



Jeffrey A. Meyers
Commissioner

Lisa Morris
Director

STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICE

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November 29, 2016

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

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division of Public Health Services, to amend an agreement with JSI Research & Training Institute, Inc. dba Community Health Institute, Purchase Order # 1031592 (Vendor # #161611-B001), 501 South Street, 2nd Floor, Bow, NH 03304, by decreasing the Price Limitation by \$4,089 from \$3,459,665 to an amount not to exceed \$3,455,576 for the continued provision of a broad range of programmatic support services across a number of public health programs and Division of Public Health Services (DPHS) operational areas, effective the date of Governor and Council approval through June 30, 2017.

This agreement was originally approved by Governor and Council on July 10, 2013, Item #40 and subsequently amended on March 12, 2014, Item #24, August 5, 2014, Item #5, April 22, 2015, Item #17, June 24, 2015, Item #59, and on March 9, 2016, Item #24. 100% Federal Funds.

Funds in the attached financial detail are available in the accounts for State Fiscal Year 2017, with the authority to adjust amounts within the price limitation and adjust encumbrances between State Fiscal Years through the Budget Office if needed and justified, without approval from Governor and Executive Council.

See attachment for financial details

EXPLANATION

The purpose of this amendment is to reduce Climate Effects funding in State Fiscal Year 2017 due to a reduction in available federal funds. With the reduction in funds, the required number of climate change direct consultations to Regional Public Health Network staff for the development of climate and health adaptations plans has been reduced from four (4) to three (3).

The Contractor will continue to provide a broad range of programmatic support services across a number of public health issues and Division of Public Health Services (DPHS) operational areas. These support services include, but are not limited to, strategic planning; needs assessments; evaluation; training; technical assistance; conference logistics support; health communications; and other program support services at the request of the Division of Public Health Services.

As stated in the Request for Proposals for the original contract, the Department sought to consolidate services that had previously been contracted by individual program areas across the Division of Public Health Services with a vendor that has the organizational and administrative capacity

to implement the original services and also has the capability to implement similar services addressing the same or other public health priorities over the course of the contract. This amendment implements that objective by utilizing a vendor that has a demonstrated record of delivering high-quality services to the Department. The services to be provided through this amendment will utilize the expertise of JSI Research & Training Institute, Inc. dba Community Health Institute staff to meet specific needs of various program areas.

During the term of this contract the vendor has met key performance measures that include: facilitating an oral health strategic planning process for the Division and publishing a three-year oral health strategic plan; initiating several technical studies to inform a public health-focused climate change adaptation plan; providing ongoing training and technical assistance to regional public health emergency planners, as well as logistical support for three conferences; implementing two public information campaigns to increase the number of adults receiving recommended vaccinations and also increase vaccinations against seasonal influenza among children and adults; implementing a needs assessment among people with HIV infection; and training professionals working with children on the effects of childhood trauma.

Should Governor and Executive Council not authorize this Request, funds to support the direct consultations on the development of climate and health adaptations plans may not be reimbursable to the Contractor, due to the reduction in federal dollars.

JSI Research & Training Institute, Inc. dba Community Health Institute was selected for this project through a competitive bid process.

Area served is statewide.

Source of Funds: 100% Federal Funds from US DHHS, Centers for Disease Control and Prevention.

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

Respectfully submitted,



Lisa Morris, MSSW
Director

Approved by:



Jeffrey A. Meyers
Commissioner

FINANCIAL DETAIL ATTACHMENT SHEET
Public Health Program Services Support Services

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

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90077021	125,000	-	125,000
SFY 2015	102-500731	Contracts for Prog Svc	90077021	164,000	-	164,000
			Sub-total	289,000	-	289,000

05-95-90-902510-7545 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF INFECTIOUS DISEASE CONTROL, EMERGENCY PREPAREDNESS
100% Federal Funds
CFDA #93.069 FAIN U90TP000535

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2016	102-500731	Contracts for Prog Svc	90077021	170,000	-	170,000
SFY 2017	102-500731	Contracts for Prog Svc	90077021	170,000	-	170,000
			Sub-total	340,000	-	340,000

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

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90077700	170,000	-	170,000
SFY 2015	102-500731	Contracts for Prog Svc	90077700	170,000	-	170,000
SFY 2016	102-500731	Contracts for Prog Svc	90077700	70,000	-	70,000
SFY 2017	102-500731	Contracts for Prog Svc	90077700	70,000	-	70,000
			Sub-Total	480,000	-	480,000

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

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

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

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

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90023013	110,000	-	110,000
SFY 2015	102-500731	Contracts for Prog Svc	90023013	110,000	-	110,000
SFY 2016	102-500731	Contracts for Prog Svc	90023013	110,000	-	110,000
SFY 2017	102-500731	Contracts for Prog Svc	90023013	110,000	-	110,000
			Sub-Total	440,000	-	440,000

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

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

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

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

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

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	567-500919	Title II HIV Care Assistance	90024100	75,000	-	75,000
SFY 2015	567-500919	Title II HIV Care Assistance	90024100	75,000	-	75,000
SFY 2016	567-500919	Title II HIV Care Assistance	90024100	30,000	-	30,000
			Sub-Total	180,000	-	180,000

FINANCIAL DETAIL ATTACHMENT SHEET

Public Health Program Services Support Services

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

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	530-500371	Drug Rebates	90024600	75,000	-	75,000
SFY 2015	530-500371	Drug Rebates	90024600	75,000	-	75,000
SFY 2016	530-500371	Drug Rebates	90024600	40,000	-	40,000
SFY 2017	530-500371	Drug Rebates	90024600	75,000	-	75,000
			Sub-Total	265,000	-	265,000

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

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

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

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90007936	30,000	-	30,000
SFY 2015	102-500731	Contracts for Prog Svc	90007936	50,398	-	50,398
SFY 2016	102-500731	Contracts for Prog Svc	90007936	72,045	-	72,045
SFY 2017	102-500731	Contracts for Prog Svc	90007936	50,116	(4,089)	46,027
			Sub-Total	202,559	(4,089)	198,470

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

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90004102	42,000	-	42,000
SFY 2015	102-500731	Contracts for Prog Svc	90004102	42,000	-	42,000
SFY 2016	102-500731	Contracts for Prog Svc	90004102	42,000	-	42,000
SFY 2016	102-500731	Contracts for Prog Svc	90001022	25,000	-	25,000
			Sub-Total	67,000	-	67,000
SFY 2017	102-500731	Contracts for Prog Svc	90004102	42,000	-	42,000
			Sub-Total	193,000	-	193,000

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

**05-95-90-900510-5173 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF PUBLIC HEALTH STATISTICS AND INFORMATICS, EPH TRACKING
100% Federal Funds - FAIN:U38EH000947 - CFDA #93.070**

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90041000	49,200	-	49,200
SFY 2015	102-500731	Contracts for Prog Svc	90041000	30,000	-	30,000
SFY 2016	102-500731	Contracts for Prog Svc	90041000	9,700	-	9,700
			Sub-Total	88,900	-	88,900

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

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90080001	4,000	-	4,000
SFY 2015	102-500731	Contracts for Prog Svc	90080001	6,000	-	6,000
			Sub-Total	10,000	-	10,000

05-95-90-902010-0831 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF POPULATION HEALTH AND COMMUNITY SERVICES, HOME VISITING D89 COMPETITIVE GRANT

100% Federal Funds

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2016	102-500731	Contracts for Prog Svc	90083100	75,000	-	75,000
SFY 2017	102-500731	Contracts for Prog Svc	90083100	75,000	-	75,000
			Sub-Total	150,000	-	150,000

05-95-90-902010-5896 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF POPULATION HEALTH AND COMMUNITY SERVICES, HOME VISITING X02 FORMULA GRANT

100% Federal Funds

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2016	102-500731	Contracts for Prog Svc	90004104	25,000	-	25,000
SFY 2017	102-500731	Contracts for Prog Svc	90004104	25,000	-	25,000
			Sub-Total	50,000	-	50,000

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

**05-95-90-902010-2215 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF POPULATION HEALTH AND COMMUNITY SERVICES, CDC ORAL HEALTH GRANT
100% Federal Funds**

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2015	046-500464	Consultants	90002215	30,000	-	30,000
			Sub-Total	30,000	-	30,000

**05-95-90-901510-7964 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF PUBLIC HEALTH PROTECTION, LEAD PREVENTION
100% Federal Funds**

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2015	102-500731	Contracts for Prog Svc	90038000	69,000	-	69,000
SFY 2016	102-500731	Contracts for Prog Svc	90036000	63,750	-	63,750
SFY 2016	102-500731	Contracts for Prog Svc	90038000	53,750	-	53,750
			Sub-Total	117,500	-	117,500
SFY 2017	102-500731	Contracts for Prog Svc	90036000	31,250	-	31,250
SFY 2017	102-500731	Contracts for Prog Svc	90038000	56,250	-	56,250
			Sub-Total	87,500	-	87,500
			Sub-Total	274,000	-	274,000

**05-95-90-902010-1227 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF POPULATION HEALTH AND COMMUNITY SERVICES, COMBINED CHRONIC DISEASE
100% Federal Funds - FAIN: U58DP008421 - CFDA #93.757**

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2016	102-500731	Contracts for Prog Svc	90017317	40,000	-	40,000
			Sub-Total	40,000	-	40,000

**05-95-90-901510-5390 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF PUBLIC HEALTH PROTECTION, FOOD PROTECTION SECTION
100% Federal Funds - FAIN: B01OT009037 - CFDA #93.758**

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2016	102-500731	Contracts for Prog Svc	90001023	15,000	-	15,000
			Sub-Total	15,000	-	15,000

FINANCIAL DETAIL ATTACHMENT SHEET

Public Health Program Services Support Services

05-95-90-901010-5362 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF PUBLIC HEALTH SYSTEMS, POLICY AND PERFORMANCE, POLICY AND PERFORMANCE

100% Federal Funds - FAIN: B01OT009037 - CFDA #93.758

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2016	102-500731	Contracts for Prog Svc	90001021	4,575	-	4,575
			Sub-Total	4,575	-	4,575

05-95-90-902010-5608 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF POPULATION HEALTH AND COMMUNITY SERVICES, TOBACCO PREVENTION FEDERAL

100% Federal Funds - FAIN: U58DP06010 - CFDA #93.305

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2016	102-500731	Contracts for Prog Svc	90018000	15,000	-	15,000
SFY 2017	102-500731	Contracts for Prog Svc	90018000	27,545	-	27,545
			Sub-Total	42,545	-	42,545

05-95-90-902010-5240 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF POPULATION HEALTH AND COMMUNITY SERVICES, NEWBORN SCREENING REVOLVING FUND

100% Other Funds (Revolving Fund)

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2016	102-500731	Contracts for Prog Svc	90080013	10,000	-	10,000
SFY 2017	102-500731	Contracts for Prog Svc	90080013	5,000	-	5,000
			Sub-Total	15,000	-	15,000

02-23-23-236010-7484 DEPT OF SAFETY-HOMELAND SECURITY & EMERGENCY MANAGEMENT: INFORMATION AND ANALYSIS CENTER

100% Federal Funds - CFDA #97.042

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2016	102-500731	Contracts for Prog Svc	74840000	48,500	-	48,500
			Sub-Total	48,500	-	48,500

05-95-49-491510-2990 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF COMM BASED CARE SVC, BUREAU OF DRUG & ALCOHOL SVCS, CLINICAL SERVICES

100% Federal Funds - FAIN: TI010035 - CFDA #93.959

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2016	102-500731	Contracts for Prog Svc	49155365	10,000	-	10,000
			Sub-Total	10,000	-	10,000

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

**02-23-23-237010-4652 DEPT OF SAFETY-FIRE STANDARDS TRAINING & EMS: FIRE STANDARDS INSTRUCTION
100% Other Funds (Agency Income)**

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2016	102-500731	Contracts for Prog Svc	46520000	45,000	-	45,000
			Sub-Total	45,000	-	45,000

**05-95-95-950010-7023 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: COMMISSIONER,
OFFICE OF THE COMMISSIONER, EMERGENCY SERVICES UNIT**

100% Other Funds (Agency Income from the Dept of Safety)

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2016	102-500731	Contracts for Prog Svc	95010102	24,386	-	24,386
			Sub-Total	24,386	-	24,386
			Total	3,459,665	(4,089)	3,455,576



**New Hampshire Department of Health and Human Services
Public Health Program Service Support Contract**

**State of New Hampshire
Department of Health and Human Services
Amendment #6 to the
Public Health Program Service Support Contract**

This 6th Amendment to the Public Health Program Services Support contract (hereinafter referred to as "Amendment Six") dated this 14 day of November, 2016, is by and between the State of New Hampshire, Department of Health and Human Services (hereinafter referred to as the "State" or "Department") and JSI Research and Training Institute, Inc., dba Community Health Institute, (hereinafter referred to as "the Contractor"), a corporation with a place of business at 501 South Street, Bow, NH 03304.

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on July 10, 2013, Item #40, and subsequently amended on March 12, 2014, Item #24, August 5, 2014, Item #5, April 22, 2015, Item #17, June 24, 2015, Item #59, and on March 9, 2016, Item #21, the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract as amended and in consideration of certain sums specified; and

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

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

WHEREAS, the parties agree to decrease the price limitation, and modify the scope of services to support continued delivery of these services, and

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

To amend as follows:

1. Amend Form P-37, Block 1.8, to read \$3,455,576.
2. Amend Exhibit A Amendment #4 Scope of Services to delete paragraph 1.4.10 and replace with:
 - 1.4.10 Complete a set of three (3) direct consultation services to Regional Public Health Network staff in order to develop climate and health adaptation plans. Coordinate with the program manager to develop a plan of action to meet with public health network staff, review existing plans, advise on improvements, and continue evaluation of success.
3. Modify Exhibit B to add:
 - Paragraph 1.4. The contract shall decrease by (\$4,089) for SFY 2017, CFDA #93.070.
4. Delete in its entirety Exhibit B-1 Amendment #4 Budget SFY 2017 and Exhibit B-1 Amendment #5 Budget SFY 2017, and replace with Exhibit B-1 Amendment #6 Budget SFY 2017.

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



**New Hampshire Department of Health and Human Services
Public Health Program Service Support Contract**

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

State of New Hampshire
Department of Health and Human Services

Name: LISA MORRIS
Title: DIRECTOR

11/30/16
Date

JSI Research and Training Institute, Inc., dba
Community Health Institute

Name: Jonathan Stewart
Title: Director

11.17.16
Date

Acknowledgement of Contractor's signature:

State of New Hampshire County of Merrimack on 11/17/16, before the undersigned officer, personally appeared the person identified directly above, or satisfactorily proven to be the person whose name is signed above, and acknowledged that s/he executed this document in the capacity indicated above.

Sylvia L. Currier
Signature of Notary Public or Justice of the Peace

Sylvia L. Currier - Notary
Name and Title of Notary or Justice of the Peace

My Commission Expires: 12/20/18

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



**New Hampshire Department of Health and Human Services
Public Health Program Service Support Contract**

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

OFFICE OF THE ATTORNEY GENERAL

11/30/16
Date

Thomas Broderick
Name: *Thomas Broderick*
Title: *Assistant Attorney General*

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

OFFICE OF THE SECRETARY OF STATE

Date

Name:
Title:

Exhibit B-1 Amendment #6 Budget Form (SFY 2017)

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: JSI Research & Training Institute, Inc.

Budget Request for: FY 17 - Public Health Program Services Support
(Name of RFP)

Budget Period: SFY 2017

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	\$ 208,822.48	\$ -	\$ 208,822.48	The Indirect Cost Line Item represents a portion of JSI Research & Training Institute's federal approved Negotiated Indirect Cost Rate Agreement covering Information Systems, Accounting, Payroll, Human Resources and Administrative Staff Costs. These costs are derived from JSI's NICRA, but can fluctuate under this contract's budget structure as JSI's Indirect Costs are calculated as a proportion of salary/wages.
2. Employee Benefits	\$ 79,352.54	\$ -	\$ 79,352.54	
3. Consultants	\$ 35,000.00	\$ -	\$ 35,000.00	
4. Equipment:	\$ 6,260.63	\$ -	\$ 6,260.63	
Rental	\$ 264.78	\$ -	\$ 264.78	
Repair and Maintenance	\$ -	\$ -	\$ -	
Purchase/Depreciation	\$ -	\$ -	\$ -	
5. Supplies:	\$ -	\$ -	\$ -	
Educational	\$ 4,699.99	\$ -	\$ 4,699.99	
Lab	\$ -	\$ -	\$ -	
Pharmacy	\$ -	\$ -	\$ -	
Medical	\$ -	\$ -	\$ -	
Office	\$ 10,358.38	\$ -	\$ 10,358.38	
6. Travel	\$ 5,799.98	\$ -	\$ 5,799.98	
7. Occupancy	\$ 20,882.25	\$ -	\$ 20,882.25	
8. Current Expenses	\$ 137.39	\$ -	\$ 137.39	
Telephone	\$ 5,151.87	\$ -	\$ 5,151.87	
Postage	\$ -	\$ -	\$ -	
Subscriptions	\$ -	\$ -	\$ -	
Audit and Legal	\$ 5,151.87	\$ -	\$ 5,151.87	
Insurance	\$ 5,151.87	\$ -	\$ 5,151.87	
Board Expenses	\$ -	\$ -	\$ -	
9. Software	\$ -	\$ -	\$ -	
10. Marketing/Communications	\$ -	\$ -	\$ -	
11. Staff Education and Training	\$ 4,176.15	\$ -	\$ 4,176.15	
12. Subcontracts-	\$ 148,411.00	\$ -	\$ 148,411.00	
13. Other (specific details mandatory)	\$ -	\$ -	\$ -	
EP	\$ 21,000.00	\$ -	\$ 21,000.00	
HP	\$ 35,000.00	\$ -	\$ 35,000.00	
NHIP	\$ 10,000.00	\$ -	\$ 10,000.00	
Childhood Trauma	\$ 200.00	\$ -	\$ 200.00	
HV	\$ 58,000.00	\$ -	\$ 58,000.00	
Lead	\$ 24,904.99	\$ -	\$ 24,904.99	
TPCP	\$ 10,000.00	\$ -	\$ 10,000.00	
			\$ -	
Information Systems (30% of Indirect)	\$ -	\$ 8,613.94	\$ 8,613.94	
HR (20% of Indirect)	\$ -	\$ 8,558.98	\$ 8,558.98	
Gen Admin (20% of Indirect)	\$ -	\$ 8,558.98	\$ 8,558.98	
Payroll & Accounting (30% of Indirect)	\$ -	\$ 8,613.94	\$ 8,613.94	
TOTAL	\$ 698,726.16	\$ 34,345.84	\$ 733,072.00	

Indirect As A Percent of Direct

4.9%

Exhibit B-1 - Budget

Contractor Initials:

Date: 11/17/2016

State of New Hampshire Department of State

CERTIFICATE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that JSI Research & Training Institute, Inc., a(n) Massachusetts nonprofit corporation, registered to do business in New Hampshire on February 17, 2016. 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 4th day of April, A.D. 2016

A handwritten signature in cursive script, 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 April 12, 2016 and that JSI Research & 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 21st day of April, A.D. 2016

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 17, 2016.

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 17th day of November, 2016.

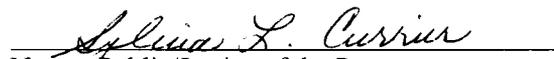


Joel H. Lamstein, President

STATE OF New Hampshire

COUNTY OF Merrimack

The foregoing instrument was acknowledged before me this 17th day of November, 2016 by Joel H. Lamstein.



Notary Public/Justice of the Peace
My Commission Expires: 12/20/18

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



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
11/30/2016

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

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

PRODUCER Mason & Mason Technology Insurance Services, Inc. 458 South Ave. Whitman, MA 02382	CONTACT NAME: Judy Yeary PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS: JYeary@masoninsure.com
	INSURER(S) AFFORDING COVERAGE
INSURED JSI d/b/a Community Health Institute JSI Research & Training Institute, Inc. 501 South Street 2nd Floor Bow, NH 03304	INSURER A: Federal Insurance Company NAIC # 20281
	INSURER B: Executive Risk Indemnity 35181
	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 <input checked="" type="checkbox"/> OTHER Combined Agg \$10M			35873320	09/09/2016	09/09/2017	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 OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			73546634	09/09/2016	09/09/2017	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 RETENTION \$			79861066	09/09/2016	09/09/2017	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) Y/N N/A If yes, describe under DESCRIPTION OF OPERATIONS below			71733182	09/09/2016	09/09/2017	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Directors & Officers			81595534	11/09/2016	11/09/2017	EACH OCC/GEN AGG \$ 3,000,000
B	ERRORS & OMISSIONS			82120859	11/09/2016	11/09/2017	EACH OCC/GEN AGG \$ 1,000,000

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

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

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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NORMAN R. FOUGERE, JR. CPA
99 HERITAGE LANE
DUXBURY, MA 02332-4334



PHONE: 781-934-0460
FAX: 781-934-0606

INDEPENDENT AUDITOR'S REPORT

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

Report on the Consolidated Financial Statements

We have audited the accompanying consolidated financial statements of JSI Research and Training Institute, Inc. and Affiliate (both non-profit organizations), which comprise the consolidated statement of financial position as of September 30, 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. Jorgensen CPA". The signature is written in a cursive style with a large 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)

	<u>PROGRAM SERVICES</u>		<u>SUPPORTING SERVICES</u>			<u>TOTAL EXPENSES</u>	
	<u>Domestic Programs</u>	<u>Total</u>	<u>Management And General</u>	<u>Fundraising</u>	<u>Total</u>	<u>2014</u>	<u>2013</u>
82	\$ 6,609,295	\$ 27,066,477	\$ 5,705,147	\$ 150,040	\$ 5,855,187	\$ 32,921,664	\$ 29,361,382
27	3,862,158	15,582,485	666,153	29,400	695,553	16,278,038	15,167,039
08	-	29,311,608	532,134	-	532,134	29,843,742	25,610,137
48	558,707	12,383,155	604,462	127	604,589	12,987,744	11,206,790
20	2,165	7,578,485	218,327	-	218,327	7,796,812	6,290,231
75	1,805,034	49,664,409	-	-	-	49,664,409	39,388,618
9	31,814	5,489,833	187,477	80	187,557	5,677,390	4,794,885
19	1,386,424	49,967,783	16,293,202	45,739	16,338,941	66,306,724	62,947,371
0	-	7,244,720	-	-	-	7,244,720	10,537,825
-	-	-	18,012	-	18,012	18,012	12,032
8	\$ 14,255,597	\$ 204,288,955	\$ 24,224,914	\$ 225,386	\$ 24,450,300	\$ 228,739,255	\$ 205,316,310

olidated 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

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:

	Cost	Accumulated Depreciation	Net
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><u>\$ 1,226,711</u></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:

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

	<u>Income</u> <u>Received</u>	<u>% of</u> <u>Total Income</u>
U.S. Agency for International Development	\$ 108,805,271	46.56%
Partnership for Supply Chain Management, Inc.	<u>55,743,613</u>	<u>23.86%</u>
	<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>7,244,720</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>

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

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

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.

