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

Bureau of Behavioral Health

Nicholas A. Toumpas
Commissioner

Diane Langley
Director

105 PLEASANT STREET, CONCORD, NH 03301
603-271-5007 1-800-852-3345 Ext. 5007
Fax: 603-271-5058 TDD Access: 1-800-735-2964

June 29, 2015

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

REQUESTED ACTION

Authorize the Department of Health and Human Services, Bureau of Behavioral Health to enter into an agreement with Greater Nashua Mental Health Center at Community Council (Vendor # 154112) 100 West Pearl Street, Nashua, NH 03060 for the provision of Assertive Community Treatment Services in an amount not to exceed \$225,000 effective upon Governor and Executive Council approval through June 30, 2016. 100% General Funds.

Funds to support this request are available in the following account in State fiscal Year 2016 pending legislative approval of the next biennial budget upon availability and continued appropriation of funds in the future operating budget.

05-095-92-920010-5945 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVCS, HHS: BEHAVIORAL HEALTH DIV OF, DIV OF BEHAVIORAL HEALTH, CMH PROGRAM SUPPORT

Fiscal Year	Class/Object	Title	Activity Code	Amount
2016	103-2664	Contract for Program Services.	92204000	\$225,000
			Total:	\$225,000

EXPLANATION

The purpose of this agreement is to provide Assertive Community Treatment Team (ACT) services to individuals over the age of eighteen (18) who have been diagnosed with serious and persistent mental illness (SPMI) or serious mental illness (SMI). An Assertive Community Treatment Team consists of a psychiatrist, a nurse, clinician, peer support specialist, financial support specialist, and a specially trained case manager. The Substance Abuse Mental Health Service Administration (SAMSA) has determined that Assertive Community Treatment Team Services are highly effective in reducing the need for hospitalizations or emergency room visits through this multidisciplinary team approach for individuals requiring intensive services in order to remain in the community. The Assertive Community Treatment Team will deliver comprehensive individualized services that are designed to lower the need for crisis interventions and strengthen the individual's coping mechanisms to allow the individual a reasonable opportunity to reside in the community.

A Request for Proposals was available on the Department's website from March 11, 2015 through April 14, 2015. One (1) proposal was received. A team of individuals with program specific

The contract contains renewal language that allows the Department the right to renew for up to two (2) additional years, subject to the continued availability of funds and satisfactory performance of services.

Should the Governor and Executive Council not approve this request, individuals with serious and persistent mental illness (SPMI) or serious mental illness (SMI) may not have access to these intensive individualized treatment team services that may increase the need for frequent hospitalizations, emergency room visits or institutionalization at New Hampshire Hospital or Glenclyff Home.

Area Served: Region VI - Greater Nashua and surrounding towns.

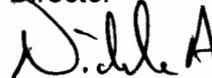
Source of Funds: 100% General Funds

Respectfully submitted,



Diane Langley
Director

Approved by:



Nicholas A. Toumpas
Commissioner

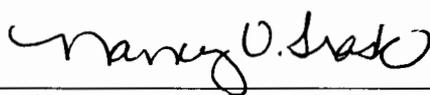
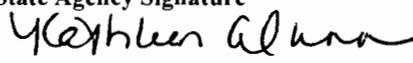
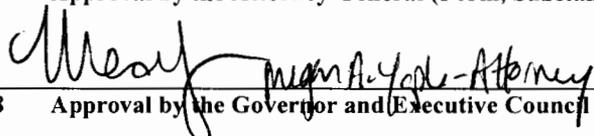
Subject: Assertive Community Treatment (ACT) Teams

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 for Children, Youth and Families		1.2 State Agency Address 129 Pleasant Street Concord, NH 03301	
1.3 Contractor Name Greater Nashua Mental Health Center at Community Council		1.4 Contractor Address 100 West Pearl Street Nashua NH 03060	
1.5 Contractor Phone Number 603-402-1586	1.6 Account Number 05-95-92-920010-5945	1.7 Completion Date June 30, 2016	1.8 Price Limitation \$225,000
1.9 Contracting Officer for State Agency Eric Borrin, Director		1.10 State Agency Telephone Number 603-271-9558	
1.11 Contractor Signature 		1.12 Name and Title of Contractor Signatory Michael D. Marco Finance Manager	
1.13 Acknowledgement: State of <u>NH</u> , County of <u>Hillsborough</u> On <u>7/15</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]		NANCY V. TRASK, Notary Public My Commission Expires April 27, 2016 	
1.13.2 Name and Title of Notary or Justice of the Peace			
1.14 State Agency Signature 		1.15 Name and Title of State Agency Signatory Kathleen A Duann Associate Commissioner	
1.16 Approval by the N.H. Department of Administration, Division of Personnel (if applicable) By: _____ Director, On: _____			
1.17 Approval by the Attorney General (Form, Substance and Execution) By:  - Attorney On: <u>7/6/15</u>			
1.18 Approval by the Governor and Executive Council By: _____ On: _____			

