reviews, weekly sessions, and rehabilitation services. Developed and facilitated groups including Wellness, Parenting & Nurturing, and Empowerment.

Family Health Center of Worcester, Worcester, Massachusetts
Patient Accounts Clerk, 1999-2006

Managed all aspects of encounter form processing within health center. Transcribed written diagnosis into ICD-9 codes and entered diagnosis and procedure. Communicated with providers and insurance companies, posted payments and made adjustments according to contractual agreements.



SKILLS | CERTIFICATIONS

Substance Abuse Prevention Skills Training (SAPST) Training of Trainers	September 2013
Substance Abuse Prevention Skills Training (SAPST)	June 2013
Technology Transfer Trained	January 2011
CSAT-Government Performance and Results Act (GPRA) Access to Recovery (ATR) Trainer	November 2010
Infant, Child, and Adult CPR Certified	November 2010
Global Appraisal of Individual Needs (GAIN) Local Trainer	October 2010
Addiction Severity Index Trained	August 2010
M.A.T.R.S. Treatment Planning Trained	June 2010
Medication Administration Program (MAP) Trained	November 2009

PROFESSIONAL ACTIVITIES

Treatment Task Force Member, New Hampshire Governor's Commission on Substance Abuse, Active Prevention, Intervention, and Treatment
Opioid Task Force Member, New Hampshire Governor's Commission on Substance Abuse Prevention, Intervention, and Treatment
Perinatal Substance Exposure Task Force Member New Hampshire Governor's Commission on Substance Abuse Prevention, Intervention, and Treatment
Methadone Workgroup, a subgroup of the Perinatal Substance Exposure Task Force
Recovery Task Force Member, New Hampshire Governor's Commission on Substance Abuse Prevention, Intervention, and Treatment
New Hampshire State Epidemiological Outcomes Workgroup

PRESENTATIONS | PUBLICATIONS

Sreedhara, R. & LaFave, L.R.A. (2013, June). Application of a Systems Approach to Improve Clinical Supervision. Workshop at the New England School of Addiction, Willimantic, CT.

Grantham, S., Mure, L., Truesdell, N., Ward, M., **Sreedhara, R.** (2011, December). Navigating the Changing Landscape of Substance Abuse & Mental Health: Moving Toward More Integrated and Evidence-Based Services. Presentation at John Snow Inc. Health Services All Staff Meeting, Boston, MA.

Mure, L., LaFave, L.R.A, Love, D., Shea, K.A., **Sreedhara, R.**, Morgan, V. (2011, November). Supporting Evidence-based Alcohol Tobacco and Other Drug Services in New Hampshire through the New Hampshire Center for Excellence. Poster presentation at The 139th American Public Health Association Annual Meeting and Exposition, Washington, DC.

SANDRA KIPLAGAT

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sandra_kiplagat@jsi.com

EDUCATION

CLARK UNIVERSITY

M.S Env. Science and Policy with a Specialization in Health Research, 2015

CLARK UNIVERSITY

B.A Biology, 2014

EXPERIENCE

JSI Research & Training Institute, Inc. d/b/a Community Health Institute, Bow, New Hampshire

Staff Associate, September 2015 to present

New Hampshire Center for Excellence

Serve as a Staff Associate/ Data Specialist for the NH Center for Excellence, a state-wide technical assistance and resource center for the implementation of evidence-based interventions in alcohol and other drug prevention, intervention, treatment and recovery services. Primary responsibilities include data collection, analysis and management. Apply qualitative and quantitative research using surveys, focus groups and interviews. Collaborate and provide support roles for state agencies, and stakeholders at all levels. Perform GIS and spatial analysis on key issues in the public health arena in the state of New Hampshire. Maintain and update current SPSS and Excel database for the Center for Excellence.

University of Massachusetts Medical Worcester, MA

Data Coordinator II, 2014-2015

Collaborated with my two supervisors in creating a new and feasible instrument to measure trauma in children using SPSS and SAS statistical packages. Participated in literature review and IRB Study Protocol to conduct health research. I created SPSS database to record and maintain large datasets for the Pediatric department. Lastly, I developed SAS programs to run data analysis.

City of Worcester, Department of Public Health Worcester, MA

GIS Intern, 2014-2014

Performed GIS Analysis in the Worcester County Region to create maps such as Physical Activity and Elementary catchment maps as part of the Mass Community Health Information Plan(Mass CHIP). Created a Spatial Database capturing farmer's markets, recreational centers and parks in Worcester County to incorporate the information in a well-organized manner. Volunteered in the activities such as farmer's markets and summer workshops.

University of Massachusetts Medical Worcester, MA

Research Assistant, 2014-2014

Actively participated in the Emergency Research Assistant Program (EMRAP) for the establishment of the Patient Report Outcome (PRO) study. Provided surveys and interviews to the patients through use of electronic devices such as ipads. Created and executed enrollment information to ensure complete information is recorded. Data analysis and management was placed into Research Electronic Data capture (REDCap) database.

Clark University Worcester, MA

Graduate Assistant, 2014-2015

Organized workshops catered to ALANA and first-generation students who participated in the ACE program, a pre-orientation program that involves rigorous preparation of college academics, leadership activities and volunteer work.