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>

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	531
Total CFDA #93.224 - Consolidated Health Centers			5,468
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	69,803
Total CFDA #93.243 - Substance Abuse and Mental Health Services Projects of Regional and National Significance			459,837
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	13,152
Total - CFDA #93.249 - Public Health Training Centers Program			13,152
Sub-Total			3,721,369

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>5,853,939</u>
Sub-Total			<u>5,853,939</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 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			588,135
Direct Grant:			
36891 - PPHF 2013 - OSTLTS Partnerships	1U38OT000188	93.292	109,528
Total - CFDA #93.292 - National Public Health Improvement Initiative			109,528
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			206,950
Sub-Total			6,758,552

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

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>

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	<u>45,281</u>
Total - CFDA #93.889 - National Bioterrorism Hospital Preparedness Program			<u>198,680</u>
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	<u>3,303</u>
Total - CFDA #93.912 - Rural Health Care Services Outreach			<u>5,828</u>
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	<u>1,787</u>
Total - CFDA #93.913 - Grants to States for Operation of Offices of Rural Health			<u>44,792</u>
Pass-through Grant:			
Passed through Boston Public Health Commission:			
36453 - BPHC Quality Management	6307A	93.914	<u>158,303</u>
Total - CFDA #93.914 - HIV Emergency Relief Project Grants			<u>158,303</u>
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	<u>420,297</u>
Total - CFDA #93.917 - HIV Care Formula Grants			<u>491,026</u>
Sub-Total			<u>8,492,612</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 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			<u>153,686</u>
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			<u>47,825</u>
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			<u>839,307</u>
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			<u>96,266</u>
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			<u>14,106</u>
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			<u>295,496</u>
Sub-Total			<u>9,939,298</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 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	3311FANI202.03	97.012	(1,888)
36857 - Nat'l. Estimate of Life Jacket Wear Rate	3313FANI302.15	97.012	68,221
36958 - WA Parks Lifejackets	315-126	97.012	28,597
36969 - Nat'l. Estimate of Life Jacket Wear Rate	3314FANI402.09	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

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	<u>4,592</u>
Total CFDA #66.609 - Protection of Children From Environmental Health Risks			<u>4,592</u>
Pass-through Grant:			
Passed through State of New Hampshire:			
36880 - Public Health Program Services Support	PO# 1031592	66.707	<u>14,788</u>
Total CFDA #66.707 - TSCA Title IV State Lead Grants Certification of Lead-Based Paint Professional			<u>14,788</u>
TOTAL - U.S. ENVIRONMENTAL PROTECTION AGENCY			<u>\$ 71,061</u>
 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	<u>58,450</u>
Total - CFDA #16.540 - Juvenile Justice and Delinquency Prevention - Allocation to States			<u>87,154</u>
Pass-through Grant:			
Passed through County of Cheshire, New Hampshire:			
36902 - Cheshire County Drug Court	Agreement @ 9-20-13	16.858	<u>16,053</u>
Total - CFDA #16.858 - Department of Justice, Bureau of Justice Assistance Grant			<u>16,053</u>
TOTAL U.S. DEPARTMENT OF JUSTICE			<u>\$ 103,207</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 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, reading "Kenneth R. Fugere, CPA". The signature is written in a cursive style with a vertical line extending downwards from the end of the signature.

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.



Duxbury, Massachusetts
February 12, 2015

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

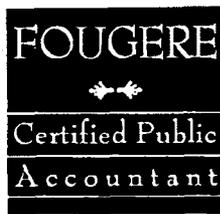
A. SUMMARY OF AUDIT RESULTS

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:

<u>Agency</u>	<u>Program Title</u>	<u>C.F.D.A. #</u>
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.

NORMAN K. FOUGERE, JR. CPA
99 HERITAGE LANE
DUXBURY, MA 02332-4334



PHONE: 781-934-0460
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.



Community Health Institute

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

501

South Street

Second Floor

Bow

New Hampshire

03304



Voice: 603.573.3300



Fax: 603.573.3301



A Division of

JSI Research & Training

Institute, Inc.

A Nonprofit Organization

Officers

<u>Name</u>	<u>Title</u>	<u>Term</u>
Joel H. Lamstein	President	2016 - 2017
Joel H. Lamstein	Treasurer	2016 - 2017
Patricia Fairchild	Clerk	2016 - 2017
Joanne McDade	Assistant Clerk	2016 - 2017

Board of Directors

<u>Name</u>	<u>Term</u>
Joel H. Lamstein	2016 - 2017
Patricia Fairchild	2016 - 2017
Herbert S. Urbach	2016 - 2017
Norbert Hirschhorn	2016 - 2017



New Hampshire's Public Health Institute

JONATHAN A. STEWART

Community Health Institute/JSI, 501 South Street, Bow, New Hampshire 03304 (603) 573-3300 jstewart@jsi.com

EDUCATION

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

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

EXPERIENCE

JSI Research and Training Institute/Community Health Institute, Bow, New Hampshire

Regional Director, September 2000 to present

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

Selected Technical Assistance & Training Projects

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

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

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

NH Division of Public Health Services: Project team member providing assistance on development of a Comprehensive HIV Needs Assessment; role is focused on client and community stakeholder engagement and qualitative needs assessment.

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

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

Selected Program Evaluation Projects

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

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

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

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

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

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

Selected Research Projects

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

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

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

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

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

North Country Health Consortium, Littleton, New Hampshire

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

Ammonoosuc Community Health Services, Littleton, New Hampshire

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

John Snow, Inc., Boston, Massachusetts

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

SELECTED PUBLICATIONS | REPORTS

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

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

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

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

SELECTED WORKSHOPS | PRESENTATIONS

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

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

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

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

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

SELECTED BOARDS | AFFILIATIONS

National Network of Public Health Institutes, Board of Directors, 2008 to present, Chair, 2014 - present

New Hampshire Public Health Services Improvement Council, 2008 to present

NH Prescription Monitoring Program, Advisory Council, 2012 to present

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

New Hampshire Public Health Association; Treasurer, 1999-2003

KATHERINE ROBERT, MPA

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

krobert@jsi.com

EDUCATION

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

EXPERIENCE

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

Consultant, December 2007 to present

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

Healthy Start EPIC Center *December 2014 to present* Provide technical assistance and training to Healthy Start grantees to ensure program effectiveness in achieving the goals to reduce infant mortality and health disparities, and improve perinatal health outcomes. Primary responsibilities include coordination of technical assistance.

NH Home Visiting Statewide Training Coordination *July 2015 to present* Develop, coordinate, and implement a statewide training plan for the state's 11 MIECHV-funded home visiting agencies currently implementing the Healthy Families America program. Conduct annual needs assessment, identify subject-matter expert trainers, and engage in continuous dialogue with agencies to most effectively providing training and technical assistance resources.

Trauma Informed Care for Early Childhood Services (TIECS) Training Coordination *July 2014 to present* Engaged subject matter experts and early childhood service professionals from around the state to complete a Train the Trainer exercise and subsequent 50+ community trainings to train over 600+ professionals serving young children and their families. Work with technical staff to translate the in-person training curriculum to an e-learning format, and with subject matter experts to develop and facilitate a learning collaborative to train interested professionals in becoming early childhood trauma consultants.

Cheshire County Adult Drug Court Program *September 2013 to present* Manage the development of an evaluation protocol, data management systems, and periodic evaluation reports for the SAMHSA/CSAT-funded Cheshire County Drug Court (CCDC). Provide on-going technical assistance to ensure adherence to drug court model.

Public Health Program Services and Supports *June 2010 to present* Serve as fiscal manager for the master contract by which various programs within the NH Department of Health and Human Services engages JSI for work. Coordinate monthly review of invoices across 10+ tasks, and a \$1.2 million budget. Manage all contract set up and documentation.

NH Immunization Marketing *June 2010 to December 2015* Provided project coordination support, and worked with the NH DHHS Immunization Program staff and community stakeholders to research, and assist in the development and implementation of a statewide marketing and awareness campaign aimed at increasing immunization rates for the priority population.

NH Environmental Public Health Tracking Program Data Utilization and Outreach Project *April 2012 to November 2015* Worked with NH DHHS Environmental Public Health Tracking Program (EPHT) staff and partners to increase the utilization of the EPHT's data portal and other communication tools by developing a communication plan consisting of contemporary marketing and outreach strategies. Assist EPHT in developing a user analytics data collection process for web-based tools.



Poison Control Innovation/Transformation Project *September 2013 to December 2014* Developed market research protocol to inform the development of a three-year innovation/transformation plan for the American Association for Poison Control Centers. Designed a survey to assess poison control centers' (PCC) use and inclination to use new communications modalities to reach consumers of PCC services, conducted an environmental scan of organizations with characteristics similar to PCCs, and conducted focus groups and key informant interviews. Produced market research report focusing on identification of opportunities for PCCs to expand their role and visibility through the use of new partnerships and communications modalities while maintaining quality in the assessment triage and management of poison exposures.

SHARE Needs Assessment *September 2013 to May 2014* Developed methodology for local non-profit needs assessment, covering five towns in Southern NH. Developed protocols for focus groups and key informant interviews, designed and analyzed community service provider survey. Developed and presented final needs assessment report.

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

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

Tobacco and Obesity Policy Project *June 2010 to January 2012* Provided project management support, and worked with NH DHHS Obesity Prevention Program and Tobacco Prevention and Control Program staff and partners to assist in the development of strategies and creation of trainings and materials for licensed childcare settings, schools, and workplaces to develop and adopt evidence-based guidelines around nutrition, physical activity, screen time, and tobacco exposure. Conduct qualitative research to inform process.

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

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

PROFESSIONAL ASSOCIATIONS

NH Public Health Association, President

- Board of Directors – 2012 – Present
- Communications Committee, chair – 2012 – Present

NH Home Visiting Coordinating Council

- Member, 2015 - Present

COMPUTER SKILLS

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



KEY ADMINISTRATIVE PERSONNEL

NH Department of Health and Human Services

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

Name of Bureau/Section: Public Health Program Services - Amendment #6

BUDGET PERIOD: SFY 17				PERCENT PAID FROM THIS CONTRACT	AMOUNT PAID FROM THIS CONTRACT
NAME	JOB TITLE	Program Area	SALARY		
Jonathan Stewart	Project Director	PHPS - Overall	\$121,750	0.00%	\$0.00
Katie Robert	Fiscal Manager	PHPS - Overall	\$61,000	0.00%	\$0.00
			\$0	0.00%	\$0.00
TOTAL SALARIES (Not to exceed Total/Salary Wages, Line Item 1 of Budget request)					\$0.00



Jeffrey A. Meyers
Commissioner

Marcella Jordan Bobinsky
Acting Director

STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICE

29 HAZEN DRIVE, CONCORD, NH 03301-6527
603-271-4612 1-800-852-3345 Ext. 4612
Fax: 603-271-4827 TDD Access: 1-800-735-2964



G&C APPROVED
Date: 3/9/16
Item # 21

January 28, 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 Public Health Services, to exercise an amendment to an agreement with JSI Research & Training Institute, Inc. dba Community Health Institute, Purchase Order # 1031592 (Vendor # #161611-B001), 501 South Street, 2nd Floor, Bow, NH 03304, by increasing the Price Limitation by \$254,706 from \$3,204,959 to an amount not to exceed \$3,459,665 to continue to provide a broad range of programmatic support services across a number of public health programs to include public health strategic planning, training and technical assistance; conference logistics support and implementation of community health interventions and health communications campaigns, effective the date of Governor and Council approval through June 30, 2017. This agreement was originally approved by Governor and Council on July 10, 2013, Item #40 and amended on March 12, 2014, Item #24, August 5, 2014, Item #5, April 22, 2015, Item #17, and June 24, 2015, Item #59. 66.87% Federal Funds and 33.13% Other Funds (Newborn Screening Fees and Department of Safety Agency Income).

Funds are available in SFY 2016 and SFY 2017 with authority to adjust amounts within the price limitation and adjust encumbrances between State Fiscal Years through the Budget Office if needed and justified, without approval from Governor and Executive Council.

Department of Safety funds are included in this amendment to support the annual Statewide Emergency Preparedness conference and the Governor's Conference on Substance Misuse.

See attachment for financial details

EXPLANATION

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

Coordinated Chronic Disease Needs Assessment

- Assess primary care providers regarding key aspects of their current practices in order to improve preventive health services and increase the benefit to patients of those services.

Newborn Screening Communications Plan

- Develop, implement, and evaluate a health communications messaging plan targeting new parents and obstetrical and gynecological providers to increase awareness of newborn screening for infants.

Food Protection Strategic Planning

- Develop, implement and evaluate a strategic plan for the Food Protection Section to review and address the findings from the 2015 Performance Audit conducted by the New Hampshire Legislative Budget Assistant.

E-Studio Enhancements

- Serve as fiscal agent to implement enhancements to the existing E-Studio system, a web-based collaboration tool to facilitate statewide emergency preparedness and other public health collaborations.

Tobacco Prevention and Control

- Execute up to six subcontracts with Regional Public Health Networks to increase the number of colleges/university campuses in New Hampshire that adopt campus-wide tobacco-free policies.

Conference Planning and Logistics

- Facilitate and provide logistical support for the statewide Governor's Conference on Substance Misuse to address the state's opioid epidemic.
- Facilitate and provide logistical support for the statewide State Preparedness Conference to strengthen local, regional, and state partners' ability to meet federal preparedness standards.
- Facilitate and provide logistical support for the Integrated Emergency Volunteer Training Exercise to improve the skills and abilities of volunteers during public health emergencies.

Environmental Public Health Tracking Program Technical Assistance

- Facilitate and provide logistical support for a Tickborne Disease Conference in the Manchester area to strengthen state, regional and local efforts to reduce Lyme disease and other tick-borne illnesses.
- Facilitate and provide logistical support for nine regional meeting with Regional Public Health Network partners to increase awareness of the Environmental Public Health Tracking Program, and increase utilization of its data reports, website and other services.

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

Should Governor and Executive Council not authorize this Request there will be a reduction or elimination of the Division's ability to train and assist public health and public safety partners across a wide range of health issues; delay implementation of a newborn screening communications strategy; reduce the utilization of services provided by the Division; reduce tobacco use and exposure to second-hand smoke on college campuses; and develop strategic plans to improve services.

JSI Research & Training Institute, Inc. dba Community Health Institute was selected for this project through a competitive bid process.

During the first two years of this contract the vendor has met key performance measures that include: facilitating an oral health strategic planning process for the Division and publishing a three-year oral health strategic plan; initiating several technical studies to inform a public health-focused climate change adaptation plan; providing ongoing training and technical assistance to regional public health emergency planners, as well as logistical support for three conferences; implementing two public information campaigns to increase the number of adults receiving recommended vaccinations and also increase vaccinations against seasonal influenza among children and adults; implementing a needs assessment among people with HIV infection; and training professionals working with children on the effects of childhood trauma.

The Contractor shall ensure that the attached performance measures are annually achieved and monitored monthly to measure the effectiveness of the agreement.

Area served is statewide.

Source of Funds: 66.87% Federal Funds from Centers for Disease Control and Prevention and the US Department of Homeland Security, 33.13% Other Funds (Newborn Screening Fees and Department of Safety Agency Income).

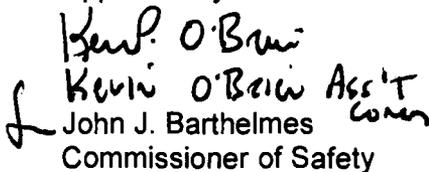
In the event that the Federal Funds become no longer available, General Funds will not be requested to support this program.

Respectfully submitted,



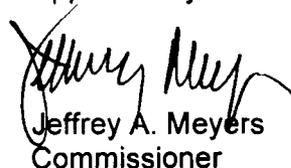
Marcella J. Bobinsky, MPH
Acting Director

Approved by:



Kevin O'Brien Ass't
Commissioner of Safety

Approved by:



Jeffrey A. Meyers
Commissioner

FINANCIAL DETAIL ATTACHMENT SHEET
Public Health Program Services Support Services

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

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90077021	125,000	-	125,000
SFY 2015	102-500731	Contracts for Prog Svc	90077021	164,000	-	164,000
			Sub-total	289,000	-	289,000

05-95-90-902510-7545 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF INFECTIOUS DISEASE CONTROL, EMERGENCY PREPAREDNESS
100% Federal Funds

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2016	102-500731	Contracts for Prog Svc	90077021	170,000	-	170,000
SFY 2017	102-500731	Contracts for Prog Svc	90077021	170,000	-	170,000
			Sub-total	340,000	-	340,000

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

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90077700	170,000	-	170,000
SFY 2015	102-500731	Contracts for Prog Svc	90077700	170,000	-	170,000
SFY 2016	102-500731	Contracts for Prog Svc	90077700	70,000	-	70,000
SFY 2017	102-500731	Contracts for Prog Svc	90077700	70,000	-	70,000
			Sub-Total	480,000	-	480,000

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

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

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

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90023013	110,000	-	110,000
SFY 2015	102-500731	Contracts for Prog Svc	90023013	110,000	-	110,000
SFY 2016	102-500731	Contracts for Prog Svc	90023013	110,000	-	110,000
SFY 2017	102-500731	Contracts for Prog Svc	90023013	110,000	-	110,000
			Sub-Total	440,000	-	440,000

FINANCIAL DETAIL ATTACHMENT SHEET
Public Health Program Services Support Services

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

100% Federal Funds

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

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

100% Federal Funds

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

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

100% Federal Funds

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	567-500919	Title II HIV Care Assistance	90024100	75,000	-	75,000
SFY 2015	567-500919	Title II HIV Care Assistance	90024100	75,000	-	75,000
SFY 2016	567-500919	Title II HIV Care Assistance	90024100	30,000	-	30,000
			Sub-Total	180,000	-	180,000

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

100% Other Funds (Pharmaceutical Rebates)

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	530-500371	Drug Rebates	90024600	75,000	-	75,000
SFY 2015	530-500371	Drug Rebates	90024600	75,000	-	75,000
SFY 2016	530-500371	Drug Rebates	90024600	40,000	-	40,000
SFY 2017	530-500371	Drug Rebates	90024600	75,000	-	75,000
			Sub-Total	265,000	-	265,000

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

100% Federal Funds

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

FINANCIAL DETAIL ATTACHMENT SHEET

Public Health Program Services Support Services

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

100% Federal Funds

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90007936	30,000	-	30,000
SFY 2015	102-500731	Contracts for Prog Svc	90007936	50,398	-	50,398
SFY 2016	102-500731	Contracts for Prog Svc	90007936	72,045	-	72,045
SFY 2017	102-500731	Contracts for Prog Svc	90007936	50,116	-	50,116
			Sub-Total	202,559	-	202,559

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

100% Federal Funds

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90004102	42,000	-	42,000
SFY 2015	102-500731	Contracts for Prog Svc	90004102	42,000	-	42,000
SFY 2016	102-500731	Contracts for Prog Svc	90004102	42,000	-	42,000
SFY 2016	102-500731	Contracts for Prog Svc	90001022	25,000	-	25,000
			Sub-Total	67,000	-	67,000
SFY 2017	102-500731	Contracts for Prog Svc	90004102	42,000	-	42,000
			Sub-Total	193,000	-	193,000

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

100% Federal Funds - FAIN:U38EH000947 - CFDA #93.070

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90041000	49,200	-	49,200
SFY 2015	102-500731	Contracts for Prog Svc	90041000	30,000	-	30,000
SFY 2016	102-500731	Contracts for Prog Svc	90041000	-	9,700	9,700
			Sub-Total	79,200	9,700	88,900

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

48% Federal Funds and 52% General Funds

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90080001	4,000	-	4,000
SFY 2015	102-500731	Contracts for Prog Svc	90080001	6,000	-	6,000
			Sub-Total	10,000	-	10,000

FINANCIAL DETAIL ATTACHMENT SHEET
Public Health Program Services Support Services

05-95-90-902010-0831 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF POPULATION HEALTH AND COMMUNITY SERVICES, HOME VISITING D89 COMPETITIVE GRANT.