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

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

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

5. CONTRACT PRICE/PRICE LIMITATION/PAYMENT.
5.1 The contract price, method of payment, and terms of payment are identified and more particularly described in EXHIBIT B which is incorporated herein by reference.
5.2 The payment by the State of the contract price shall be the only and the complete reimbursement to the Contractor for all expenses, of whatever nature incurred by the Contractor in the performance hereof, and shall be the only and the complete compensation to the Contractor for the Services. The State shall have no liability to the Contractor other than the contract price.
5.3 The State reserves the right to offset from any amounts otherwise payable to the Contractor under this Agreement those liquidated amounts required or permitted by N.H. RSA 80:7 through RSA 80:7-c or any other provision of law.

5.4 Notwithstanding any provision in this Agreement to the contrary, and notwithstanding unexpected circumstances, in no event shall the total of all payments authorized, or actually made hereunder, exceed the Price Limitation set forth in block 1.8.

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

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

8. EVENT OF DEFAULT/REMEDIES.

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

- 8.1.1 failure to perform the Services satisfactorily or on schedule;
- 8.1.2 failure to submit any report required hereunder; and/or
- 8.1.3 failure to perform any other covenant, term or condition of this Agreement.

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

- 8.2.1 give the Contractor a written notice specifying the Event of Default and requiring it to be remedied within, in the absence of a greater or lesser specification of time, thirty (30) days from the date of the notice; and if the Event of Default is not timely remedied, terminate this Agreement, effective two (2) days after giving the Contractor notice of termination;
- 8.2.2 give the Contractor a written notice specifying the Event of Default and suspending all payments to be made under this Agreement and ordering that the portion of the contract price which would otherwise accrue to the Contractor during the period from the date of such notice until such time as the State determines that the Contractor has cured the Event of Default shall never be paid to the Contractor;
- 8.2.3 set off against any other obligations the State may owe to the Contractor any damages the State suffers by reason of any Event of Default; and/or
- 8.2.4 treat the Agreement as breached and pursue any of its remedies at law or in equity, or both.

9. DATA/ACCESS/CONFIDENTIALITY/PRESERVATION.

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

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

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

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

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

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

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

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

14. INSURANCE.

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

14.1.1 comprehensive general liability insurance against all claims of bodily injury, death or property damage, in amounts of not less than \$250,000 per claim and \$2,000,000 per occurrence; and

14.1.2 fire and extended coverage insurance covering all property subject to subparagraph 9.2 herein, in an amount not less than 80% of the whole replacement value of the property.

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

14.3 The Contractor shall furnish to the Contracting Officer identified in block 1.9, or his or her successor, a certificate(s) of insurance for all insurance required under this Agreement. Contractor shall also furnish to the Contracting Officer identified in block 1.9, or his or her successor, certificate(s) of insurance for all renewal(s) of insurance required under this Agreement no later than fifteen (15) days prior to the expiration date of each of the insurance policies. The certificate(s) of insurance and any renewals thereof shall be attached and are incorporated herein by reference. Each

Contractor Initials: MO
Date: 6/17/15

certificate(s) of insurance shall contain a clause requiring the insurer to endeavor to provide the Contracting Officer identified in block 1.9, or his or her successor, no less than ten (10) days prior written notice of cancellation or modification of the policy.

15. WORKERS' COMPENSATION.

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

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

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

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

18. AMENDMENT. This Agreement may be amended, waived or discharged only by an instrument in writing signed by the parties hereto and only after approval of such amendment, waiver or discharge by the Governor and Executive Council of the State of New Hampshire.