University of Massachusetts Medical Worcester, MA

Research Assistant, 2013-2014

Performed hand on lab work for 10 weeks in Dr. Greg Pazour Lab. Participated in literature review and presented an informative scientific research poster on Beta Cell Proliferation during Pregnancy with Cilia-Deficient mice.



Worcester Public Schools Worcester, MA

Blackstone Fellow, 2013-2014

Mentored 5th/6th graders on science fair projects for the Worcester Collaborative Education. Organized projects, materials and presentations for the spring science fair.

Clark University Worcester, MA

Student Proctor, 2011-2014

Answered phone calls and performed general office duties at the Academic Advancement office. Worked as a proctor to provide educational resources and programs to the ALANA and first generation undergraduate students. Oversaw the event planning of the ACE summer institute.

SKILLS AND CERTIFICATIONS

Computer: Technically proficient in Microsoft Office: Word, PowerPoint, Excel, Access, Outlook.

Statistical Software: JMP, SPSS, SAS, ArcGIS, IDRISI.

Languages: Swahili (Native), Spanish (Intermediate)

HONORS AND AWARDS

Graduated Cum Laude

Dean's List: Spring 2011, Spring 2012, Fall 2013, Spring 2014

Dollars for Scholars Scholarship



MELISSA SCHOEMMELL

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melissa_schoemmell@jsi.com

EDUCATION

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

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

EXPERIENCE

JSI Research & Training Institute, Inc. d/b/a Community Health Institute, Bow, New Hampshire
Program Coordinator, October 2015 to present

New Hampshire Center for Excellence

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

City of Nashua, Division of Public Health and Community Services, Nashua, New Hampshire
Health Program Specialist, 2013-2015

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

City of Nashua, Division of Public Health and Community Services, Nashua, New Hampshire
Program Assistant, 2013-2015

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

City of Manchester Health Department, Manchester, New Hampshire
Consultant, 2013

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

New Hampshire Asthma Control Program, New Hampshire Department of Health and Human Services, Concord, New Hampshire
Intern, 2013

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

Boston Children's Hospital, Boston, Massachusetts
Program Coordinator, 2008-2013

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



SKILLS | CERTIFICATIONS

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

Volunteer Activities: Board of Director, New Hampshire Public Health Association, 2013 – Present and Chair of the New Hampshire Public Health Association Communications Committee, 2013 – Present

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

AWARDS

New Hampshire Public Health Association Young Professional Award, 2015

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

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

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

Section 3.4: Technical assistance, program evaluation, and data analysis, interpretation, and support
Contract Dates: January 1, 2016 through June 30, 2016

Key Personnel

Name	Job Title	Salary	% Paid from this Contract	Amount Paid from this Contract
Jonathan Stewart	Director	\$130,000	4%	\$ 2,826.26
Amy Pepin	Project Director	\$ 78,000	13%	\$ 5,086.96
Karyn Madore	Communications Team Lead	\$ 99,000	10%	\$ 4,950.00
Lea Ayers LaFave	Integrated Care Team Lead	\$ 91,000	10%	\$ 4,550.40
Rachel Kohn	Evaluation Team Lead	\$ 95,000	10%	\$ 4,750.00
Rekha Sreedhara	Best Practices Team Lead	\$ 66,312	75%	\$ 24,903.04
Sandra Kiplagat	Public Health Team Members	\$ 45,000	75%	\$ 16,875.00
Melissa Schoemmell	Public Health Team Members	\$ 47,500	75%	\$ 17,812.50

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

Section 3.3: Training

January 1, 2016 through June 30, 2016

Key Personnel

Name	Job Title	Salary	% Paid from this Contract	Amount Paid from this Contract
Karyn Madore	Communications Team Lead	\$99,000	3%	\$1,398.91

JSI Research & Training Institute, Inc. d/b/a Community Health Institute**Section 3.4:** Technical assistance, program evaluation, and data analysis, interpretation, and support**SFY17:** July 1, 2016 through June 30, 2017Key Personnel

Name	Job Title	Salary	% Paid from this Contract	Amount Paid from this Contract
Jonathan Stewart	Director	\$ 133,908	17%	\$ 23,361.17
Amy Pepin	Project Director	\$ 80,340	25%	\$ 20,085.00
Karyn Madore	Communications Team Lead	\$ 101,970	15%	\$ 15,295.50
Lea Ayers LaFave	Integrated Care Team Lead	\$ 93,738	20%	\$ 18,747.65
Rachel Kohn	Evaluation Team Lead	\$ 97,850	20%	\$ 19,570.00
Rekha Sreedhara	Best Practices Team Lead	\$ 68,301	75%	\$ 51,226.02
Sandra Kiplagat	Public Health Team Members	\$ 46,350	60%	\$ 27,810.00
Melissa Schoemmell	Public Health Team Members	\$ 48,925	60%	\$ 29,355.00

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

Section 3.3: Training

SFY2017: July 1, 2016 through June 30, 2017

Key Personnel

Name	Job Title	Salary	% Paid from this Contract	Amount Paid from this Contract
Karyn Madore	Communications Team Lead	\$101,970	3%	\$3,089.89