100% Federal Funds

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2016	102-500731	Contracts for Prog Svc	90083100	75,000	-	75,000
SFY 2017	102-500731	Contracts for Prog Svc	90083100	75,000	-	75,000
			Sub-Total	150,000	-	150,000

05-95-90-902010-5896 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF POPULATION HEALTH AND COMMUNITY SERVICES, HOME VISITING X02 FORMULA GRANT

100% Federal Funds

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2016	102-500731	Contracts for Prog Svc	90004104	25,000	-	25,000
SFY 2017	102-500731	Contracts for Prog Svc	90004104	25,000	-	25,000
			Sub-Total	50,000	-	50,000

05-95-90-902010-2215 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF POPULATION HEALTH AND COMMUNITY SERVICES, CDC ORAL HEALTH GRANT

100% Federal Funds

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2015	046-500464	Consultants	90002215	30,000	-	30,000
			Sub-Total	30,000	-	30,000

05-95-90-901510-7964 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF PUBLIC HEALTH PROTECTION, LEAD PREVENTION

100% Federal Funds

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2015	102-500731	Contracts for Prog Svc	90038000	69,000	-	69,000
SFY 2016	102-500731	Contracts for Prog Svc	90036000	63,750	-	63,750
SFY 2016	102-500731	Contracts for Prog Svc	90038000	53,750	-	53,750
			Sub-Total	117,500	-	117,500
SFY 2017	102-500731	Contracts for Prog Svc	90036000	31,250	-	31,250
SFY 2017	102-500731	Contracts for Prog Svc	90038000	56,250	-	56,250
			Sub-Total	87,500	-	87,500
			Sub-Total	274,000	-	274,000

FINANCIAL DETAIL ATTACHMENT SHEET
Public Health Program Services Support Services

05-95-90-902010-1227 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF POPULATION HEALTH AND COMMUNITY SERVICES, COMBINED CHRONIC DISEASE
 100% Federal Funds - FAIN: U58DP008421 - CFDA #93.757

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2016	102-500731	Contracts for Prog Svc	90017317	-	40,000	40,000
			Sub-Total	-	40,000	40,000

05-95-90-901510-5390 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF PUBLIC HEALTH PROTECTION, FOOD PROTECTION SECTION
 100% Federal Funds - FAIN: B01OT009037 - CFDA #93.758

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2016	102-500731	Contracts for Prog Svc	90001023	-	15,000	15,000
			Sub-Total	-	15,000	15,000

05-95-90-901010-5362 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF PUBLIC HEALTH SYSTEMS, POLICY AND PERFORMANCE, POLICY AND PERFORMANCE
 100% Federal Funds - FAIN: B01OT009037 - CFDA #93.758

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2016	102-500731	Contracts for Prog Svc	90001021	-	4,575	4,575
			Sub-Total	-	4,575	4,575

05-95-90-902010-5608 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF POPULATION HEALTH AND COMMUNITY SERVICES, TOBACCO PREVENTION FEDERAL
 100% Federal Funds - FAIN: U58DP06010 - CFDA #93.305

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2016	102-500731	Contracts for Prog Svc	90018000	-	15,000	15,000
SFY 2017	102-500731	Contracts for Prog Svc	90018000	-	27,545	27,545
			Sub-Total	-	42,545	42,545

05-95-90-902010-5240 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF POPULATION HEALTH AND COMMUNITY SERVICES, NEWBORN SCREENING REVOLVING FUND
 100% Other Funds (Revolving Fund)

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2016	102-500731	Contracts for Prog Svc	90080013	-	10,000	10,000
SFY 2017	102-500731	Contracts for Prog Svc	90080013	-	5,000	5,000
			Sub-Total	-	15,000	15,000

FINANCIAL DETAIL ATTACHMENT SHEET
Public Health Program Services Support Services

02-23-23-236010-7484 DEPT OF SAFETY-HOMELAND SECURITY & EMERGENCY MANAGEMENT: INFORMATION AND ANALYSIS CENTER

100% Federal Funds - CFDA #97.042

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2016	102-500731	Contracts for Prog Svc	74840000	-	48,500	48,500
			Sub-Total	-	48,500	48,500

05-95-49-491510-2990 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF COMM BASED CARE SVC, BUREAU OF DRUG & ALCOHOL SVCS, CLINICAL SERVICES

100% Federal Funds - FAIN: T1010035 - CFDA #93.959

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2016	102-500731	Contracts for Prog Svc	49155365	-	10,000	10,000
			Sub-Total	-	10,000	10,000

02-23-23-237010-4652 DEPT OF SAFETY-FIRE STANDARDS TRAINING & EMS: FIRE STANDARDS INSTRUCTION

100% Other Funds (Agency Income)

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2016	102-500731	Contracts for Prog Svc	46520000	-	45,000	45,000
			Sub-Total	-	45,000	45,000

05-95-95-950010-7023 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: COMMISSIONER, OFFICE OF THE COMMISSIONER, EMERGENCY SERVICES UNIT

100% Other Funds (Agency Income from the Dept of Safety)

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2016	102-500731	Contracts for Prog Svc	95010102	-	24,386	24,386
			Sub-Total	-	24,386	24,386
			Total	3,204,959	254,706	3,459,665



**State of New Hampshire
Department of Health and Human Services
Amendment #5 to the
Public Health Program Services Support Contract**

This 5th Amendment to the Public Health Program Services Support Contract (hereinafter referred to as "Amendment Five") dated this January 11, 2016, is by and between the State of New Hampshire, Department of Health and Human Services (hereinafter referred to as the "State" or "Department") and JSI Research and Training Institute, Inc., dba Community Health Services, (hereinafter referred to as "the Contractor"), a corporation with a place of business at 501 South Street, Bow, NH 03304.

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on July 10, 2013, Item #40, and amended on March 12, 2014, Item #24, August 5, 2014, Item #5, April 22, 2015, Item #17, and June 24, 2015, Item #59, the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract as amended and in consideration of certain sums specified; and

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

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

WHEREAS, the parties agree to increase the price limitation, and modify the scope of services to support continued delivery of these services, and

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

To amend as follows:

1. Amend Form P-37, Block 1.8, to read \$3,459,665.
2. Amend Form P-37, Block 1.9, to read Eric Borrin, Director of Contracts and Procurement.
3. Amend Form P-37, Block 1.10 to read 603-271-9558.
4. Add Exhibit A-1 Additional Scope of Services
5. Modify Exhibit B to add:
 - Paragraph 1.3. The contract shall increase by \$222,161 for SFY 2016 and \$32,545 for SFY 2017, for a total increase of \$254,706.
 - Paragraph 1.4. Funding is available as follows:
 - \$40,000 = 100% federal funds from the US Department of Health and Human Services, Centers for Disease Control and Prevention. \$40,000 in SFY 2016.
 - \$15,000 = 100% federal funds from the US Department of Health and Human Services, Centers for Disease Control and Prevention. \$15,000 in SFY 2016. FOOD
 - \$4,575 = 100% federal funds from the US Department of Health and Human Services, Centers for Disease Control and Prevention. \$4,575 in SFY 2016.



- \$42,545 = 100% federal funds from the US Department of Health and Human Services, Centers for Disease Control and Prevention. \$15,000 in SFY 2016 and \$27,545 in SFY 2017.
 - \$15,000 = 100% other funds from the Department of Health and Human Services, Division of Public Health Services, Newborn Screening Fund. \$10,000 in SFY 2016 and \$5,000 in SFY 2017.
 - \$48,500 = 100% federal funds from the US Department of Homeland Security, Federal Emergency Management Agency. \$48,500 SFY 2016.
 - \$45,000 = 100% other funds from Department of Safety, Fire Standards Training & EMS: Fire Standards Instruction, Agency Income. \$45,000 in SFY 2016.
 - \$9,700 = 100% federal funds from the US Department of Health and Human Services, Centers for Disease Control and Prevention. \$9,700 in SFY 2016.
 - \$10,000 = 100% federal funds from the US Department of Health and Human Services, Substance Abuse Mental Health Services Administration. \$10,000 in SFY 2016.
 - \$24,386 = 100% other funds from the NH Department of Safety, \$24,386 in SFY 2016.
6. Amend Budget to add:
- Exhibit B-1 Amendment #5 Budget SFY 2016
 - Exhibit B-1 Amendment #5 Budget SFY 2017

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



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

State of New Hampshire
Department of Health and Human Services

2/12/16
Date

[Signature]
Name: Brook Dupee
Title: Bureau Chief

JSI Research and Training Institute, Inc., dba
Community Health Services

1.12.16
Date

[Signature]
Name: Jonathan Stewart
Title: Director

Acknowledgement:

State of NH, County of Dorchester on January 12th, 2016, before the undersigned officer, personally appeared the person identified above, or satisfactorily proven to be the person whose name is signed above, and acknowledged that s/he executed this document in the capacity indicated above.

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

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

SYLVIA L. CURRIER, Notary
Name and Title of Notary or Justice of the Peace

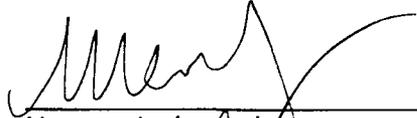
My Commission Expires: 12/20/18



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

OFFICE OF THE ATTORNEY GENERAL

2/12/14
Date


Name: Meghan A. Upple
Title: Attorney

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

OFFICE OF THE SECRETARY OF STATE

Date

Name:
Title:



Additional 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.

2. Required Activities

The Contractor shall:

2.1. Coordinated Chronic Disease Needs Assessment

- 2.1.1. Develop and implement a plan to assess primary care health systems existing resources and needs related to effective delivery and use of clinical and other preventive services in order to prevent disease, detect diseases early, and reduce or eliminate risk factors and mitigate and manage complications including:
 - 2.1.1.1. Current quality improvement activities related to chronic disease prevention and management with an emphasis on hypertension management;
 - 2.1.1.2. Status of the Certified Electronic Health Record System, known as Meaningful Use, implementation and identified priorities;
 - 2.1.1.3. Current activities around team-based care (e.g., use of community health workers, patient-centered medical home, etc.);
 - 2.1.1.4. Billing issues and concerns around chronic disease prevention and management services; and
 - 2.1.1.5. Perspectives on the current and potential role of public health organizations in improving the clinical environment to more effectively deliver quality preventive services and help people more effectively use and benefit from those services.
- 2.1.2. Hold a meeting with the Department of Health and Human Services (DHHS), Division of Public Health Services (DPHS) staff to present the results of the health systems needs assessment.

2.2. Newborn Screening Communications Plan



Exhibit A-1

- 2.2.1. Develop a communication plan for New Hampshire key stakeholders, new parents, and obstetrical and gynecological providers to increase awareness of newborn screenings for infants.
 - 2.2.1.1. Implement a testing plan, focus groups and interviews, regarding the newborn screening brochure;
 - 2.2.1.2. Develop a graphic design for the newborn screening brochure;
 - 2.2.1.3. Develop a methodology to evaluate the communication plan, with the objective to increase awareness of newborn screenings among infants.

2.3. Food Protection Strategic Planning

- 2.3.1. Develop a strategic plan for the DHHS/DPHS Food Protection Section.
 - 2.3.1.1. The plan shall be based on a review of the findings from the 2015 Performance Audit conducted by the New Hampshire Legislative Budget Assistant (NH LBA) and the DPHS Food Protection Section's subsequent work to address the findings.
 - 2.3.1.2. Engage DHHS/Food Protection Section (FPS) management and staff in two meetings to:
 - 2.3.1.2.1. Develop a workplan to accomplish section 2.3.1;
 - 2.3.1.2.2. Convene and facilitate a one-day strategic planning session with the Food Protection Section staff;
 - 2.3.1.2.3. Submit a draft strategic plan for review and comment to DHHS/Food Protection Section (FPS) management. The plan will include prioritized metrics to track the progress toward implementing the activities in the strategic plan that can be updated annually;
 - 2.3.1.2.4. Finalize the plan and submit it in a format for posting on the DHHS website.
 - 2.3.1.3. All work must be completed within 90 days of contract approval.

2.4. E-Studio Enhancements

- 2.4.1. Serve as a fiscal agent for the purpose of implementing enhancements to the E-Studio system procured under the original agreement. Such enhancements shall be identified and approved by the Division's E-Studio administrator.

2.5. Tobacco Prevention and Control

- 2.5.1. In accordance with Exhibit C, #19. Subcontracts, execute subcontracts with up to six (6) Regional Public Health Networks (RPHNs) to adopt 100% campus tobacco-free policies that promote health college/university campus norms and optimal learning environments by eliminating tobacco use and exposure to second-hand and third-hand smoke in selected college/university campuses in New Hampshire.



Exhibit A-1

- 2.5.1.1. The funding amount for each subcontract will be determined by the DHHS/DPHS, Tobacco Prevention and Control (TPCP) staff;
- 2.5.1.2. In consultation with the DHHS/DPHS, review workplan and budget proposals from each RPHN. As needed, negotiate revisions to these proposals prior to the execution of the subcontract; and
- 2.5.1.3. Collect quarterly programmatic and financial reports from each RPHN.

2.6. Conference Planning and Logistics

2.6.1. Opioid Conference

- 2.6.1.1. Provide logistical support for the Governor's Conference on Substance Misuse for up to 500 attendees.
 - 2.6.1.1.1. Convene, facilitate, and document meetings of the respective planning teams. Coordinate development of the training conference agenda;
 - 2.6.1.1.2. Compile email lists to promote the conference using addresses supplied by the Department of Safety and other members of the planning team;
 - 2.6.1.1.3. Design and electronically publish a conference brochure, "Save the Date" announcement and other marketing materials as funding allows;
 - 2.6.1.1.4. Design, layout and print materials for attendees;
 - 2.6.1.1.5. Coordinate logistics with speakers
 - 2.6.1.1.6. Coordinate logistics with vendors, including contracts and support their logistical needs during the conference;
 - 2.6.1.1.7. Provide logistics support during the conference including registering attendees, coordinating with the conference site staff and vendors, and other activities typically associated with conference support;
 - 2.6.1.1.8. Compile data from attendees' evaluation forms, analyze the data and provide a written report to the Department of Safety (DOS) Homeland Security and Emergency Management staff.
- 2.6.1.2. Serve as fiscal agent on behalf of the Department of Safety (DOS), Homeland Security and Emergency Management
 - 2.6.1.2.1. Receive payment from vendors. All revenue generated and not used to support this conference must be put toward activities funded by the program that was the source of funds used for this conference;
 - 2.6.1.2.2. In accordance with Exhibit C, #19. Subcontracts, execute a subcontract with the conference site; and
 - 2.6.1.2.3. Submit a report to the DOS/Homeland Security and Emergency Management and the DHHS/DPHS, detailing all costs and income generated.



Exhibit A-1

2.6.2. State Preparedness Conference

- 2.6.2.1. In addition to the logistical support services included in the Exhibit A Amendment #4, serve as a fiscal agent on behalf of the Department of Safety.
 - 2.6.2.1.1. Receive payment from vendors. All revenue generated and not used to support this conference must be put toward activities funded by the program that was the source of funds used for this conference;
 - 2.6.2.1.2. In accordance with Exhibit C, #19. Subcontracts, execute a contract with the conference site; and
 - 2.6.2.1.3. Submit a report to the DOS/Homeland Security and Emergency Management and the DHHS/DPHS, detailing all costs and income generated.

2.7. New Hampshire Integrated Emergency Volunteer Training Exercise

- 2.7.1.1. Host a one day 2016 New Hampshire Integrated Emergency Volunteer Training Exercise for up to 200 NH volunteers at the New Hampshire Technical Institute in Concord, NH.
- 2.7.1.2. The purpose of the training is to increase the preparedness of NH's emergency volunteers to respond to an emergency by integrating two (2) exercises and other training sessions into a one-day event.
- 2.7.1.3. The two exercises include opening a Point of Dispensing (POD) center and a shelter. Each volunteer that attends will have the opportunity to participate as both a responder, and an actor in each of the exercises. In addition, volunteers will also attend two (2) trainings with topics across the spectrum of preparedness, response, recovery and mitigation.
- 2.7.1.4. Attendees shall include volunteers from the American Red Cross, Amateur Radio Emergency Services (ARES), Community Emergency Response Teams (CERT), Disaster Animal Response Team (DART), Disaster Behavioral Health Response Team (DBHRT), Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP), Medical Reserve Corps (MRC) and Metropolitan System (MMRS). Each volunteer that attends will have the opportunity to participate as both a responder and an actor in a POD exercise and a shelter exercise.
- 2.7.1.5. The Contractor shall:
 - 2.7.1.5.1. Provide all logistical support, planning and executing of all exercises, as well as overall training
 - 2.7.1.5.2. Convene, facilitate, and document meetings of the respective planning teams. Coordinate development of the training conference agenda;



Exhibit A-1

- 2.7.1.5.3. Compile email lists to promote the conference using addresses supplied by the Department of Health and Human Services and other members of the planning team;
- 2.7.1.5.4. Design and electronically publish a conference brochure, "Save the Date" announcement and other marketing materials as funding allows;
- 2.7.1.5.5. Design, layout and print materials for attendees;
- 2.7.1.5.6. Coordinate logistics with speakers
- 2.7.1.5.7. Coordinate logistics with vendors, including contracts and support their logistical needs during the conference;
- 2.7.1.5.8. Provide logistics support during the conference including registering attendees, coordinating with the conference site staff and vendors, and other activities typically associated with conference support;
- 2.7.1.5.9. Compile data from attendees' evaluation forms, analyze the data and provide a written report to the Department of Health and Human Services (DHHS), Emergency Services Unit.
- 2.7.1.6. Serve as fiscal agent on behalf of the Department of Health and Human Services (DHHS), Emergency Services Unit.
 - 2.7.1.6.1. Receive payment from vendors. All revenue generated and not used to support this conference must be put toward activities funded by the program that was the source of funds used for this conference;
 - 2.7.1.6.2. In accordance with Exhibit C, #19. Subcontracts, execute a subcontract with the conference site; and
 - 2.7.1.6.3. Submit a report to the DHHS detailing all costs and income generated.

2.8. Environmental Public Health Tracking Program (EPHT) Technical Assistance

- 2.8.1. By June 30, 2016, provide logistical and facilitation support for a Tickborne Disease Meeting for approximately 50 people in the Manchester area.
 - 2.8.1.1. Submit a written report to the EPHT Program of the conference that includes a summarized list of action items.
- 2.8.2. By June 30, 2016, provide logistical and facilitation support for nine (9) *Meet and Greet* gatherings between Environmental Public Health Tracking staff and Regional Public Health Network partners, to increase awareness of the Environmental Public Health Tracking Program, and increase utilization of its data reports, website and other services.



3. Performance Measures

3.1. The Contractor shall ensure that following performance indicators are annually achieved and monitored monthly to measure the effectiveness of the agreement:

3.1.1. Coordinated Chronic Disease Needs Assessment

- 3.1.1.1. By March 15, 2016, submit a written plan describing the health systems needs assessment including information about who will be involved in key informant interviews, survey methodology and other data sources, which is accepted by the DPHS.
- 3.1.1.2. By June 1, 2016, submit a final written report summarizing results of the health systems needs assessment including information about the current health systems and recommended next steps, which is accepted by the DPHS.

3.1.2. Newborn Screening Communications Plan

- 3.1.2.1. By June 30, 2016, submit a communication plan that is an appropriate plan for key stakeholders, new parents, and obstetrical and gynecological providers, which is accepted by the DPHS.
- 3.1.2.2. At least 85% of focus group/interview participants rate the final brochure either "excellent" or "very good"
- 3.1.2.3. Within 90 days of the effective date of this amendment, submit a graphic design for the newborn screening brochure, which is accepted by the DPHS.
- 3.1.2.4. By December 31, 2016, submit an evaluation plan that includes appropriate measures and determines the effectiveness of the newborn screening brochure, which is accepted by the DPHS.

3.1.3. Food Protection Strategic Planning

- 3.1.3.1. Submission of a strategic plan within 90 days of the effective date of this amendment, which is accepted by the DPHS.

3.1.4. E-Studio Enhancements

- 3.1.4.1. Within 60 days of the effective date of this amendment, execute a subcontract to support system enhancements as identified by the Division.

3.1.5. Tobacco Prevention and Control

- 3.1.5.1. Within 60 days of the effective date of this amendment, execute up to six (6) subcontracts with Regional Public Health Networks

3.1.6. Conference Logistics and Support

- 3.1.6.1. At least 85% of conference planning committee members rate the conference planning support as either "excellent" or "very good" in an evaluation survey.



Exhibit A-1

- 3.1.6.2. At least 85% of conference participants rate the element pertaining to conference logistics as either "excellent" or "very good" in an evaluation survey.
- 3.1.6.3. Within 60 days after the conference event, submit cost and income reports to the Department of Safety and Department of Health and Human Services, which is accepted by the DPHS.
- 3.1.7. **Environmental Public Health Tracking Program (EPHT) Technical Assistance**
 - 3.1.7.1. At least 85% of meeting participants rate the element pertaining to conference logistics and facilitation as either "excellent" or "very good" in an evaluation survey.
 - 3.1.7.2. Within 30 days after the conference event, submit a final report that includes a list of action items, which is accepted by the DPHS.
 - 3.1.7.3. At least 85% of meeting participants rate the element pertaining to conference logistics and facilitation as either "excellent" or "very good" in an evaluation survey.
- 3.2. Annually, the Contractor shall develop and submit to the DHHS, a corrective action plan for any performance measure that was not achieved.

Exhibit B-1 Amendment #5 Budget Form (SFY 2017)

New Hampshire Department of Health and Human Services

JSI Research and Training Institute, Inc., dba

Bidder/Contractor Name: Community Health Center

Budget Request for: Public Health Program Services Support

(Name of RFP)

Budget Period: SFY 2017

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	\$ 4,695.55	\$ -	\$ 4,695.55	The Indirect Cost Line Item represents a portion of JSI Research & Training Institute's federal approved Negotiated Indirect Cost Rate Agreement covering Information Systems, Accounting, Payroll, Human Resources and Administrative Staff Costs. These costs are derived from JSI's NICRA, but can fluctuate under this contract's budget structure as JSI's Indirect Costs are calculated as a proportion of salary/wage only.
2. Employee Benefits	\$ 1,784.30	\$ -	\$ 1,784.30	
3. Consultants	\$ -	\$ -	\$ -	
4. Equipment:	\$ 137.09	\$ -	\$ 137.09	
Rental	\$ 96.99	\$ -	\$ 96.99	
Repair and Maintenance	\$ -	\$ -	\$ -	
Purchase/Depreciation	\$ -	\$ -	\$ -	
5. Supplies:	\$ -	\$ -	\$ -	
Educational	\$ -	\$ -	\$ -	
Lab	\$ -	\$ -	\$ -	
Pharmacy	\$ -	\$ -	\$ -	
Medical	\$ -	\$ -	\$ -	
Office	\$ 93.61	\$ -	\$ 93.61	
6. Travel	\$ -	\$ -	\$ -	
7. Occupancy	\$ 469.55	\$ -	\$ 469.55	
8. Current Expenses	\$ 234.78	\$ -	\$ 234.78	
Telephone	\$ -	\$ -	\$ -	
Postage	\$ -	\$ -	\$ -	
Subscriptions	\$ -	\$ -	\$ -	
Audit and Legal	\$ -	\$ -	\$ -	
Insurance	\$ -	\$ -	\$ -	
Board Expenses	\$ -	\$ -	\$ -	
9. Software	\$ -	\$ -	\$ -	
10. Marketing/Communications	\$ -	\$ -	\$ -	
11. Staff Education and Training	\$ 93.61	\$ -	\$ 93.61	
12. Subcontracts-	\$ 24,000.00	\$ -	\$ 24,000.00	
13. Other (specific details mandatory)	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
Indirect Costs	\$ -	\$ 281.84	\$ 281.84	
Information Systems (30% of ID)	\$ -	\$ 187.90	\$ 187.90	
HR (20% of ID)	\$ -	\$ 187.91	\$ 187.91	
Gen Admin (20% of ID)	\$ -	\$ 281.85	\$ 281.85	
Payroll and Accounting (30% of ID)	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
TOTAL	\$ 31,605.49	\$ 939.51	\$ 32,545.00	

Indirect As A Percent of Direct

3.0%

Exhibit B-1 - Budget

Contractor Initials: _____

1/12/16



Nicholas A. Toumpas
Commissioner

Marcella Jordan Bobinsky
Acting Director

STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICE

29 HAZEN DRIVE, CONCORD, NH 03301-6527
603-271-4612 1-800-852-3345 Ext. 4612
Fax: 603-271-4827 TDD Access: 1-800-735-2964



G&C APPROVED
Date: 6/24/15
Item #59

May 26, 2015

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

92.24% Fed
7.76% Other
(Pharmaceuticals
Rebate)

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division of Public Health Services, to exercise a renewal option and amend a contract with JSI Research & Training Institute, Inc. dba Community Health Institute, Purchase Order # 1031592 (Vendor # #161611-B001), 501 South Street, 2nd Floor, Bow, NH 03304, by increasing the Price Limitation by \$1,481,161 from \$1,723,798 to an amount not to exceed \$3,204,959 to continue to provide a broad range of programmatic support services across a number of public health programs to include public health strategic planning, needs assessment, training and technical assistance; and implementation of health communications campaigns, and extending the completion date from June 30, 2015 to June 30, 2017, effective July 1, 2015, or the date of Governor and Council approval, whichever is later. This agreement was originally approved by Governor and Council on July 10, 2013, Item #40 and amended on March 12, 2014, Item #24, August 5, 2014, Item #5, and April 22, 2015, Item #17. 92.24% Federal Funds and 7.76% Other Funds.

Funds are anticipated to be available in SFY 2016 and SFY 2017 upon the availability and continued appropriation of funds in the future operating budget, with authority to adjust amounts within the price limitation and adjust encumbrances between State Fiscal Years through the Budget Office if needed and justified, without approval from Governor and Executive Council.

See attachment for financial details

EXPLANATION

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

Public Health Emergency Preparedness Services

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

Immunization Health Communications

- Develop, implement, and evaluate health communications messaging to New Hampshire residents to increase immunization rates among children, adolescents, and adults.
- Provide logistics support for a one-day annual conference targeted to health care system partners.

Healthy Homes and Lead Poisoning Prevention Services

- Coordinate activities of the federally-funded New England Lead Coordinating Committee.
- Provide training and technical assistance programs targeted to health care system partners and remodeling/renovation professionals.

Trauma-Informed Early Childhood Services and Training and Technical Assistance for Maternal, Infant and Early Childhood Home Visiting

- Develop an on-line training for Early Childhood Services providers to meet credentialing standards.
- Facilitate a statewide group of trauma specialists to provide consultation to regional agencies serving young children.

Climate Change and Public Health Adaptation Planning

- Execute subcontracts for epidemiologic assistance and training and technical assistance programs to strengthen local, regional, and state partner's capacity to manage and mitigate the health impacts related to climate change.

Infectious Disease Prevention and Care Services

- Develop a curriculum and train skilled medical interpreters for use in infectious disease settings.
- Develop a strategic plan to implement the findings from the HIV Statewide Coordinated Statement of Need and Comprehensive Plan.

Accreditation Support

- Finalize the Division of Public Health Services' Strategic Plan.
- Address gaps in documentation required to meet accreditation standards.

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

Should Governor and Executive Council not authorize this Request there will be a reduction or elimination of the Division's ability to train and assist public health partners across a wide range of health issues; delay implementation of a communications strategy to increase seasonal influenza vaccination rates; reduce the capacity to reduce the impacts on health from climate change; and develop strategic plans to improve services.

JSI Research & Training Institute, Inc. dba Community Health Institute was selected for this project through a competitive bid process. The Bid Summary is attached.

As referenced in the original letter approved by Governor and Council on July 10, 2013, Item #40, and in the Exhibit C of the Contract, this competitively procured Agreement has the option to renew for two (2) additional year(s), contingent upon satisfactory delivery of services, available funding, agreement of the parties and approval of the Governor and Council. The Division is exercising this renewal option.

During the first two years of this contract the vendor has met key performance measures that include: facilitating an oral health strategic planning process for the Division and publishing a three-year oral health strategic plan; initiating several technical studies to inform a public health-focused climate change adaptation plan; providing ongoing training and technical assistance to regional public health emergency planners, as well as logistical support for three conferences; implementing two public information campaigns to increase the number of adults receiving recommended vaccinations and also increase vaccinations against seasonal influenza among children and adults; implementing a needs assessment among people with HIV infection; and training professionals working with children on the effects of childhood trauma.

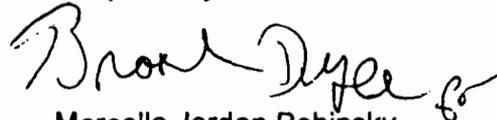
The Contractor shall ensure that the attached performance measures are annually achieved and monitored monthly to measure the effectiveness of the agreement.

Area served is statewide.

Source of Funds: 92.24% Federal Funds from Centers for Disease Control and Prevention and the US Environmental Protection Agency, 7.76% Other Funds (Pharmaceutical Rebates).

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

Respectfully submitted,



Marcella Jordan Bobinsky
Acting Director

Approved by:



Nicholas A. Toumpas
Commissioner

PERFORMANCE MEASURES

Technical Support for Climate Adaptation Planning

State Fiscal Year 2016

- By December 31, 2015, the contractor will submit a final written strategic plan to increase community level adaptation to weather and climate threats.
- By June 30, 2016 the contractor will provide at least two (2) surveys of workforce capacity, four (4) training sessions, four (4) consultations to Regional Public Health Networks and submit a written report on the services.
- By June 30, 2016 the contractor will deliver a design for a web-based tool to display guidance on climate adaptation planning.

State Fiscal Year 2017

- By December 31, 2016, the contractor will submit a final written strategic plan to increase community level adaptation to weather and climate threats.
- By June 30, 2017 the contractor will provide at least two (2) surveys of workforce capacity, four (4) training sessions, four (4) consultations to Regional Public Health Networks and submit a written report on the services.
- By June 30, 2017 the contractor will deliver a design for a web-based tool to display guidance on climate program evaluation.

Epidemiology Support for Weather, Climate and Health Planning

State Fiscal Year 2016

- By December 31, 2015, the contractor will submit an assessment that quantifies at least four (4) baseline climate-related health impacts projected to affect New Hampshire.
- By March 30, 2016, the contractor will submit an assessment of public health interventions to address the health impacts identified above. The report shall identify at least two (2) viable interventions for the four health impacts for a total of eight (8) interventions.
- By June 30, 2016, the contractor will submit a final written summary report on the current and projected health impacts related to severe weather and climate change in New Hampshire.

State Fiscal Year 2017

- By December 31, 2016, the contractor will submit an assessment that quantifies at least four (4) baseline climate-related health impacts projected to affect New Hampshire.
- By March 30, 2017, the contractor will submit an assessment of public health interventions to address the health impacts identified above. The report shall identify at least two (2) viable interventions for the four health impacts for a total of eight (8) interventions.
- By June 30, 2017, the contractor will submit a final written summary report on the current and projected health impacts related to severe weather and climate change in New Hampshire.

Training to Providers of Early Childhood Services

- Web-based training will be available for use by providers of early childhood services no later than June 1, 2016.
- The number of learning opportunities focused on trauma-informed care conducted per MIECHV region will increase from a baseline collected July 2015 to June 2016 and to June 2017.

Training for Maternal, Infant and Early Childhood Home Visiting (MIECHV) program staff

- A minimum of 90% of MIECHV Local Implementing Agencies (LIAs) will have a Comprehensive Training Plan in place by September 30, 2015.
- Produce and submit for MCH review, a HFA Training Plan for New Hampshire by September 30, 2015 and 2016. The training plan will include site-specific information and requires updating quarterly.
- Provide ten training opportunities annually each SFY 2016 and 2017.

Immunization Health Communications

- At least 90% of high-priority technical assistance requests made by the NHIP are met.
- The health communication strategy and plan is rated as either “excellent” or “very good” by DPHS.
- At least 85% of the high priority components of the health communications plan are implemented and evaluated.
- At least 85% of training participants rate the training programs as either “excellent” or “very good” in an evaluation survey.
- At least 85% of conference participants rate the elements pertaining to conference logistics as either “excellent” or “very good” in an evaluation survey.
- At least 85% of conference planning committee members rate the conference planning support as either “excellent” or “very good” in an evaluation survey.
- At least 5-10 new adult vaccine providers sign on to participate in the *Start the Conversation* Adult Immunization Campaign over the two year contract period.
 - At least 80% of the *Start the Conversation* educational tools are rated “good” or “very good” in an evaluation summary by adult care providers.
 - At least 30% of the licensed Long Term Care facilities participate in the Long Term Care Initiative.
 - At least 50% of participating Long Term Care facilities rates the educational tools and overall initiative “good” or “very good”.

Public Health Preparedness

- At least 90% of high-priority technical assistance needs identified by RPHNs as part of an annual technical assistance plan are met.
- At least 90% of high-priority technical assistance requests made by DPHS or the ESU are met.

Public Health Program Services Support Contract

- At least 85% of participants rate the training programs as either “excellent” or “very good” in an evaluation survey.
- At least 85% of conference participants rate the elements pertaining to conference logistics as either “excellent” or “very good” in an evaluation survey.
- At least 85% of conference planning committee members rate the conference planning support as either “excellent” or “very good” in an evaluation survey.

Public Health Advisory Councils

- At least 90% of high-priority technical assistance needs identified by councils as part of an annual technical assistance plan are met.
- At least 85% of participants rate the semi-annual meetings as either “excellent” or “very good” in an evaluation survey.

Healthy Homes & Lead Poisoning Prevention

- At least 85% of participants at the 2-day workshop rate the elements pertaining to workshop logistics as either “excellent” or “very good” in an evaluation survey.
- Delivery of a 3-year Evaluation Plan that include appropriate measures and indicators to determine program effectiveness.
- Delivery of a 2-day Training-the-Trainer *Renovation, Repair, and Painting* course to NH’s Career and Technical Centers.
- Approval by the Division of Public Health Services of on-line Lead Awareness training material.
- Total number of cities and towns that have been provided educational materials on *Renovation, Repair, and Painting*.
- Events held during New Hampshire Lead Poisoning Prevention week are rated as either “excellent” or “very good” by the Division of Public Health Services program manager.
- Delivery of a 1-hour narrated power point presentation to train providers on the newly revised *NH Childhood Lead Poisoning Screening and Management Guidelines*.

Accreditation Support

- Submission of a final DPHS strategic plan and associated documents needed to meet PHAB standards.



**State of New Hampshire
Department of Health and Human Services
Amendment #4 to the
Public Health Program Services Support Contract**

This 4th Amendment to the Public Health Program Services Support Contract (hereinafter referred to as "Amendment Four") dated this 18th day of May, 2015, is by and between the State of New Hampshire, Department of Health and Human Services (hereinafter referred to as the "State" or "Department") and JSI Research and Training Institute, Inc., dba Community Health Services, (hereinafter referred to as "the Contractor"), a corporation with a place of business at 501 South Street, Bow, NH 03304.

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on July 10, 2013, Item #40, and amended on March 12, 2014, Item #24, August 5, 2014, Item #5, and April 22, 2015, Item #17, the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract as amended and in consideration of certain sums specified; and

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

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

WHEREAS, the parties agree to extend the term of the agreement, increase the price limitation, and modify the scope of services to support continued delivery of these services, and

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

To amend as follows:

1. Form P-37, General Provisions, Item 1.7, Completion Date, to read: June 30, 2017.
2. Form P-37, General Provisions, Item 1.8, Price Limitation, to read: \$3,204,959
3. Form P-37, General Provisions, Item 1.9, Contracting Officer for State Agency, to read: Brook Dupee.
4. Delete Exhibit A, Exhibit A-Amendment #1, Exhibit A-Amendment #2, and Exhibit A-Amendment #3 in their entirety and replace with Exhibit A Amendment #4.
5. Modify Exhibit B to add:
 - Paragraph 1.1. The contract shall increase by \$776,545 for SFY 2016 and \$704,616 for SFY 2017, for a total increase of \$1,481,161.
 - Paragraph 1.2. Funding is available as follows:
 - \$340,000 = 100% federal funds from the US Department of Health and Human Services, Centers for Disease Control and Prevention, CFDA #93.069, Federal Award Identification Number (FAIN) U90TP000535. Account # 05-95-90-902510-7545-102-500731, \$170,000 in SFY 2016, and \$170,000 in SFY 2017.
 - \$140,000 = 100% federal funds from the US Department of Health and Human Services, Centers for Disease Control and Prevention, CFDA #93.889, Federal Award Identification Number (FAIN) U90TP000535. Account # 05-95-90-902510-2239-102-500731, \$70,000 in SFY 2016, and \$70,000 in SFY 2017.



- \$220,000 = 100% federal funds from the US Department of Health and Human Services, Centers for Disease Control and Prevention, CFDA #93.268, Federal Award Identification Number (FAIN) H23IP000757. Account # 05-95-90-902510-5178-102-500731, \$110,000 in SFY 2016, and \$110,000 in SFY 2017.
 - \$30,000 = 100% federal funds from the US Department of Health and Human Services, Health Resources and Services Administration, Ryan White Care Act Title II, CFDA #93.917, Federal Award Identification Number (FAIN) X07HA00003. Account # 05-95-90-902510-2222-567-500919, \$30,000 in SFY 2016.
 - \$115,000 = 100% other funds from Pharmaceutical Rebates. Account # 05-95-90-902510-2229-530-500371, \$40,000 in SFY 2016, and \$75,000 in SFY 2017.
 - \$122,161 = 100% federal funds from the US Department of Health and Human Services, Centers for Disease Control and Prevention, CFDA #93.070, Federal Award Identification Number (FAIN) UE1EH001046. Account # 05-95-90-901510-7936-102-500731, \$72,045 in SFY 2016, and \$50,116 in SFY 2017.
 - \$84,000 = 100% federal funds from the US Department of Health and Human Services, Health Resources and Services Administration, CFDA #93.110, Federal Award Identification Number (FAIN) H25MC00249. Account # 05-95-90-902010-5190-102-500731, \$42,000 in SFY 2016, and \$42,000 in SFY 2017.
 - \$150,000 = 100% federal funds from the US Department of Health and Human Services, Health Resources and Services Administration, CFDA #93.505, Federal Award Identification Number (FAIN) D89MC28272. Account # 05-95-90-902010-0831-102-500731, \$75,000 in SFY 2016, and \$75,000 in SFY 2017.
 - \$50,000 = 100% federal funds from the US Department of Health and Human Services, Health Resources and Services Administration, CFDA #93.505, Federal Award Identification Number (FAIN) X02MC28234. Account # 05-95-90-902010-5896-102-500731, \$25,000 in SFY 2016, and \$25,000 in SFY 2017.
 - \$95,000 = 100% federal funds from the US Department of Health and Human Services, Centers for Disease Control and Prevention, CFDA #93.753, Federal Award Identification Number (FAIN) UE1EH001271. Account # 05-95-90-901510-7964-102-500731, \$63,750 in SFY 2016, and \$31,250 in SFY 2017.
 - \$110,000 = 100% federal funds from the US Environmental Protection Agency, CFDA #66.707, Federal Award Identification Number (FAIN) 99151214. Account # 05-95-90-901510-7964-102-500731 \$53,750 in SFY 2016, and \$56,250 in SFY 2017.
 - \$25,000 = 100% federal funds from the US Department of Health and Human Services, Centers for Disease Control and Prevention, CFDA #93.758, Federal Award Identification Number (FAIN) B01OT009037. Account #05-95-90-902010-5190-102-500731 \$25,000 in SFY 2016.
6. Amend Budget to add:
- Exhibit B-1 Amendment #4 Budget SFY 2016
 - Exhibit B-1 Amendment #4 Budget SFY 2017

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



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

State of New Hampshire
Department of Health and Human Services

5/22
Date

[Signature]
Name: Brook Dupee
Title: Bureau Chief

JSI Research and Training Institute, Inc., dba
Community Health Services

5/19/15
Date

[Signature]
Name: Jonathan Stewart
Title: Director

Acknowledgement:

State of New Hampshire, County of Merrimack on 5/19/15 before the undersigned officer, personally appeared the person identified above, or satisfactorily proven to be the person whose name is signed above, and acknowledged that s/he executed this document in the capacity indicated above.

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

SYLVIA L. CURRIER
Notary Public - New Hampshire
My Commission Expires December 29, 2016

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

My Commission Expires: 12/29/16



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

OFFICE OF THE ATTORNEY GENERAL

6/4/15
Date

[Signature]
Name: Megan York
Title: Attorney

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

OFFICE OF THE SECRETARY OF STATE

Date

Name:
Title:



Scope of Services

1. Required Services

- 1.1 Provide a broad range of programmatic support services across a number of public health issues and Division of Public Health Services (DPHS) operational areas. These support services include, but are not limited to, strategic planning; needs assessments; evaluation; training; technical assistance; conference logistics support; health communications; and other program support services at the request of the Division of Public Health Services. The contractor must also have the capability to implement other services addressing the same or other public health priorities using additional funds as they may become available during the contract period.
- 1.2 The contractor will coordinate activities with DPHS programs as follows:
 - 1.2.1 Epidemiology Support for Weather, Climate and Health Planning; and Technical Support for Weather, Climate and Health Planning – Climate Change and Public Health Program
 - 1.2.2 Public Health Preparedness Training and Technical Assistance – Community Health Development Section
 - 1.2.3 Immunization Health Communications – Immunization Program
 - 1.2.4 Infectious Disease Medical Interpretation Training Assessment, Development and Implementation; and HIV Prevention and Care Comprehensive Planning – Infectious Disease Prevention, Investigation & Care Services Section
 - 1.2.5 Trauma-Informed Early Childhood Services and Training; and Technical Assistance for Maternal, Infant and Early Childhood Home Visiting – Maternal and Child Health Section
 - 1.2.6 Healthy Homes & Lead Poisoning Prevention - Healthy Homes & Lead Poisoning Prevention Program
 - 1.2.7 Accreditation Support – Public Health Performance Improvement Program
- 1.3 Epidemiology Support for Weather, Climate and Health Planning

The Contractor shall conduct the following activities by June 30, 2016:

- 1.3.1 Execute a subcontract with an environmental epidemiologist identified by the NH DPHS in order to provide technical assistance to:
- 1.3.2 Develop an estimate of at least four (4) health impacts from weather and climate on the population of New Hampshire. The results will show estimates of the current and projected direction (i.e. increasing or decreasing), magnitude (size of any change) and quantity of the health burden (i.e. counts and/or rates). The health impacts should be chosen from the following list:
 - severe weather and related injuries and/or deaths
 - severe weather and related mental health and/or illness



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- air quality/pollen and seasonal allergy
 - air quality/ozone and cardio-respiratory illness
 - temperature/sun exposure and skin cancer
 - temperature/habitat change and mosquito-borne disease (West Nile, EEE).
- 1.3.3 Develop an intervention assessment for the four (4) areas chosen above and describe the effectiveness and suitability of community-level actions to address the health impacts of severe weather and climate change in New Hampshire. Examples of viable interventions include, but are not limited to, severe weather and injury prevention, or pollen levels and allergy prevention.
- 1.3.4 Develop a final written report for the four (4) areas chosen above. The report should also identify resources and tools that help local communities to track health impact trends over time at the regional or community level.
- 1.3.5 Complete a set of four (4) direct consultations with Regional Public Health Networks in their efforts to reduce the impacts from weather and climate via direct contact by email, phone or in-person.
- 1.3.6 Attend periodic meetings with staff from DHHS and CDC (via phone or webinar) to discuss progress. The meetings are expected to be monthly, for no more than twelve (12) per year, and estimate investment of time would be 1-2 hours each, with attendance at the discretion of DHHS.

The Contractor shall conduct the following activities by June 30, 2017:

- 1.3.7 Execute a subcontract with an environmental epidemiologist identified by the NH DPHS in order to provide technical assistance to:
- coastal storm surge and related injuries and/or deaths
 - severe weather and related mental health and/or illness
 - outdoor air quality and cardiovascular disease
 - indoor air quality and allergic or asthmatic disease
 - temperature change and food-borne or water-borne illness
 - temperature/habitat change and vector-borne disease (tick, mosquito, or other vector).
- 1.3.8 Develop an estimate of at least four (4) health impacts from weather and climate on the population of New Hampshire. The results will show estimates of the current and projected direction (i.e. increasing or decreasing), magnitude (size of any change) and quantity of the health burden (i.e. counts and/or rates). The health impacts should be chosen from the following list:
- 1.3.9 Develop an intervention assessment for the four (4) areas chosen above and describe the effectiveness and suitability of community-level actions to address the health impacts of severe weather and climate change in New Hampshire. Examples of viable interventions include, but are not limited to, severe weather and injury prevention, or pollen levels and allergy prevention.



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- 1.3.10 Develop a final written report for the four (4) areas chosen above. The report should also identify resources and tools that help local communities to track health impact trends over time at the regional or community level.
- 1.3.11 Complete a set of four (4) direct consultations with Regional Public Health Networks in their efforts to reduce the impacts from weather and climate via direct contact by email, phone or in-person.
- 1.3.12 Attend periodic meetings with staff from DHHS and CDC (via phone or webinar) to discuss progress. The meetings are expected to be monthly, for no more than twelve (12) per year, and estimate investment of time would be 1-2 hours each, with attendance at the discretion of DHHS.

1.4 Technical Support for Weather, Climate and Health Planning

The Contractor shall conduct the following activities by June 30, 2016

- 1.4.1 Execute a subcontract with a vendor identified by the NH DPHS to provide technical assistance to the Division of Public Health Services to:
- 1.4.2 Collaborate with the DPHS Program Manager to develop a written state-level strategic plan for climate and health adaptation. The collaboration will result in a state-level climate and health strategic plan to address the needs of the public health sector.
- 1.4.3 Complete a set of two (2) surveys of public health workforce capacity to understand and communicate the health impacts of severe weather and climate change via a training curriculum. The project will include surveys to measure (e.g. pre-test and post-test) the increased knowledge, awareness and skills related to weather and climate terminology, concepts, and impacts on the people of New Hampshire.
- 1.4.4 Complete a set of four (4) training sessions on how to implement elements of the Building Resilience Against Climate Effects (BRACE) framework in support of the 'climate adaptation plans' developed under a prior contract with Public Health Networks. The contractor will act as the primary organizer of the curriculum and training logistics.
- 1.4.5 Complete a set of four (4) direct consultation services to Regional Public Health Network staff in order to develop of climate and health adaptation plans. Coordinate with the program manager to develop a plan of action to meet with public health network staff, review existing plans, advise on improvements, and continue evaluation of success.
- 1.4.6 Design a web-based tool to display a program planning process for Regional Public Health Networks, including content and templates from a previously developed 'climate adaptation' guidance document. The web tools will allow users to easily access guidance on how to perform assessments under the Building Resilience to Climate Effects (BRACE) framework. The DHHS program manager will provide the content, templates and web platform for the tool. The contractor will act as primary designer of the web-based tool. Support will include assistance with overall layout,



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structure, graphics and publishing the guidance document to the web in a format that allows for integration of new information.

- 1.4.7 Attend periodic planning meetings with staff from DHHS and CDC (via phone or webinar) in order to discuss the project, and how to best develop estimates of health impacts and viable interventions, The meetings are expected to be monthly, for no more than twelve (12) per year, and estimate investment of time would be 1-2 hours each, with attendance at the discretion of DHHS.

The Contractor shall conduct the following activities by June 30, 2017:

- 1.4.8 Complete a set of two (2) surveys of public health workforce capacity to understand and communicate the health impacts of severe weather and climate change via a training curriculum. The project will include surveys to measure (e.g. pre-test and post-test) the increased knowledge, awareness and skills related to weather and climate terminology, concepts, and impacts on the people of New Hampshire.
 - 1.4.9 Complete a set of four (4) training sessions on how to implement elements of the Building Resilience Against Climate Effects (BRACE) framework in support of the 'climate adaptation plans' developed under a prior contract with Public Health Networks. The contractor will act as the primary organizer of the curriculum and training logistics.
 - 1.4.10 Complete a set of four (4) direct consultation services to Regional Public Health Network staff in order to develop of climate and health adaptation plans. Coordinate with the program manager to develop a plan of action to meet with public health network staff, review existing plans, advise on improvements, and continue evaluation of success.
 - 1.4.11 Design a web-based tool display a program evaluation component for Public Health Networks. The web tools will allow users to track and assess the impact of interventions designed to reduce the health impacts of weather and climate. All activities will be conducted in a manner to allow for the contribution to the evidence-based literature for effective climate adaptation interventions for public health systems. All activities will focus on how to reduce the health impacts on the populations most vulnerable to weather and climate related hazards.
 - 1.4.12 Attend periodic planning meetings with staff from DHHS and CDC (via phone or webinar) in order to discuss the project, and how to best develop estimates of health impacts and viable interventions, The meetings are expected to be monthly, for no more than twelve (12) per year, and estimate investment of time would be 1-2 hours each, with attendance at the discretion of DHHS.
- 1.5 Trauma-Informed Early Childhood Services (TIECS)
 - 1.5.1 Develop an on-line training program for Early Childhood Services Providers (ECPs) to access at their convenience, and as part of meeting training requirements for credentialing purposes.



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- 1.5.2 Develop a "learning collaborative" that includes identification of trauma specialists (pulled from original TIECS train-the-trainer) across the state to provide consultation to regional agencies serving young children.
 - 1.5.3 Expert trainer responsibilities will include provision of materials and resources to trauma specialists, additional training as needed (e.g., administration and implementation of trauma and post-traumatic stress reaction screens), as well as regular meetings with trauma specialists to provide coaching and reflective practice opportunities.
 - 1.5.4 Trauma specialist's responsibilities will include regular consultation to agencies providing early childhood services in their region regarding mental health and trauma, which may involve training providers and helping agencies implement trauma and post-traumatic stress symptom screening, as well as regular consultation with the expert trainers. We recommend trauma specialists be provided a stipend for their time as the budget allows.
 - 1.5.5 Provide additional support and activities to advise home visiting education, training, and credentialing.
- 1.6 Training and Technical Assistance for Maternal, Infant and Early Childhood Home Visiting (MIECHV) program staff
- 1.6.1 Provide training and technical assistance to MCH and funded agencies to develop and implement Healthy Families America (HFA) Training Plans. Implementation includes coordinating with Healthy Families National, Parents as Teachers and MIECHV program staff to provide financial support for the required HFA and PAT training either in-state or at a neighboring New England state. Comprehensive training plans must assure access and ongoing tracking and monitoring of specific required trainings in a timely manner for all HFA staff (home visitors, assessment workers, supervisors and program managers) that includes:
 - 1.6.1.1 Orientation for new staff
 - 1.6.1.2 Stop-gap training intensive role specific training for all new HFA staff within 6-months of hire:
 - HFA Core Assessment training
 - HFA Core Home Visitor training
 - HFA Core Supervisor Training
 - 1.6.1.3 Additional training within 3-months of hire
 - Infant Care
 - Child Health & Safety
 - Maternal & Family Health
 - 1.6.1.4 Additional training within 6-months of hire
 - Infant & Child Development



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- Supporting the Parent-Child Relationship
- Staff Related Issues
- Mental Health
- Prenatal Training

1.6.1.5 Additional training within 12-months of hire

- Child Abuse and Neglect
- Substance Abuse
- Family Issues
- Role of Culture in Parenting
- Family Goal Plan (FGP)

1.6.1.6 On-going training topics based on LIA needs including

- Management and leadership,
- Annual Child abuse and neglect,
- Determining the safety of the home,
- Managing crisis situations,
- Responding to mental health,
- Substance abuse,
- Domestic violence issues,
- Drug-exposed infants, and
- Services in their community

1.6.1.7 Annual cultural sensitivity

1.6.1.8 Parents As Teachers (PAT) curriculum training for all new HFA staff within 12-months of date of hire

1.6.1.9 ASQ and ASQ-SE developmental screening tools

1.6.1.10 Depression screens

1.6.1.11 Any other evaluation tools or screening/assessment instruments used by the site.

1.7 Infectious Disease Medical Interpretation Training Assessment, Development and Implementation Project (IDMIT)

1.7.1 Coordination

1.7.1.1 Comply with the rules, regulations and policies as outlined by U.S. Health Resources Services Administration (HRSA), NH DHHS, DPHS, and the Bureau of Infectious Disease Control (BIDC).

1.7.1.2 Comply with all applicable provider/subgrantee responsibilities outlined in the HRSA National Monitoring Standards, as instructed by DPHS. The National Monitoring Standards are available at:



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- a. Fiscal Standards:
<http://hab.hrsa.gov/manageyourgrant/files/fiscalmonitoringpartb.pdf>
 - b. Program Standards:
<http://hab.hrsa.gov/manageyourgrant/files/programmonitoringpartb.pdf>
 - c. Universal Standards:
<http://hab.hrsa.gov/manageyourgrant/files/universalmonitoringpartab.pdf>
- 1.7.1.3 Coordinate stakeholder engagement, including logistical planning of meetings and distribution of minutes and information as needed.
- 1.7.1.4 Maintain documentation of project in a shared, secure file with DPHS.
- 1.7.1.5 Coordinate meetings, including all logistics for all project and stakeholder meetings.
- 1.7.2 Plan Development
- 1.7.2.1 Based on input from stakeholder meetings and review of literature, develop a work plan for training skilled medical interpreters for use in Infectious Disease settings, particularly for HIV prevention and care, STD, TB and HCV services. Work plan should outline plans for stakeholder engagement, curriculum development, implementation (including selection and screening of participants), evaluation and sustainability.
- 1.7.2.2 Plan for IDMIT should be based on a thorough literature and best practice review and by utilizing stakeholder expertise.
- 1.7.3 Curriculum Development
- 1.7.3.1 Based on input from stakeholders in conjunction with the subcontracted training provider, create a curriculum specific to Infectious Disease Medical Interpretation. Areas of special interest will be HIV/AIDS, terminology, security and confidentiality, sensitivity and stigma.
- 1.7.4 Implementation
- 1.7.4.1 Identify and sub-contract with appropriate training agency or provider. In partnership with the training subcontractor, implement the curriculum to a minimum of 15 participants in year 2 of the funding. This would include establishing an application and participant screening process and all marketing of the training.
- 1.7.5 Evaluation
- 1.7.5.1 Develop and implement an evaluation for the project and report these findings along with recommendations to DPHS as part of the final Summary Report.
- 1.7.6 Sustainability
- 1.7.6.1 Within plan, include an outline for sustainability so that this curriculum, owned by DPHS, may continue to be offered in the most affordable



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manner, to ensure future medical interpreters are continually trained in these advanced skills.

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

Activity	Timeline	Deliverable(s)
Maintain regular contact with the DPHS	Ongoing	Quarterly in-person meetings with the IDPICSS staff, weekly emails and/or telephone calls with the IDPICSS staff
Identify stakeholders	September 2015	
Convene regular meetings of Stakeholders for program planning and curriculum development	Ongoing	Minimum four planning meetings hosted
Identify and sub-Contract trainer	November 2015	Trainer sub-contract established
Draft of Work Plan to IDPICSS	October 2015	Electronic copy of work plan
Draft of Curriculum to IDPICSS	April 2016	Electronic copy of curriculum
Final version Work Plan to DPHS	November 2015	Electronic copy of final work plan
Final version Curriculum to DPHS	May 2016	Electronic copy of final Curriculum
Implementation of Curriculum	September 2016 – March 2017	Delivery and Evaluation of minimum four training sessions
Submit final Summary Report to DPHS including Evaluation	May 2017	Electronic copy of Summary Report
Submit final Sustainability Plan to DPHS	May 2017	Electronic copy Sustainability Plan
Make presentation on final report to DPHS in person	June 2017	Written report

1.8 HIV Prevention and Care Comprehensive Planning

The Contractor shall conduct the following activities by June 30, 2016:

1.8.1 Coordination

1.8.1.1 Comply with the rules, regulations and policies as outlined by U.S. Health Resources Services Administration (HRSA), NH DHHS, DPHS, and the Bureau of Infectious Disease Control (BIDC).

1.8.1.2 Comply with all applicable provider/subgrantee responsibilities outlined in the HRSA National Monitoring Standards, as instructed by DPHS. The National Monitoring Standards are available at:

a. Fiscal Standards:

<http://hab.hrsa.gov/manageyourgrant/files/fiscalmonitoringpartb.pdf>



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- b. Program Standards:
<http://hab.hrsa.gov/manageyourgrant/files/programmonitoringpartb.pdf>
- c. Universal Standards:
<http://hab.hrsa.gov/manageyourgrant/files/universalmonitoringpartab.pdf>

- 1.8.1.3 Coordinate stakeholder engagement, including logistical planning of meetings and distribution of minutes and information as needed.
- 1.8.1.4 Maintain documentation of project in a shared, secure file with DPHS.
- 1.8.1.5 Identify and recruit stakeholders for participation in planning process.
- 1.8.1.6 Schedule, coordinate, host and facilitate a minimum of four stakeholder input/ strategic planning meetings.

1.8.2 Plan Development

- 1.8.2.1 Review funder requirements (CDC and HRSA) for the HIV Statewide Coordinated Statement of Need and Comprehensive Plan.
- 1.8.2.2 Review available and relevant literature for HIV services in NH.
- 1.8.2.3 Resent literature to stakeholders and make recommendations for plan deliverables.
- 1.8.2.4 Based on input from stakeholders meetings, and the review of literature, develop a five-year comprehensive plan for HIV Prevention and Care Services.

1.8.3 Evaluation

Activity	Timeline	Deliverable(s)
Maintain regular contact with the DPHS	Ongoing	Quarterly in-person meetings with the IDPICSS staff, weekly emails and/or telephone calls with the IDPICSS staff
Planning - development of plan for assessing and completing a strategic plan with the DPHS IDPICS section	July-August 2016	Final Workplan submitted to DPHS in electronic version for approval
Stakeholder meetings	September – December 2016	Minimum four in person strategic planning sessions held
Submit final summary to DPHS	January- May 2016	Written summary
Make presentation on final report to DPHS in person	June 2016	Final written report.

1.9 Immunization Health Communications

1.9.1 Immunization Outreach Marketing Plan:

- 1.9.1.1 By September 15, 2015, prepare a work plan for adult vaccine provider participation in the *Start the- Conversation* public awareness campaign and to increase awareness for the duration of the project period.

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- a. By September 15, 2015, provide a monitoring and evaluation tool to be used in determining participation and increased awareness of adult vaccines by adult vaccine providers.
- b. By December 15, 2015, using the most current promotional strategies and behavioral theories, develop and present creative promotional concepts and ideas to the New Hampshire Immunization Program (NHIP) that increase understanding and awareness about the importance of recommended vaccinations.

1.9.2 Long Term Care Initiative:

1.9.2.1 Continue the Long Term Care Initiative for the duration of the project period.

- a. By August 1, 2015, prepare a work plan to include the timeline of the roll out of selected Long- Term Care facilities for each influenza season.
- b. As directed by the NH Immunization Program (NHIP) and as funding allows, use the most current education strategies and behavioral theories, and develop and present creative concepts and ideas to the New Hampshire Immunization Program (NHIP) that increase understanding and awareness about the importance of Long Term Care staff receiving their annual influenza vaccine.
- c. By May 28, 2016, develop an evaluation tool that assesses the effectiveness of the Long Term Care Initiative in participating facilities.

1.9.3 Develop Educational Materials:

1.9.3.1 By December 31, 2015, research available materials and, after approval by the NHIP, develop new materials to improve childhood and adult immunization rates.

- a. Provide a first draft of new materials for NHIP review.
- b. Based on the NHIP review, submit a second draft.
- c. After acceptance by the NHIP, and by February 15, 2016, institute changes and then coordinate project completion including printing and delivery of materials.

1.9.4 Manage Meetings and Conferences:

1.9.4.1 Provide logistical support for an annual statewide immunization conference to be held in March, or the month selected by the NH Immunization Program (NHIP), for the purposes of offering educational hours to improve the skills and knowledge of health care personnel. Expenses incurred during these events will be paid with funds from this contract or revenue generated by the conference.

1.9.4.2 Based on a timeline to be determined by the NHIP and as funding allows, coordinate, implement and evaluate trainings for NHIP staff and health care providers to reduce vaccine administration errors, vaccine wastage, and vaccine declination.

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- 1.9.4.3 As directed by the NH Immunization Program (NHIP), and as funding allows, conduct, facilitate and evaluate a one-day strategic planning session for NHIP staff. The planning session date will be selected by NHIP.
- 1.9.5 Promote the NH Immunization Program's web site and social medial presence:
 - 1.9.5.1 Assess the effectiveness of the posted information by providing quarterly web traffic data reports.
- 1.9.6 Materials for Emergency Preparedness:
 - 1.9.6.1 By September 1 of each year, develop and implement a seasonal influenza campaign to increase public awareness of influenza vaccination.
 - 1.9.6.2 By March 30 of each year, evaluate the seasonal influenza campaign.
 - 1.9.6.3 By August 15 of each year, develop and print educational materials to increase awareness of school-based influenza vaccination clinics. Coordinate the printing of materials with key messages and assume all related printing costs as funding allows.
 - 1.9.6.4 By March 30 of each year, evaluate the marketing component of the school-based clinic initiative in collaboration with PHN coordinators.
 - 1.9.6.5 In the event of an imminent influenza pandemic, and at the request of the DPHS, develop, print and evaluate educational materials related pandemic influenza.
- 1.10 Public Health Preparedness Training and Technical Assistance
 - 1.10.1 Technical Assistance to Regional Partners
 - 1.10.1.1 Develop and implement an annual technical assistance needs assessment survey of Public Health Network (PHN) Emergency Preparedness (EP) coordinators.
 - 1.10.1.2 Based on the survey findings and other needs identified during the project period, develop an individualized technical assistance plan for each PHN. The plan shall be developed in collaboration with each EP coordinator and DPHS staff, and identify high-priority needs for each state fiscal year.
 - 1.10.1.3 Provide technical assistance on an ongoing basis based on the technical assistance plans.
 - 1.10.1.4 Conduct quarterly technical assistance sessions with each of the PHN coordinators. The primary purpose of these sessions is to provide individualized assistance. As warranted, small group sessions may be held in lieu of individual sessions when there are similar technical assistance needs among PHN coordinators.



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- 1.10.1.5 Participate in quarterly meetings with appropriate staff from the DPHS and the DHHS' Emergency Services Unit (ESU) to develop joint approaches to meet the PHNs' technical assistance needs.
- 1.10.1.6 Based on identified technical assistance needs, provide input to DPHS staff to identify topics and speakers for bimonthly meetings of PHN coordinators organized and facilitated by the DPHS.
- 1.10.2 Technical Assistance and Funding of Medical Reserve Corps (MRC) Units
 - 1.10.2.1 Develop and implement an annual technical assistance needs assessment survey of MRC coordinators.
 - 1.10.2.2 Based on the survey findings and other needs identified during the project period, develop a single technical assistance plan for all MRC coordinators statewide. The plan shall be developed in coordination with DPHS and ESU staff.
 - 1.10.2.3 Provide technical assistance by hosting bimonthly meetings of the local MRC coordinators. Ensure the ability for participation via conference call.
 - 1.10.2.4 Execute a subcontract with agencies designated by the DHHS to support recruitment, training and deployment of MRC volunteers. The funding amount for each subcontract will be determined by DPHS and ESU staff.
 - 1.10.2.5 In consultation with the DPHS and ESU, review workplan and budget proposals from each MRC unit. As needed, negotiate revisions to these proposals prior to the execution of the subcontract.
 - 1.10.2.6 Collect annual programmatic and financial reports from each MRC unit.
 - 1.10.2.7 Participate in quarterly meetings with appropriate staff from the DPHS and the ESU to develop joint approaches to meeting the MRC coordinators' technical assistance needs.
- 1.10.3 Technical Assistance to State Partners
 - 1.10.3.1 Assist with the development of templates of emergency operations plans, annexes, and appendices under development by the DPHS and ESU to be used by regional partners.
 - 1.10.3.2 Develop, implement, and maintain a web-based progress reporting system for use by PHN and MRC coordinators that includes MRC reporting elements. Provide individual and summary reports to DPHS.
 - 1.10.3.3 As requested by the DPHS and as funding allows, respond to requests for additional technical assistance from state agencies (i.e. DPHS, ESU). Provision of any services under this section shall be negotiated in advance with the DPHS' Community Health Development Section (CHDS) Administrator.



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- 1.10.3.4 In consultation with the DPHS, identify high-priority training needs based on the core public health emergency preparedness competencies and the knowledge, skills and abilities of the NH public health preparedness workforce.
 - 1.10.3.5 Develop at least two trainings targeted to PHN partners in each fiscal year based on the findings from the above review and other input. All trainings shall be based on adult learning models.
 - 1.10.3.6 Deliver new training programs using the various training modalities (i.e. classroom, web-based training of trainers, etc.) to maximize the reach of these programs.
 - 1.10.3.7 Revise, as needed, existing training programs developed during previous years. Revisions shall be responsive to revisions to state and regional response plans.
 - 1.10.3.8 Provide logistical support for an annual statewide preparedness conference of up to 800 participants and an annual volunteer conference of up to 200 participants.
- 1.10.4 Training and Technical Assistance to Public Health Advisory Councils
- 1.10.4.1 Develop and implement an annual technical assistance needs assessment survey of Public Health Advisory Council coordinators.
 - 1.10.4.2 Based on the survey findings and other needs identified during the project period, develop a single technical assistance plan for all coordinators statewide. The plan shall be developed in coordination with Division of Public Health Services and Bureau of Drug and Alcohol services staff.
 - 1.10.4.3 Provide technical assistance by hosting semi-annual meetings of the Public Health Advisory Council coordinators.
 - 1.10.4.4 Develop, implement, and maintain a web-based progress reporting system for use by the Public Health Advisory Council coordinators. Provide individual and summary reports to DPHS.
- 1.11 Healthy Homes & Lead Poisoning Prevention
- 1.11.1 Coordinate and oversee annually a two-day workshop for the North East Lead Coordinating Committee (NELCC). This event will be a partnership with the DHHS Healthy Homes and Lead Poisoning Prevention Program (HHLPPP) and the U.S Environmental Protection Agency's (EPA).
 - 1.11.2 Transfer ownership of the existing NELCC website that has been maintained by the University of Connecticut College of Agriculture, Health and Natural Resources to a platform that will be maintained by CHI. Modifications will be made to this website monthly as directed by the HHLPPP.



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- 1.11.3 Coordinate monthly telephone meetings (i.e. conference calls, Go-to-Meeting) with other members of NELCC.
- 1.11.4 Using technical content provided by the NELCC membership, develop promotional material that may consists of posters, bi-folds, power points, flyers, on-line trainings, and web banners.
- 1.11.5 Develop an Evaluation Plan that will cover the 3-year period of the program's activities and include appropriate measures and indicators to determine program effectiveness as outlined in the CDC guidance document "Developing an Effective Evaluation Plan".
- 1.11.6 Evaluating the timeliness and efficacy of case management strategies that are currently available to children with BLL >10µg/dL. These case management strategies will include the Nurse Case Manager and the Environmental Lead Specialist.
- 1.11.7 Evaluate individual and community-based strategies to control or eliminate emerging sources before children are exposed.
- 1.11.8 Once the new CDC HHLPPSS software is successfully in place, partner with HHLPPP staff and using appropriate measures, determine effectiveness of the new software for surveillance, reporting, and case management services.
- 1.11.9 Using a certified U.S. Environmental Protection Agency training provider, coordinate a two-day Train-the-Trainer EPA Renovation, Repair and Painting training to the instructors of New Hampshire's sixteen Career and Technical Education Centers.
- 1.11.10 Develop an on-line 30 - 45 minute Lead Awareness training module that will target adult learners to include school nurses, educators, Head Start, WIC, Maternal and Child Health home visitors, realtors, and parents to better understand the risks of lead paint, current screening guidelines and the federal Renovation, Repair and Painting law.
- 1.11.11 Using the promotional material developed by the U.S. Environmental Protection Agency, print and distribute Renovation, Repair and Painting outreach material to town and city Building Code Officials throughout New Hampshire.
- 1.11.12 Coordinate and oversee activities associated with New Hampshire Lead Poisoning Prevention week. Activities may include a viewing of a documentary feature film, outreach and education and public service announcements.
- 1.11.13 Develop a 1-hour narrated power point presentation to train providers on the newly revised NH Childhood Lead Poisoning Screening and Management Guidelines. Provide outreach and education to medical providers, Head Start and WIC program provider agencies statewide to increase practices consistent with the Guidelines.

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1.12 Accreditation Support

- 1.12.1 In coordination with the DPHS, complete the DPHS strategic plan to be in accordance with Public Health Accreditation Board (PHAB) standards.
- 1.12.2 In coordination with the DPHS develop materials to respond to gaps identified during the review of documentation that is required to meet PHAB standards.

2. Compliance

- 2.1 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.
- 2.2 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.

3. Performance Measures

3.1 Technical Support for Climate Adaptation Planning

State Fiscal Year 2016

- By December 31, 2015, the contractor will submit a final written strategic plan to increase community level adaptation to weather and climate threats.
- By June 30, 2016 the contractor will provide at least two (2) surveys of workforce capacity, four (4) training sessions, four (4) consultations to Regional Public Health Networks and submit a written report on the services.
- By June 30, 2016 the contractor will deliver a design for a web-based tool to display guidance on climate adaptation planning.

State Fiscal Year 2017

- By December 31, 2016, the contractor will submit a final written strategic plan to increase community level adaptation to weather and climate threats.
- By June 30, 2017 the contractor will provide at least two (2) surveys of workforce capacity, four (4) training sessions, four (4) consultations to Regional Public Health Networks and submit a written report on the services.
- By June 30, 2017 the contractor will deliver a design for a web-based tool to display guidance on climate program evaluation.

3.2 Epidemiology Support for Weather, Climate and Health Planning

State Fiscal Year 2016

- By December 31, 2015, the contractor will submit an assessment that quantifies at least four (4) baseline climate-related health impacts projected to affect New Hampshire.
- By March 30, 2016, the contractor will submit an assessment of public health interventions to address the health impacts identified above. The report shall identify at least two (2) viable interventions for the four health impacts for a total of eight (8) interventions.



Exhibit A Amendment #4

- By June 30, 2016, the contractor will submit a final written summary report on the current and projected health impacts related to severe weather and climate change in New Hampshire.

State Fiscal Year 2017

- By December 31, 2016, the contractor will submit an assessment that quantifies at least four (4) baseline climate-related health impacts projected to affect New Hampshire.
- By March 30, 2017, the contractor will submit an assessment of public health interventions to address the health impacts identified above. The report shall identify at least two (2) viable interventions for the four health impacts for a total of eight (8) interventions.
- By June 30, 2017, the contractor will submit a final written summary report on the current and projected health impacts related to severe weather and climate change in New Hampshire.

3.3 Training to Providers of Early Childhood Services

- Web-based training will be available for use by providers of early childhood services no later than June 1, 2016.
- The number of learning opportunities focused on trauma-informed care conducted per MIECHV region will increase from a baseline collected July 2015 to June 2016 and to June 2017.

3.4 Training for Maternal, Infant and Early Childhood Home Visiting (MIECHV) program staff

- A minimum of 90% of MIECHV Local Implementing Agencies (LIAs) will have a Comprehensive Training Plan in place by September 30, 2015.
- Produce and submit for MCH review, a HFA Training Plan for New Hampshire by September 30, 2015 and 2016. The training plan will include site-specific information and requires updating quarterly.
- Provide ten training opportunities annually each SFY 2016 and 2017.

3.5 Immunization Health Communications

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

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5/19/15



Exhibit A Amendment #4

- At least 85% of conference planning committee members rate the conference planning support as either “excellent” or “very good” in an evaluation survey.
- At least 5-10 new adult vaccine providers sign on to participate in the *Start the Conversation* Adult Immunization Campaign over the two year contract period.
 - At least 80% of the *Start the Conversation* educational tools are rated “good” or “very good” in an evaluation summary by adult care providers.
 - At least 30% of the licensed Long Term Care facilities participate in the Long Term Care Initiative.
 - At least 50% of participating Long Term Care facilities rates the educational tools and overall initiative “good” or “very good”.

3.6 Public Health Preparedness

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

3.7 Public Health Advisory Councils

- At least 90% of high-priority technical assistance needs identified by councils as part of an annual technical assistance plan are met.
- At least 85% of participants rate the semi-annual meetings as either “excellent” or “very good” in an evaluation survey.

3.8 Healthy Homes & Lead Poisoning Prevention

- At least 85% of participants at the 2-day workshop rate the elements pertaining to workshop logistics as either “excellent” or “very good” in an evaluation survey.
- Delivery of a 3-year Evaluation Plan that include appropriate measures and indicators to determine program effectiveness.
- Delivery of a 2-day Training-the-Trainer *Renovation, Repair, and Painting* course to NH’s Career and Technical Centers.
- Approval by the Division of Public Health Services of on-line Lead Awareness training material.
- Total number of cities and towns that have been provided educational materials on *Renovation, Repair, and Painting*.
- Events held during New Hampshire Lead Poisoning Prevention week are rated as either “excellent” or “very good” by the Division of Public Health Services program manager.

[Handwritten Signature]



Exhibit A Amendment #4

- Delivery of a 1-hour narrated power point presentation to train providers on the newly revised *NH Childhood Lead Poisoning Screening and Management Guidelines*.

3.9 Accreditation Support

- Submission of a final DPHS strategic plan and associated documents needed to meet PHAB standards.

4. Contract Administration and Management

4.1 Progress and Financial Reporting, Contract Monitoring and Performance Evaluation Activities

4.1.1 All Services

- 4.1.1.1 Participate in an annual or semi-annual site visit with staff from each participating DPHS program. Site visits will include:
 - 4.1.1.2 A review of the progress made toward meeting the deliverables and requirements described in this Exhibit A based on an evaluation plan that includes performance measures.
 - 4.1.1.3 On-site reviews may be waived or abbreviated at the discretion of the CHDS. Abbreviated reviews will focus on any deficiencies found in previous reviews, issues of compliance with this Exhibit, and actions to strengthen performance as outlined in the agency Performance Workplan.
 - 4.1.1.4 Subcontractors must attend all site visits as requested by DHHS.
 - 4.1.1.5 A financial audit in accordance with state and federal requirements.
 - 4.1.1.6 Monitor progress on the final two-year workplan approved by the DHHS prior to the initiation of the contract. There must be a separate section for each program area.
 - 4.1.1.7 Submit quarterly progress reports based on performance using reporting tools developed by the DPHS. A single report shall be submitted to the appropriate DPHS program area that describes program activities.
 - 4.1.1.8 Corrective actions shall be implemented as advised by DPHS programs if contracted services are not found to be provided in accordance with this Exhibit.
 - 4.1.1.9 Maintain the capability to accept and expend funds to support funded services.
 - 4.1.1.10 Submit monthly invoices within 20 working days after the end of each calendar month in accordance with the terms described in Exhibit B, paragraph 3, on forms provided by the DHHS.

Exhibit B-1 Amendment #4 Budget Form (SFY 2017)

New Hampshire Department of Health and Human Services

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

Budget Request for: NH Regional Public Health Network Services
(Name of RFP)

Budget Period: SFY 2017

Line Item	Direct	Indirect	Total	
1. Total Salary/Wages	\$ 166,025.21	\$ -	\$ 166,025.21	The Indirect Cost Line Item represents a portion of JSI Research & Training Institute's federal approved Negotiated Indirect Cost Rate Agreement covering Information Systems, Accounting, Payroll, Human Resources and Administrative Staff Costs. These costs are derived from JSI's NICRA, but can fluctuate under this contract's budget structure as JSI's Indirect Costs are calculated as a proportion of salary/wages.
2. Employee Benefits	\$ 63,089.61	\$ -	\$ 63,089.61	
3. Consultants	\$ -	\$ -	\$ -	
4. Equipment:	\$ 8,301.27	\$ -	\$ 8,301.27	
Rental	\$ -	\$ -	\$ -	
Repair and Maintenance	\$ -	\$ -	\$ -	
Purchase/Depreciation	\$ -	\$ -	\$ -	
5. Supplies:	\$ 2,808.99	\$ -	\$ 2,808.99	
Educational	\$ 7,400.00	\$ -	\$ 7,400.00	
Lab	\$ -	\$ -	\$ -	
Pharmacy	\$ -	\$ -	\$ -	
Medical	\$ -	\$ -	\$ -	
Office	\$ 4,532.27	\$ -	\$ 4,532.27	
6. Travel	\$ 4,850.00	\$ -	\$ 4,850.00	
7. Occupancy	\$ 16,602.53	\$ -	\$ 16,602.53	
8. Current Expenses	\$ 56.18	\$ -	\$ 56.18	
Telephone	\$ 1,050.00	\$ -	\$ 1,050.00	
Postage	\$ -	\$ -	\$ -	
Subscriptions	\$ -	\$ -	\$ -	
Audit and Legal	\$ 6,057.21	\$ -	\$ 6,057.21	
Insurance	\$ 6,057.21	\$ -	\$ 6,057.21	
Board Expenses	\$ -	\$ -	\$ -	
9. Software	\$ -	\$ -	\$ -	
10. Marketing/Communications	\$ 50.00	\$ -	\$ 50.00	
11. Staff Education and Training	\$ -	\$ -	\$ -	
12. Subcontracts-	\$ 152,500.00	\$ -	\$ 152,500.00	
13. Other (specific details mandatory)	\$ -	\$ -	\$ -	
EP	\$ 73,500.00	\$ -	\$ 73,500.00	
HP	\$ 50,000.00	\$ -	\$ 50,000.00	
NHIP	\$ 10,000.00	\$ -	\$ 10,000.00	
Childhood Trauma	\$ 200.00	\$ -	\$ 200.00	
HV	\$ 70,000.00	\$ -	\$ 70,000.00	
Lead	\$ 39,500.00	\$ -	\$ 39,500.00	
Information Systems (30% of Indirect)	\$ -	\$ 6,610.65	\$ 6,610.65	
HR (20% of Indirect)	\$ -	\$ 4,407.11	\$ 4,407.11	
Gen Admin (20% of Indirect)	\$ -	\$ 4,630.91	\$ 4,630.91	
Payroll & Accounting (30% of Indirect)	\$ -	\$ 6,386.85	\$ 6,386.85	
TOTAL	\$ 682,580.48	\$ 22,035.52	\$ 704,616.00	

Indirect As A Percent of Direct

3.2%

Exhibit B-1 - Budget

Contractor Initials:

Date: 5/15/15

Ba
3



Nicholas A. Toumpas
Commissioner

José Thier Montero
Director

STATE OF NEW HAMPSHIRE **MAR 18 '15 AM 8:26 DAS**
DEPARTMENT OF HEALTH AND HUMAN SERVICE

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



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February 12, 2015

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

G+C Approved: 4/22/15
Item # 17

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division of Public Health Services, to exercise an amendment to an agreement with JSI Research & Training Institute, Inc. dba Community Health Institute, Purchase Order # 1031592 (Vendor # #161611-B001), 501 South Street, 2nd Floor, Bow, NH 03304, by increasing the Price Limitation by \$119,000 from \$1,604,798 to \$1,723,798 to provide a broad range of programmatic support services across a number of public health programs to include public health strategic planning, needs assessment, training and technical assistance; and implementation of health communications campaigns, effective date of Governor and Council approval through June 30, 2015. This agreement was originally approved by Governor and Council on July 10, 2013, Item #40 and amended on March 12, 2014, Item #24 and August 5, 2014, Item #5. 94% Federal Funds and 6% General Funds.

Funds are available in SFY 2015.

See attachment for financial details

EXPLANATION

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

Emergency Preparedness Services: Increase the financial support available for an annual statewide preparedness conference to allow for up to 800 participants; increase support for other trainings for community partners; design and implement an evaluation of the State's response to ebola and publish an After Action Report and Improvement Plan.

Environmental Public Health Tracking Services: Update the EPHT Communications Plan; conduct customer assessments and evaluate the acceptance of EPHT projects; coordinate and facilitate project meetings.

Oral Health Communications Plan: Develop a five-year Oral Health Communications Plan that increases awareness and visibility of oral health priorities.

Lead Poisoning Prevention Services: Coordinate activities of the federally-funded New England Lead Coordinating Committee, including meetings and a conference; develop public information materials to reduce childhood lead poisoning, including maintaining a website.

The Department is comfortable with Contractor's ability to conduct the above activities within the next three months as they have sufficient staff available to meet the deliverables and a long history of doing so. However, if needed, we are also comfortable that we can negotiate any changes in required activities, along with a reduction in the funds to be spent, due to our long standing partnership with the Contractor as the State's Public Health Institute.

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

Should Governor and Executive Council not authorize this Request it will limit the number of attendees at the state's annual emergency preparedness conference and eliminate a comprehensive assessment of the State's response to Ebola. It will also reduce the effectiveness of communications strategies regarding oral health and environmental public health tracking and limit coordinated efforts among the New England states to reduce childhood lead poisoning.

JSI Research & Training Institute, Inc. dba Community Health Institute was selected for this project through a competitive bid process. The Bid Summary is attached.

During the first eighteen months of this contract the vendor has met key performance measures that include: facilitating a strategic planning process for the Division and publishing a three-year strategic plan; initiating several technical studies to inform a public health-focused climate change adaptation plan; providing ongoing training and technical assistance to regional public health emergency planners, as well as logistical support for three conferences; implementing two public information campaigns to increase the number of adults receiving recommended vaccinations and also increase vaccinations against seasonal influenza among children and adults; implementing a needs assessment among people with HIV infection; and training professionals working with children on the effects of childhood trauma.

The Contractor shall ensure that following performance measures are annually achieved and monitored monthly to measure the effectiveness of the agreement:

Emergency Preparedness Services

- At least 85% of conference participants rate the elements pertaining to conference logistics as either "excellent" or "very good" in an evaluation survey.
- Number of training programs supported.
- Publication of an After Action Report and Improvement Plan that is accepted by the DPHS

Environmental Public Health Tracking Services

- Approval by the Division of Public Health Services of the updated Communications Plan.
- Submission to the Division of Public Health Services of 5 user feedback assessments.
- Submission of minutes for up to 10 project meetings

Oral Health Communications Plan

- Complete one Five Year Oral Health Communication Plan
- Written summary of oral health-stakeholder meetings

Lead Poisoning Prevention Services

- At least 85% of participants at the 2-day conference rate the elements pertaining to conference logistics as either "excellent" or "very good" in an evaluation survey.
- Monthly conference calls are coordinated and made available to 100% of the NELCC membership
- Website updates are posted within ten (10) business days.
- Approval by the Division of Public Health Services of developed promotional materials that include posters, bi-folds, power points, flyers, on-line trainings, and web banners.

Area served is statewide.

Source of Funds: 94% Federal Funds from Centers for Disease Control and Prevention and the US Environmental Protection Agency, 6% General Funds.

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

Respectfully submitted,



José Thier Montero, MD, MHCDS
Director

Approved by: 
 Nicholas A. Toumpas
Commissioner



**State of New Hampshire
Department of Health and Human Services
Amendment #3 to the Public Health Program Services Support Contract**

This 3rd Amendment to the JSI Research and Training Institute, Inc., dba Community Health Services, contract (hereinafter referred to as "Amendment Three") dated this 11th day of February, 2015, is by and between the State of New Hampshire, Department of Health and Human Services (hereinafter referred to as the "State" or "Department") and the JSI Research and Training Institute, Inc., dba Community Health Services, (hereinafter referred to as "the Contractor"), a corporation with a place of business at 501 South Street, Bow, NH 03304.

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on July 10, 2013, Item #40, and amended on March 12, 2014, Item #24 and on August 5, 2014, Item #5, the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract as amended and in consideration of certain sums specified; and

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

WHEREAS, pursuant to the General Provisions, Paragraph 18, the State may amend the Contract by written agreement of the parties; and

WHEREAS, the State and the Contractor have agreed to extend the term of the agreement and increase the price limitation to support continued delivery of these services;

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

1. Change price limitation in P-37, Block 1.8, of the General Provisions, to read:

\$1,723,798.

2. Add Exhibit A - Amendment #3
3. Add Exhibit B Amendment #1
4. Add Exhibit B-1 (SFY 2015) Amendment #3 Budget
5. Delete Exhibit C and replace with Exhibit C Amendment #1
6. Add Exhibit C-1 Revisions to General Provisions
7. Delete Exhibit G and replace with Exhibit G Amendment #1

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



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

State of New Hampshire
Department of Health and Human Services

3/17/15
Date

Brook Dupee
Brook Dupee
Bureau Chief

JSI Research and Training Institute, Inc., dba
Community Health Services

2/11/15
Date

Jonathan Stewart
Name: Jonathan Stewart
Title: Director

Acknowledgement:

State of New Hampshire, County of Merrimack, on 2/11/15, before the undersigned officer, personally appeared the person identified above, or satisfactorily proven to be the person whose name is signed above, and acknowledged that s/he executed this document in the capacity indicated above.

Sylvia L. Currier
Signature of Notary Public or Justice of the Peace
SYLVIA L. CURRIER
Notary Public - New Hampshire
My Commission Expires December 30, 2016

Sylvia L. Currier - Marysville - The Abbeyside Inn
Name and Title of Notary or Justice of the Peace

My Commission Expires: December 30, 2016



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

OFFICE OF THE ATTORNEY GENERAL

3/14/15
Date

Megan A. Tople
Name: *Megan A. Tople*
Title: *Attorney*

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

OFFICE OF THE SECRETARY OF STATE

Date

Name:
Title:



SCOPE OF SERVICES

1. Project Description

JSI Research & Training Institute, Inc., dba Community Health Institute, will provide Public Health Program Services Support in the areas of Lead Poisoning Prevention Communications, Environmental Health Tracking Program (EPHT) Communication, Administration and Technical Assistance, Public Health Preparedness Training and Technical Assistance, and Oral Health Communication Services.

2. Required Activities

The Contractor shall:

2.1. Lead Poisoning Prevention Communications

- 2.1.1. Coordinate and oversee a two-day workshop for the North East Lead Coordinating Committee (NELCC). This event will be a partnership with the DHHS Healthy Homes and Lead Poisoning Prevention Program (HHLPPP) and the U.S. Environmental Protection Agency's (EPA).
- 2.1.2. Transfer ownership of the existing NELCC website that has been maintained by the University of Connecticut College of Agriculture, Health, and Natural Resources to a platform that will be maintained by CHI. Modifications will be made to this website monthly as directed by the HHLPPP.
- 2.1.3. Coordinate monthly telephone meetings (i.e. conference calls, Go-to-Meeting) with other members of NELCC.
- 2.1.4. Using technical content provided by the NELCC membership, develop promotional material that may consist of posters, bi-folds, power points, flyers, on-line trainings, and web banners.

2.2. Environmental Health Tracking Program (EPHT) Communication, Administration and Technical Assistance

- 2.2.1. Coordinate with the DPHS EPHT Program to update the existing Communications Plan.
- 2.2.2. Review the communications plan guidance document provided by EPHT.
- 2.2.3. Identify updates needed to the existing plan, including recommendations for changes to: communication strategies and national tracking messages, and other recommendations appropriate to EPHT target audiences as outlined in the guidance document.
- 2.2.4. Integrate these findings into an EPHT Communication Plan Update.
- 2.2.5. Include graphic design and publishing services to complete this effort, to include completion of the final formatted communications plan report to be published electronically.
- 2.2.6. Plan, coordinate and facilitate up to 10 project meetings based on guidance provided by EPHT staff. This effort will include:
 - Meeting planning and facilitation
 - Logistics

Exhibit A – Amendment 3



- Development and printing of meeting materials
- Recording and disseminating meeting minutes
- 2.2.7. Conduct up to 5 user feedback assessments of EPHT projects as needed.
- 2.2.8. Identify and survey focus groups reactions to draft products (web applications, reports, etc.).
- 2.2.9. Assess audience reaction to final products (web applications, reports).
- 2.2.10. Assess user comprehension and sentiment when using products and services.
- 2.2.11. Usability testing of products and services including user's ability to answer questions, understand problems, and find solutions.
- 2.2.12. Graphic design and publishing services in support of:
 - Communication Plan Development
 - Training Sessions
 - Project Meeting Materials
 - Products (web applications and reports)
- 2.3. Public Health Preparedness Training and Technical Assistance
 - 2.3.1. Increase the financial support available for an annual statewide preparedness conference to allow for up to 800 participants from an earlier target of 500 participants.
 - 2.3.2. Increase the financial support available to provide training programs to regional partners.
 - 2.3.3. In compliance with Homeland Security Exercise and Evaluation Program guidelines, design and implement a multi-faceted evaluation of the State's response to the 2014 Ebola Virus Disease outbreak.
 - 2.3.4. Publish an After Action Report based on the findings of the evaluation. Develop and publish an Improvement Plan in collaboration with DPHS staff.
 - 2.3.5. The time period to be evaluated begins in September 2014 through the time that the DPHS requests the After Action Report process be initiated. The report will focus on actions taken by State officials.
 - 2.3.6. In consultation with DPHS staff, identify specific methodologies to collect and provide qualitative and quantitative data to form the basis of the After Action Report. Methods to be used may include, but not be limited to electronic surveys, focus groups, and key informant interviews.
 - 2.3.7. Implement the information-gathering methods among DPHS/DHHS employees involved in the outbreak response.
 - 2.3.8. Analyze the information gathered and identify strengths and opportunities for improvement.
 - 2.3.9. Draft an After Action Report and Improvement Plan and provide a formal presentation based on these documents to the DPHS Incident Management Team.
 - 2.3.10. Submit a final After Action Report and Improvement Plan to DPHS.



2.4. Oral Health Communication Services

- 2.4.1. Develop a five year oral health communications plan that increases awareness and visibility of oral health priorities and prevention strategies among key targeted groups.
- 2.4.2. Convene bi-weekly meetings between the Communications Specialist and the New Hampshire Division of Public Health Services (DPHS), Oral Health Program Manager.
- 2.4.3. Convene one meeting for the Communication Specialists' presentation on the draft five year communications plan to the New Hampshire Oral Health Coalition Steering Committee.
- 2.4.4. Review media products developed by the New Hampshire Oral Health Coalition to support their DentalQuest grant.

3. Compliance and Reporting Requirements

3.1. Compliance Requirements

- 3.1.1. 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, the Contractor must 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 10 days of the contract effective date.

3.2. Reporting Requirements

- 3.2.1. Submit quarterly programmatic reports to the DHHS;
- 3.2.2. Submits annual programmatic reports to the DHHS; and
- 3.2.3. Submits monthly invoices to the DHHS for services provided.

4. Performance Measures

- 4.1. The Contractor shall ensure that following performance measures are annually achieved and monitored monthly to measure the effectiveness of the agreement:

4.1.1. Lead Poisoning Prevention Communications

- 4.1.1.1. At least 85% of participants at the 2-day conference rate the elements pertaining to conference logistics as either "excellent" or "very good" in an evaluation survey.
- 4.1.1.2. Ownership of NELCC website successfully transferred to CHI. Website updates provided to CHI are posted within ten (10) business days.
- 4.1.1.3. Approval by the Division of Public Health Services of developed promotional materials that include posters, bi-folds, power points, flyers, on-line trainings, and web banners.
- 4.1.1.4. Monthly conference calls are coordinated and made available to 100% of the NELCC membership.

4.1.2. Environmental Health Tracking Program (EPHT) Communication, Administration and Technical Assistance

Exhibit A – Amendment 3



- 4.1.2.1. Approval by the Division of Public Health Services of the updated Communications Plan.
- 4.1.2.2. Submission to the Division of Public Health Services of 5 user feedback assessments.
- 4.1.2.3. Submission of minutes for up to 10 project meetings
- 4.1.3. Public Health Preparedness Training and Technical Assistance
 - 4.1.3.1. At least 85% of conference participants rate the elements pertaining to conference logistics as either "excellent" or "very good" in an evaluation survey.
 - 4.1.3.2. Number of training programs supported.
 - 4.1.3.3. Publication of an After Action Report and Improvement Plan that is accepted by the DPHS
- 4.1.4. Oral Health Communication Services
 - 4.1.4.1. Complete one Five Year Oral Health Communication Plan based on the ASTDD template, *Communication Plan for State Oral Health Programs*. The five year plan will be approved by stakeholders and incorporate activities to fulfill CDC requirements for Strategy 6 of the New Hampshire Oral Disease Prevention Program Work Plan (CDC-RFA-DP13-1307).
 - 4.1.4.2. Written summary of oral health stakeholder meetings convened to receive input essential to development of a DPHS Oral Health Communications Plan.
- 4.2. On a monthly basis, the Contractor shall develop and submit to the DHHS a corrective action plan for any performance measure that did not meet monthly benchmarks.
- 4.3. Annually, the Contractor shall develop and submit to the DHHS a corrective action plan for any performance measure that was not achieved.



Method and Conditions Precedent to Payment

1. Funding sources is available as follows and shall not exceed:
 - a. \$49,000 = 85.45% federal funds from the US Centers for Disease Control and Prevention, CFDA #93.069, Federal Award Identification Number (FAIN) U90TP000535, SFY 2015, and 14.55% General Funds, Account # 05-95-90-902510-5171, SFY 2015.
 - b. \$30,000 = 100% federal funds from the US Centers for Disease Control and Prevention, CFDA #93.538, Federal Award Identification Number (FAIN) U38EH000947, Account # 05-95-90-900510-5173, SFY 2015.
 - c. \$15,000 = 100% federal funds from the US Centers for Disease Control and Prevention, CFDA #93.283, Federal Award Identification Number (FAIN) 1U58DP004911, Account # 05-95-90-902010-2215, SFY 2015.
 - d. \$25,000 = 100% federal funds from the US Environmental Protection Agency, CFDA #66.707, Federal Award Identification Number (FAIN) 99151213, Account # 05-95-90-901510-7964, SFY 2015.
- \$119,000 Total

2. The State shall pay the Contractor an amount not to exceed the Price Limitation, block 1.8, for the services provided by the Contractor pursuant to Exhibit A, Scope of Services.

Payment for said services shall be made as follows:

The Contractor will submit an invoice in a form satisfactory to the State by the twentieth 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. The final invoice shall be due to the State no later than thirty (30) days after the contract Completion Date.

The invoice must be submitted to:

Department of Health and Human Services
Division of Public Health Services
Email address: DPHScontractbilling@dhhs.state.nh.us

3. This is a cost-reimbursement contract based on an approved budget for the contract period. Reimbursement shall be made monthly based on actual costs incurred during the previous month. The Contractor agrees to use and apply all contract funds from the State for direct and indirect costs and expenses including but not limited to personnel costs and operating expenses related to the Services, as detailed in the attached SFY 2015 budgets (Exhibits B-1 Amendments #3). Allowable costs and expenses shall be determined by the State in accordance with applicable state and federal laws and regulations. The Contractor agrees not to use or apply such funds for capital additions or improvements, entertainment costs, or any other costs not approved by the State.



Exhibit B Amendment #1

4. Invoices shall be submitted by the Contractor to the State in a form satisfactory to the State for each of the Service category budgets. Said invoices shall be submitted within twenty (20) working days following the end of the month during which the contract activities were completed, and the final invoice shall be due to the State no later than sixty (60) days after the contract Completion Date. Said invoice shall contain a description of all allowable costs and expenses incurred by the Contractor during the contract period.
5. Payment will be made by the State agency subsequent to approval of the submitted invoice and if sufficient funds are available in the Service category budget line items submitted by the Contractor to cover the costs and expenses incurred in the performance of services.
6. Notwithstanding paragraph 18 of the General Provisions P-37, an amendment limited to adjustments to amounts between and among account numbers, within the price limitation, may be made by written agreement of both parties and may be made without obtaining approval of the Governor and Executive Council.
7. The Contractor shall have written authorization from the State prior to using contract funds to purchase any equipment with a cost in excess of three hundred dollars (\$300) and with a useful life beyond one year.

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2/11/15



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 Contractor's costs, at a rate which exceeds the amounts reasonable and necessary to assure the quality of such service, or at a rate which exceeds the rate charged by the Contractor to ineligible individuals or other third party funders for such service. If at any time during the term of this Contract or after receipt of the Final Expenditure Report hereunder, the Department shall determine that the Contractor has used payments hereunder to reimburse items of expense other than such costs, or has received payment in excess of such costs or in excess of such rates charged by the Contractor to ineligible individuals or other third party funders, the Department may elect to:
 - 7.1. Renegotiate the rates for payment hereunder, in which event new rates shall be established;
 - 7.2. Deduct from any future payment to the Contractor the amount of any prior reimbursement in excess of costs;



- 7.3. Demand repayment of the excess payment by the Contractor in which event failure to make such repayment shall constitute an Event of Default hereunder. When the Contractor is permitted to determine the eligibility of individuals for services, the Contractor agrees to reimburse the Department for all funds paid by the Department to the Contractor for services provided to any individual who is found by the Department to be ineligible for such services at any time during the period of retention of records established herein.

RECORDS: MAINTENANCE, RETENTION, AUDIT, DISCLOSURE AND CONFIDENTIALITY:

8. **Maintenance of Records:** In addition to the eligibility records specified above, the Contractor covenants and agrees to maintain the following records during the Contract Period:
- 8.1. **Fiscal Records:** books, records, documents and other data evidencing and reflecting all costs and other expenses incurred by the Contractor in the performance of the Contract, and all income received or collected by the Contractor during the Contract Period, said records to be maintained in accordance with accounting procedures and practices which sufficiently and properly reflect all such costs and expenses, and which are acceptable to the Department, and to include, without limitation, all ledgers, books, records, and original evidence of costs such as purchase requisitions and orders, vouchers, requisitions for materials, inventories, valuations of in-kind contributions, labor time cards, payrolls, and other records requested or required by the Department.
- 8.2. **Statistical Records:** Statistical, enrollment, attendance or visit records for each recipient of services during the Contract Period, which records shall include all records of application and eligibility (including all forms required to determine eligibility for each such recipient), records regarding the provision of services and all invoices submitted to the Department to obtain payment for such services.
- 8.3. **Medical Records:** Where appropriate and as prescribed by the Department regulations, the Contractor shall retain medical records on each patient/recipient of services.
9. **Audit:** Contractor shall submit an annual audit to the Department within 60 days after the close of the agency fiscal year. It is recommended that the report be prepared in accordance with the provision of Office of Management and Budget Circular A-133, "Audits of States, Local Governments, and Non Profit Organizations" and the provisions of Standards for Audit of Governmental Organizations, Programs, Activities and Functions, issued by the US General Accounting Office (GAO standards) as they pertain to financial compliance audits.
- 9.1. **Audit and Review:** During the term of this Contract and the period for retention hereunder, the Department, the United States Department of Health and Human Services, and any of their designated representatives shall have access to all reports and records maintained pursuant to the Contract for purposes of audit, examination, excerpts and transcripts.
- 9.2. **Audit Liabilities:** In addition to and not in any way in limitation of obligations of the Contract, it is understood and agreed by the Contractor that the Contractor shall be held liable for any state or federal audit exceptions and shall return to the Department, all payments made under the Contract to which exception has been taken or which have been disallowed because of such an exception.
10. **Confidentiality of Records:** All information, reports, and records maintained hereunder or collected in connection with the performance of the services and the Contract shall be confidential and shall not be disclosed by the Contractor, provided however, that pursuant to state laws and the regulations of the Department regarding the use and disclosure of such information, disclosure may be made to public officials requiring such information in connection with their official duties and for purposes directly connected to the administration of the services and the Contract; and provided further, that the use or disclosure by any party of any information concerning a recipient for any purpose not directly connected with the administration of the Department or the Contractor's responsibilities with respect to purchased services hereunder is prohibited except on written consent of the recipient, his attorney or guardian.

New Hampshire Department of Health and Human Services
Exhibit C Amendment #1



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

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

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

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

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

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

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



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

17. **Limited English Proficiency (LEP):** As clarified by Executive Order 13166, Improving Access to Services for persons with Limited English Proficiency, and resulting agency guidance, national origin discrimination includes discrimination on the basis of limited English proficiency (LEP). To ensure compliance with the Omnibus Crime Control and Safe Streets Act of 1968 and Title VI of the Civil Rights Act of 1964, Contractors must take reasonable steps to ensure that LEP persons have meaningful access to its programs.
18. **Pilot Program for Enhancement of Contractor Employee Whistleblower Protections:** The following shall apply to all contracts that exceed the Simplified Acquisition Threshold as defined in 48 CFR 2.101 (currently, \$150,000)

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

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

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

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

19. **Subcontractors:** DHHS recognizes that the Contractor may choose to use subcontractors with greater expertise to perform certain health care services or functions for efficiency or convenience, but the Contractor shall retain the responsibility and accountability for the function(s). Prior to subcontracting, the Contractor shall evaluate the subcontractor's ability to perform the delegated function(s). This is accomplished through a written agreement that specifies activities and reporting responsibilities of the subcontractor and provides for revoking the delegation or imposing sanctions if the subcontractor's performance is not adequate. Subcontractors are subject to the same contractual conditions as the Contractor and the Contractor is responsible to ensure subcontractor compliance with those conditions.
When the Contractor delegates a function to a subcontractor, the Contractor shall do the following:
 - 19.1. Evaluate the prospective subcontractor's ability to perform the activities, before delegating the function
 - 19.2. Have a written agreement with the subcontractor that specifies activities and reporting responsibilities and how sanctions/revocation will be managed if the subcontractor's performance is not adequate
 - 19.3. Monitor the subcontractor's performance on an ongoing basis

New Hampshire Department of Health and Human Services
Exhibit C Amendment #1



- 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.

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



Exhibit C-1

REVISIONS TO GENERAL PROVISIONS

1. Subparagraph 4 of the General Provisions of this contract, Conditional Nature of Agreement, is replaced as follows:
 4. **CONDITIONAL NATURE OF AGREEMENT.**

Notwithstanding any provision of this Agreement to the contrary, all obligations of the State hereunder, including without limitation, the continuance of payments, in whole or in part, under this Agreement are contingent upon continued appropriation or availability of funds, including any subsequent changes to the appropriation or availability of funds affected by any state or federal legislative or executive action that reduces, eliminates, or otherwise modifies the appropriation or availability of funding for this Agreement and the Scope of Services provided in Exhibit A, Scope of Services, in whole or in part. In no event shall the State be liable for any payments hereunder in excess of appropriated or available funds. In the event of a reduction, termination or modification of appropriated or available funds, the State shall have the right to withhold payment until such funds become available, if ever. The State shall have the right to reduce, terminate or modify services under this Agreement immediately upon giving the Contractor notice of such reduction, termination or modification. The State shall not be required to transfer funds from any other source or account into the Account(s) identified in block 1.6 of the General Provisions, Account Number, or any other account, in the event funds are reduced or unavailable.

2. Subparagraph 10 of the General Provisions of this contract, Termination, is amended by adding the following language:
 - 10.1 The State may terminate the Agreement at any time for any reason, at the sole discretion of the State, 30 days after giving the Contractor written notice that the State is exercising its option to terminate the Agreement.
 - 10.2 In the event of early termination, the Contractor shall, within 15 days of notice of early termination, develop and submit to the State a Transition Plan for services under the Agreement, including but not limited to, identifying the present and future needs of clients receiving services under the Agreement and establishes a process to meet those needs.
 - 10.3 The Contractor shall fully cooperate with the State and shall promptly provide detailed information to support the Transition Plan including, but not limited to, any information or data requested by the State related to the termination of the Agreement and Transition Plan and shall provide ongoing communication and revisions of the Transition Plan to the State as requested.
 - 10.4 In the event that services under the Agreement, including but not limited to clients receiving services under the Agreement are transitioned to having services delivered by another entity including contracted providers or the State, the Contractor shall provide a process for uninterrupted delivery of services in the Transition Plan.
 - 10.5 The Contractor shall establish a method of notifying clients and other affected individuals about the transition. The Contractor shall include the proposed communications in its Transition Plan submitted to the State as described above.

3. Extension:

This competitively procured Agreement has the option to renew for two (2) additional years, contingent upon satisfactory delivery of services, available funding, agreement of the parties and approval of the Governor and Council.

4. Insurance
Subparagraph 14.1.1 of the General Provisions of this contract is deleted and the following subparagraph is added:
 - 14.1.1 Comprehensive general liability against all claims of bodily injury, death or property damage, in amounts of not less than \$250,000 per claim and \$1,000,000 per occurrence and umbrella liability coverage in the amount of \$1,000,000 per occurrence.

SK

11/17
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(P)



Nicholas A. Toumpas
Commissioner

José Thier Montero
Director

STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICE

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



G&C APPROVAL DATE: 08/05/2014
ITEM # 005

July 7, 2014

G&C Approved

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

Date 8/5/14
Item # 5

100% Federal funds

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division of Public Health Services, to exercise an amendment to an agreement with JSI Research & Training Institute, Inc. dba Community Health Institute, Purchase Order # 1031592 (Vendor # #161611-B001), 501 South Street, 2nd Floor, Bow, NH 03304, by increasing the Price Limitation by \$79,398 from \$1,525,400 to \$1,604,798 to provide a broad range of programmatic support services across a number of public health programs to include public health strategic planning, needs assessment, training and technical assistance; and implementation of health communications campaigns, effective date of Governor and Council approval through June 30, 2015. This agreement was originally approved by Governor and Council on July 10, 2013, Item #40 and amended on March 12, 2014, Item #24.

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

See attachment for financial details

EXPLANATION

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

Oral Health State Plan Evaluation Services: Conduct surveys and interviews with key oral health partners to assess the outcomes from the 2003 State Oral Health Plan in order to inform the development of evaluation measures for an updated plan.

Climate Change and Public Health Adaptation Planning: Assist select Regional Public Health Networks to develop regional climate and public health adaptation plans and also execute a subcontract with an environmental epidemiologist to provide technical assistance to the Division of Public Health Services.

Lead Poisoning Preventions Communications: Adapt an existing federal training program and support training to instructors of the state's Career and Technical Education Centers, who teach high school students preparing to work in the construction field. Develop and disseminate training materials targeted to a broad range of professional audiences and provide logistical support for a three-day conference of lead and asbestos licensing programs from the six New England states.

Her Excellency, Governor Margaret Wood Hassan
and the Honorable Council
July 7, 2014
Page 2

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

Should Governor and Executive Council not authorize this Request there will be a reduction in the Division's ability to produce an updated State Oral Health Plan with strong evaluation measures linked to the 2003 Plan; limit our understanding of the magnitude of potential health impacts from changes in climate; reduce the number of individuals trained in lead-safe construction techniques and other types of professionals' effectiveness in working with families who may be at-risk for exposure to lead hazards.

JSI Research & Training Institute, Inc. dba Community Health Institute was selected for this project through a competitive bid process. A Request for Proposals was posted on the Department of Health and Human Services' web site from April 2, 2013 through April 29, 2013. In addition, a bidder's teleconference was held on April 8, 2013.

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

During the first 10 months of this contract the vendor has made progress on some key performance measures that include: facilitating a strategic planning process for the Division and publishing a three-year strategic plan; initiating several technical studies to inform a public health-focused climate change adaptation plan; providing ongoing training and technical assistance to regional public health emergency planners, as well as logistical support for two conferences; developed and launched two public information campaigns to increase the number of adults receiving recommended vaccinations and also increase vaccinations against seasonal influenza among children and adults; began to develop a needs assessment among people with HIV infection; and delivered several technical reports to inform the development of a placement program for clinicians in rural areas.

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

Oral Health State Plan Evaluation Services

- Number of recommendations to revise/update the State Oral Health Plan.
- Number of existing Oral Health data sets identified from the NH Oral Health Burden document for incorporation into the revised State Oral Health plan in order to measure Oral Health improvement for vulnerable populations.

Climate Change and Public Health Adaptation Planning

- By September 30, 2014, research, identify, and submit a written draft report with a set of baseline measures of climate-related health impacts related to known climate vulnerabilities in New Hampshire (i.e. extreme heat, severe weather, floods, storm surge, etc.).
- By December 31, 2014, develop and submit an assessment that quantifies at least five (5) baseline climate-related health impacts projected to affect New Hampshire.
- By March 30, 2015, identify an assessment on the effectiveness of public health interventions to address the health impacts identified above. The report shall identify at least two (2) viable interventions for each of the five health impacts for a total of ten (10) interventions.
- By June 30, 2015, publish a final written summary report on the current and projected health impacts related to severe weather and climate change in New Hampshire. The report will be directed at an audience of Regional Public Health Network staff and other public health and emergency management stakeholders. A draft report will be made available to the Division of Public Health Services to allow for review and final revisions.

Lead Poisoning Preventions Communications

- At least 85% of participants at the three-day conference rate the elements pertaining to conference logistics as either "excellent" or "very good" in an evaluation survey.
- Delivery of a two-day *Train-the-Trainer Renovations, Repair, and Painting* course to NH's Career and Technical Centers.
- Total number of medical practices, Head Start programs, WIC clinics, and other venues that have been provided education material on *NH's Childhood Lead Poisoning Screening and Management Guidelines*.
- Approval by the Division of Public Health Services of online Lead Awareness training material.
- Total number of cities and towns that have been provided education materials on *Renovation, Repair, and Painting*.
- Events held during New Hampshire Lead Poisoning Prevention Week are rated as either "excellent" or "very good" by the Division of Public Health Services program manager.

Her Excellency, Governor Margaret Wood Hassan
and the Honorable Council
July 7, 2014
Page 4

Area served is statewide.

Source of Funds: 100% Federal Funds from Centers for Disease Control and Prevention and the US Environmental Protection Agency.

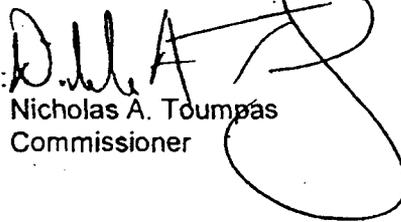
In the event that the Federal Funds become no longer available, General Funds will not be requested to support this program.

Respectfully submitted,



José Thier Montero, MD, MHCDS
Director

Approved by:



Nicholas A. Toumpas
Commissioner



**State of New Hampshire
Department of Health and Human Services
Amendment #2 to the
JSI Research and Training Institute, Inc. dba Community Health Institute**

This 2nd Amendment to the JSI Research and Training Institute, Inc. dba Community Health Institute contract (hereinafter referred to as "Amendment Two") dated this 7th day of July, 2014, is by and between the State of New Hampshire, Department of Health and Human Services (hereinafter referred to as the "State" or "Department") and JSI Research and Training Institute, Inc. dba Community Health Institute, (hereinafter referred to as "the Contractor"), a corporation with a place of business at 501 South Street, Bow, NH 03304.

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on July 10, 2013, and as amended on March 12, 2014, the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract as amended and in consideration of certain sums specified; and

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

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

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

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

To amend as follows:

- Form P-37, to change:
Block 1.8 to read: \$1,604,798
- Exhibit A, Scope of Services to add:
Exhibit A – Amendment 2
- Exhibit B, Purchase of Services, Contract Price, to add:

Paragraph 1.1 to Paragraph 1:

The contract price shall increase by \$79,398 for SFY 2015. The contract shall total \$1,604,798 for the contract term.

Paragraph 1.2 to Paragraph 1:

Funding is available as follows:

- \$15,000 from 05-95-90-902010-2215-102-500731, 100% Federal Funds from the U.S. Centers for Disease Control and Prevention, CFDA #93.283, Federal Award Identification Number (FAIN), 1U58DP004911;



New Hampshire Department of Health and Human Services

- \$20,398 from 05-95-90-901510-7936-102-500731, 100% Federal Funds from the U.S. Centers for Disease Control and Prevention, CFDA #93.070, Federal Award Identification Number (FAIN) 5UE1EH001046;
- \$44,000 from 05-95-90-901510-7964-102-500731, 100% Federal Funds from the U. S. Environmental Protection Agency, CFDA #66.707, Federal Award Identification Number (FAIN), 99151213.
- Budget, to add:
Exhibit B-1 (2015) - Amendment 2

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

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

State of New Hampshire
Department of Health and Human Services

7/15/14
Date

[Signature]
Brook Dupee
Bureau Chief

Jonathan Stewart

7/17/14
Date

[Signature]
Jonathan Stewart
Director

Acknowledgement:

State of New Hampshire County of Merrimack on July 7, before the undersigned officer, personally appeared the person identified above, of satisfactory proven to be the person whose name is signed above, and acknowledged that she executed this document in the capacity indicated above.

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

SYLVIA L. CURRIER
Notary Public - New Hampshire
~~My Commission Expires December 20, 2018~~
Name and Title of Notary or Justice of the Peace

12/20/18
Commission Expiration Date

Contractor Initials: AS
Date: 7/17/14



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

OFFICE OF THE ATTORNEY GENERAL

7/23/14
Date

Name: Megan A. Apple
Title: Attorney - NH AG's Office - Civil Bureau

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

OFFICE OF THE SECRETARY OF STATE

Date

Name:
Title:



Exhibit A – Amendment #2

SCOPE OF SERVICES

The Department desires to further the relationship with the JSI Research and Training Institute, Inc., dba Community Health Institute to provide public health program support services across an increased number of public health issues and Division of Public Health Services operational areas including: 1) Oral Health State Plan Evaluation Services, 2) Climate Change and Public Health Adaptation Planning, and 3) Lead Poisoning Preventions Communications.

The Contractor shall:

1. Required Activities

1.1. Oral Health State Plan Evaluation Services – All of the following must be completed by December 31, 2014.

- a. Develop a workplan for evaluation of the 2003 State Oral Health Plan: A Framework for Action.
- b. Convene one meeting between the staff person designated as the State Plan evaluator, the HNH Foundation, the entity selected to revise the State Oral Health Plan, and Division of Public Health Services' Oral Health Program.
- c. Utilize focus groups, key informant interviews and/or a Survey Monkey to engage prior plan participants in evaluation of the 2003 State Oral Health Plan.
- d. Identify a minimum of one long-term outcome for each objective associated with the five principles described in the 2003 State Oral Health Plan.
- e. Disseminate five recommendations for the State Oral Health Plan revisions/updates to Oral Health partners and stakeholders statewide.

1.2. Climate Change and Public Health Adaptation Planning (CCPHAP)

- a. Execute a subcontract with an environmental epidemiologist identified by the NH DPHS to provide technical assistance to the Division of Public Health Services to:
 1. Develop estimates of current and projected climate-related health impacts on the population of New Hampshire. The results will show quantitative estimates of the trajectory, magnitude and amount of health burden (i.e. counts and rates) for at least five (5) health impacts. The contractor may use existing results from the published literature to estimate the health impacts in New Hampshire. The health impact estimates shall be linked topic areas such as severe weather and injury/death, air quality and asthma, water quality and intestinal illness, temperature and heat injury/deaths, and temperature/habitat change and tick-borne disease such as Lyme Disease.
 2. Develop an assessment of the effectiveness and suitability of community-level interventions to address the health impacts of severe weather and climate change in New Hampshire. Examples of viable interventions include, but are not limited to, asthma and home-based environmental controls, or heat waves and cooling centers/air conditioning programs.
 3. Develop a final report on climate-related health impacts that identifies resources and tools for tracking these impacts over time at the regional or community level.

JS



Exhibit A – Amendment #2

- b. Coordinate with the DPHS program manager to identify and pursue opportunities to disseminate the health impact information to NH Regional Public Health Networks via appropriate trainings, educational materials, or direct consultations.
- c. Support Regional Public Health Networks in developing regional climate and health adaptation plans.
- d. Attend periodic meetings with staff from the DHHS, the U.S. Centers for Disease Control and Prevention, and the Regional Public Health Networks (via phone or webinar) in order to discuss the project, and how to best develop estimates of health impacts and viable interventions. The meetings are expected to be monthly, for no more than twelve (12) meetings per year, and estimated investment of time would be 1-2 hours each, with attendance at the discretion of DHHS.

1.3. Lead Poisoning Prevention Communications – All of the following must be completed by September 30, 2014.

- a. Provide logistical support to a three-day workshop for New England State Lead and Asbestos licensing programs for an estimated 20 persons. This event will be a partnership with the DHHS Healthy Homes and Lead Poisoning Program, the Northeast Lead Coordinating Committee and the U.S. Environmental Protection Agency.
- b. Using the training material originally developed and piloted by the U.S. Environmental Protection Agency, modify and update an 8-hour *Lead Renovation, Repair, and Painting* program that will be used to train New Hampshire's high school students preparing to work on pre-1978 housing or child-occupied facilities. Training materials will be a combination of Powerpoint presentations, videos, and hands-on.
- c. Using a certified U.S. Environmental Protection Agency training provider, coordinate a two-day *Train-the-Trainer EPA Renovation, Repair, and Painting* training to the instructors of New Hampshire's sixteen Career and Technical Education Centers.
- d. Develop a 1-hour narrated Powerpoint presentation to train providers on the newly revised *NH Childhood Lead Poisoning Screening and Management Guidelines*. Provide outreach and education to medical providers, Head Start and WIC program provider agencies statewide to increase practices consistent with the *Guidelines*.
- e. Develop an online 30-45 minute *Lead Awareness* training module that will target adult learners to include school nurses, educators, Head Start, WIC, Maternal and Child Health home visitors, realtors, and parents to better understand the risks of lead paint, current screening guidelines, and the federal *Renovations, Repair, and Painting* law.
- f. Using the promotional material developed by the U.S. Environmental Protection Agency, print and distribute *Renovation, Repair, and Painting* outreach material to town and city Building Code Officials throughout New Hampshire.
- g. Coordinate and oversee activities associated with the New Hampshire Lead Poisoning Prevention week. Activities may include a viewing of a documentary feature film, outreach and education, and public service announcements.

2. Performance Measures

2.1. Oral Health State Plan Evaluation Services

- a. Number of recommendations to revise/update the State Oral Health Plan.

[Handwritten Signature]



Exhibit A – Amendment #2

- b. Number of existing Oral Health data sets identified from the NH Oral Health Burden document for incorporation into the revised State Oral Health plan in order to measure Oral Health improvement for vulnerable populations.

2.2. Climate Change and Public Health Adaptation Planning

- a. By September 30, 2014, research, identify, and submit a written draft report with a set of baseline measures of climate-related health impacts related to known climate vulnerabilities in New Hampshire (i.e. extreme heat, severe weather, floods, storm surge, etc.).
- b. By December 31, 2014, develop and submit an assessment that quantifies at least five (5) baseline climate-related health impacts projected to affect New Hampshire.
- c. By March 30, 2015, identify an assessment on the effectiveness of public health interventions to address the health impacts identified above. The report shall identify at least two (2) viable interventions for each of the five health impacts for a total of ten (10) interventions.
- d. By June 30, 2015, publish a final written summary report on the current and projected health impacts related to severe weather and climate change in New Hampshire. The report will be directed at an audience of Regional Public Health Network staff and other public health and emergency management stakeholders. A draft report will be made available to the Division of Public Health Services to allow for review and final revisions.

2.3. Lead Poisoning Preventions Communications

- a. At least 85% of participants at the 3-day conference rate the elements pertaining to conference logistics as either "excellent" or "very good" in an evaluation survey.
- b. Delivery of a 2-day *Train-the-Trainer Renovations, Repair, and Painting* course to NH's Career and Technical Centers.
- c. Total number of medical practices, Head Start programs, WIC clinics, and other venues that have been provided education material on *NH's Childhood Lead Poisoning Screening and Management Guidelines*.
- d. Approval by the Division of Public Health Services of online Lead Awareness training material.
- e. Total number of cities and towns that have been provided education materials on *Renovation, Repair, and Painting*.
- f. Events held during New Hampshire Lead Poisoning Prevention Week are rated as either "excellent" or "very good" by the Division of Public Health Services program manager.

[Handwritten Signature]

7/7/14

SDM



Nicholas A. Toumpas
Commissioner

José Thier Montero
Director

STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES

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



MS7 24

G&C APPROVED
Date: 3/12/14
Item #24

February 18, 2014

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

SOLE SOURCE

REQUESTED ACTION

96% Federal funds
4% General funds

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

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

See attachment for financial details

EXPLANATION

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

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

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

Her Excellency, Governor Margaret Wood Hassan
and the Honorable Council
February 18, 2014
Page 2

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

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

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

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

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

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

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

JSI Research & Training Institute, Inc. dba Community Health Institute was selected for this project through a competitive bid process. A Request for Proposals was posted on the Department of Health and Human Services' web site from April 2, 2013 through April 29, 2013. In addition, a bidder's teleconference was held on April 8, 2013.

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

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

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

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

Training to Providers of Early Childhood Services

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

Maternal and Child Health Assessment and Technical Assistance

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

Environmental Health Tracking Program (EPHT) Technical Assistance

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

State Health Improvement Planning

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

Her Excellency, Governor Margaret Wood Hassan
and the Honorable Council
February 18, 2014
Page 4

Public Health Preparedness Training and Technical Assistance

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

Area served is Statewide.

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

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

Respectfully submitted,



José Thier Montero, MD, MHCDS
Director

Approved by:



Nicholas A. Toumpas
Commissioner



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

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

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

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

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

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

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

To amend as follows:

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

Paragraph 1.2 to Paragraph 1:
Funding is available as follows:

- \$84,000 from 05-95-90-902010-5190-102-500731, 100% Federal Funds from the US Department of Health and Human Services, Health Resources and Services Administration, CFDA #93.110.



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

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



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

State of New Hampshire
Department of Health and Human Services

2/19/14
Date

[Signature]
Brook Dupee
Bureau Chief

JSI Research and Training Institute Inc. dba
Community Health Institute

2/12/14
Date

[Signature]
Jonathan Stewart
Director

Acknowledgement:

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

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

Name and Title of Notary or Justice of the Peace

New Hampshire Department of Health and Human Services



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

OFFICE OF THE ATTORNEY GENERAL

2/21/14
Date

Paul C. Holli
Name: Amanda C. Cudlewski
Title: Attorney

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

OFFICE OF THE SECRETARY OF STATE

Date

Name:
Title:



Exhibit A – Amendment #1

Scope of Services

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

The Contractor shall:

1. Required Activities

Training to Providers of Early Childhood Services

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

Maternal and Child Health Assessment and Technical Assistance

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

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

Environmental Health Tracking Program (EPHT) Technical Assistance

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

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Exhibit A – Amendment #1

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

State Health Improvement Planning

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

Public Health Preparedness Training and Technical Assistance

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

2. Performance Measures:

Training to Providers of Early Childhood Services

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

Maternal and Child Health Assessment and Technical Assistance

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

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Exhibit A – Amendment #1

Environmental Health Tracking Program (EPHT) Technical Assistance

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

State Health Improvement Planning

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

Public Health Preparedness Training and Technical Assistance

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

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40-B

Handwritten initials



STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES

129 PLEASANT STREET, CONCORD, NH 03301-3857
603-271-9564 1-800-852-3345 Ext. 9564
FAX: 603-271-8431 TDD Access: 1-800-735-2964



Nicholas A. Toumpas
Commissioner

José Thier Montero
Director

G&C APPROVED

Date: 7/10/13

Item # 40

June 18, 2013

*86.53% led
11.01% other (REBA)
Retroactive*

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

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

See attachment for financial details

EXPLANATION

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

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

State Health Improvement Planning

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

Climate Change and Public Health Adaptation Planning

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

Public Health Preparedness Training and Technical Assistance

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

Immunization Health Communications

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

HIV Comprehensive Needs Assessment

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

Clinical Placement Program

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

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

JSI Research & Training Institute, Inc. dba Community Health Institute was selected for this project through a competitive bid process. A Request for Proposals was posted on the Department of Health and Human Services' web site from April 2, 2013 through April 29, 2013. In addition, a bidder's teleconference was held on April 8, 2013.

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

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

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

State Health Improvement Planning

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

Climate Change and Public Health Adaptation Planning

State Fiscal Year 2014

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

State Fiscal Year 2015

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

Public Health Preparedness

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

Her Excellency, Governor Margaret Wood Hassan
and the Honorable Council

June 18, 2013

Page 4

Immunization Health Communications

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

HIV Comprehensive Needs Assessment

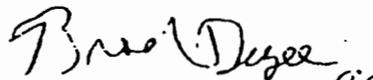
- The Comprehensive Needs Assessment for individuals who are living with HIV disease in the State of New Hampshire is rated as either "meets expectations" or "exceeds expectations" by the Division. Clinical Placement Program
- At least 75% of training program participants rate the placement experience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

Area served: statewide.

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

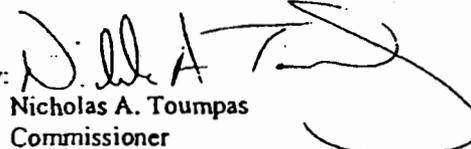
In the event that the Federal Funds become no longer available, General Funds will not be requested to support this program.

Respectfully submitted,



José Thier Montero, MD
Director

Approved by:



Nicholas A. Toumpas
Commissioner

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

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

BUDGET REQUEST	Year 01	Year 02	Year 03
	\$697,200.00	\$696,516.00	\$624,780.00
	\$665,000.00	\$624,780.00	\$0.00
TOTAL BUDGET REQUEST	\$1,362,200.00	\$1,321,396.00	\$624,780.00
BUDGET AWARDED	Year 01	Year 02	Year 03
	\$681,100.00	-	-
	\$681,100.00	-	-
TOTAL BUDGET AWARDED	\$1,362,200.00	-	-

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

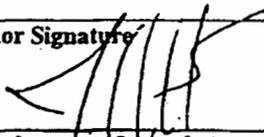
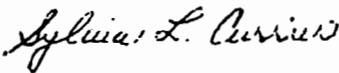
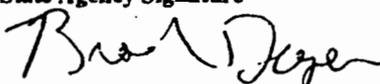
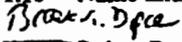
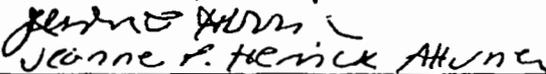
Subject: Public Health Program Services Support

AGREEMENT

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

GENERAL PROVISIONS

1. IDENTIFICATION.

1.1 State Agency Name NH Department of Health and Human Services Division of Public Health Services		1.2 State Agency Address 29 Hazen Drive Concord, NH 03301-6504	
1.3 Contractor Name JSI Research & Training Institute, Inc. dba Community Health Institute		1.4 Contractor Address 501 South Street, 2 nd Floor Bow, NH 03304	
1.5 Contractor Phone Number (603) 573-3300	1.6 Account Number 05-95-90-902510-5171-102-500731 See Exhibit B for additional account numbers.	1.7 Completion Date June 30, 2015	1.8 Price Limitation \$1,362,200.00
1.9 Contracting Officer for State Agency Lisa L. Bujno, MSN, APRN Bureau Chief		1.10 State Agency Telephone Number 603-271-4501	
1.11 Contractor Signature 		1.12 Name and Title of Contractor Signatory Jonathan Stewart Director	
1.13 Acknowledgement: State of <u>NH</u> , County of <u>Merrimack</u> On <u>July 2</u> before the undersigned officer, personally appeared the person identified in block 1.12, or satisfactorily proven to be the person whose name is signed in block 1.11, and acknowledged that s/he executed this document in the capacity indicated in block 1.12.			
1.13.1 Signature of Notary Public or Justice of the Peace  [Seal]			
1.13.2 Name and Title of Notary or Justice of the Peace SYLVIA L. CURRIER, Notary Public My Commission Expires December 18, 2013			
1.14 State Agency Signature 		1.15 Name and Title of State Agency Signatory  Lisa L. Bujno, Bureau Chief	
1.16 Approval by the N.H. Department of Administration, Division of Personnel (if applicable) By: _____ Director, On: _____			
1.17 Approval by the Attorney General (Form, Substance and Execution) By:  Attorney On: <u>17 Jul 2013</u>			
1.18 Approval by the Governor and Executive Council By: _____ On: _____			

NH Department of Health and Human Services

Exhibit A
Scope of Services

Public Health Program Services Support

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

CONTRACTOR NAME: JSI Research & Training Institute, Inc. dba Community Health Institute
501 South Street, 2nd Floor
ADDRESS: Bow, NH 03304
Director: Jonathan Stewart
TELEPHONE: (603) 573-3300

The Contractor shall:

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

The contractor will coordinate activities with DPHS programs as follows:
State Health Improvement Planning - Public Health Improvement Section
Climate Change and Public Health Adaptation Planning – Climate Change and Public Health Program
Public Health Preparedness Training and Technical Assistance –Community Health Development Section
Immunization Health Communications – Immunization Program
HIV Comprehensive Needs Assessment – Ryan White CARE Program
Clinical Placement Program – Rural Health / Primary Care Section

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

1. **Required Activities**

State Health Improvement Planning (SHIP)

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

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

Climate Change and Public Health Adaptation Planning (CCPHAP)

By June 30, 2014

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

By June 30, 2015

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

Public Health Preparedness Training and Technical Assistance

Technical Assistance to Regional Partners

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

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

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

State Partners

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

Immunization Health Communications

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

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

HIV Comprehensive Needs Assessment (HIV-CNA)

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

A. Epidemiological Profile

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

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

B. Assessment of Service Needs among Affected Populations

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

C. Resource Inventory

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

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

D. Profile of Provider Capacity and Capability

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

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

E. Assessment of Service Gaps/Unmet Need

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

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

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

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

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

Clinical Placement Program (CPP)

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

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

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

The contractor will be required to:

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

Required Activities for Conference and Meeting Logistical Support - All Services

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

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

2. Performance Measures:

State Health Improvement Planning

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

Climate Change and Public Health Adaptation Planning

State Fiscal Year 2014

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

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

State Fiscal Year 2015

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

Public Health Preparedness

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

Immunization Health Communications

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

HIV Comprehensive Needs Assessment

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

Clinical Placement Program

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

Contract Administration and Management

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

All Services

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

3. Subcontractors

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

4. Staffing Provisions

New Hires

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

Vacancies

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

5. State and Federal Laws

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

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

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

NH Department of Health and Human Services

Exhibit B

**Purchase of Services
Contract Price**

Public Health Program Services Support

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

CONTRACTOR NAME: JSI Research & Training Institute, Inc. dba Community Health Institute
501 South Street, 2nd Floor
ADDRESS: Bow, NH 03304
Director: Jonathan Stewart
TELEPHONE: (603) 573-3300

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

1. The total amount of all payments made to the Contractor for cost and expenses incurred in the performance of the services during the period of the contract shall not exceed:
 - \$230,000 for Public Health Preparedness Training and Technical Assistance, funded from 85.45% Federal Funds from the US Centers for Disease Control and Prevention, (CDC) (CFDA #93.069) and 14.55% General Funds;
 - \$340,000 for Medical Reserve Corps, funded from 100% Federal Funds from the US Department of Health and Human Services, Assistant Secretary for Preparedness and Response, (CFDA #93.889);
 - \$80,000 for Rural Health Workforce, funded from 100% Federal Funds from the US Department of Health and Human Services, Health Resources and Services Administration, (CFDA #93.913);
 - \$220,000 for Immunization, funded from 100% Federal Funds from the US CDC, (CFDA #93.268);
 - \$27,200 for Public Health Improvement, funded from 100% Federal Funds from the US CDC (CFDA #93.507);
 - \$100,000 for HIV Needs Assessment, funded from 100% Federal Funds from the US CDC (CFDA #93.940);
 - \$150,000 for HIV Needs Assessment funded from 100% Federal Funds from the US Department of Health and Human Services, Health Resources and Services Administration (CFDA #93.917);
 - \$150,000 for HIV Needs Assessment, funded from 100% Other Funds (Pharmaceutical Rebates);

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

TOTAL: \$1,362,200.00

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

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