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

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

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

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

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

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



Scope of Services

1. Provisions Applicable to All Services

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

2. Services to Be Provided

- 2.1. The Contractor shall establish one (1) Assertive Community Treatment (ACT) team that will provide intensive community-based services for individuals eighteen (18) years of age or older who meet some or all of the following criteria. The client:
 - 2.1.1. Has a diagnosis of Schizophrenia, Schizoaffective disorder, or Bipolar disorder with severe functional impairments based on eligibility criteria scales (Serious Mental Illness (SMI)/Serious Persistent Mental Illness (SPMI)).
 - 2.1.2. Has had more than a six (6) month stay at New Hampshire Hospital in the recent history of their illness, or has had three (3) or more inpatient hospitalizations, in the community in the past twelve (12) months for more than sixty (60) days in the hospital.
 - 2.1.3. Has not been able to have more than six (6) months of community tenure without the need of re-hospitalization.
 - 2.1.4. Has a recent history of poor medication and treatment adherence leading to multiple hospital stays and or use of emergency services.
 - 2.1.5. Has been homeless or evicted from their home during the past twelve (12) months, secondary to his/her mental illness.
 - 2.1.6. Has current involvement, or high likelihood of involvement, in the criminal justice system and/or has multiple legal problems/involvement from major mental illness.
 - 2.1.7. Experiences significant social isolation related to symptoms of their illness.
 - 2.1.8. Has a Co-occurring diagnosis and symptoms i.e. substance abuse, diabetes, or cognitive impairments that complicate and impede community adjustment.
 - 2.1.9. Has been unable to sustain employment or volunteer work due to symptoms of illness.



Exhibit A

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- 2.1.10. Has been unable to utilize supportive networks to assist in applying for entitlement programs.
 - 2.1.11. Whose support system is unavailable, strained or chaotic (Family or significant others).
 - 2.2. The Contractor shall ensure that the ACT teams:
 - 2.2.1. Are available twenty-four (24) hours per day, seven (7) days per week, with on-call availability from midnight to eight (8:00) a.m.:
 - 2.2.2. Deliver comprehensive, individualized and flexible services, supports, treatment and rehabilitation to individuals in a timely manner, to meet the needs of the individual:
 - 2.2.2.1. onsite in their homes,
 - 2.2.2.2. in other natural environments,
 - 2.2.2.3. community settings, or
 - 2.2.2.4. via telephone where appropriate.
 - 2.3. The Contractor shall ensure the following services are available to all clients that participate with ACT:
 - 2.3.1. Ongoing comprehensive assessment of the mental health needs;
 - 2.3.2. Targeted case management services;
 - 2.3.3. Individual, group, and family therapy;
 - 2.3.4. Illness management and recovery;
 - 2.3.5. Supportive employment services;
 - 2.3.6. Peer support;
 - 2.3.7. Substance abuse intervention and dual diagnosis intensive outpatient group therapy;
 - 2.3.8. Nursing interventions; and
 - 2.3.9. Functional support services which include but are not limited to:
 - 2.3.9.1. Medication management;
 - 2.3.9.2. Therapeutic behavioral support; and
 - 2.3.9.3. Crisis intervention such as:
 - 2.3.9.3.1. Family support.
 - 2.4. The Contractor shall screen clients using one or more of the following assessment tools:
 - 2.4.1. Life Events Checklist (LEC),



Exhibit A

- 2.4.2. Post-Traumatic Stress Disorder (PTSD) Checklist -5 (PCL-5),
- 2.4.3. Alcohol Use Disorders Identification Test (AUDIT),
- 2.4.4. Drug Abuse Screening Test (DAST).
- 2.5. The Contractor shall provide culturally sensitive staff and treatment by implementing the following services and training methods:
 - 2.5.1. In-service trainings on cultural sensitivity and availability of educational resources on diverse populations;
 - 2.5.2. Access to interpreting services through the Language Bank, internal translators or when available, use of an interpreter provided by Managed Care Organizations (MCOs).
 - 2.5.2.1. Telephone interpretations and face-to-face.
 - 2.5.3. Actively recruiting bi-lingual staff when possible;
 - 2.5.4. Ensuring client's treatment plan will include referrals to culturally relevant community resources when they are available, if the client is interested;
 - 2.5.5. Staff will access community organizations for education around a particular culture when appropriate and work with New Hampshire Office of Minority Health and Refugee Affairs for improving cultural sensitivity.
- 2.6. The Contractor shall ensure that there is staff, technology and expertise in place for anyone suffering from a hearing loss that is involved in ACT.
- 2.7. The Contractor shall ensure multidisciplinary ACT team members are available to individuals and their families by:
 - 2.7.1. Conducting daily team meetings;
 - 2.7.2. Including treatment team members who can represent a variety of different treatment modalities;
 - 2.7.3. Continually assessing client needs for all service modalities provided, including the need for family interventions; and
 - 2.7.4. Providing family member access to emergency on-call services.
- 2.8. The Contractor shall develop individual crisis intervention plans for each client as needed.
- 2.9. The Contractor shall leverage the information within the Adult Needs & Strength Assessment (ANSA) quarterly assessments to identify areas in need of improvement.
- 2.10. The Contractor shall perform annual outcome studies to measure hospitalizations, legal entanglements and emergency room visits/utilization.



2.11. The Contractor shall continually monitor staff levels with the goal of achieving an ideal balance between client care, fidelity, and resources utilization.

3. Staffing

3.1. The Contractor shall ensure all potential staff provide the following documentation:

- 3.1.1. A minimum of two (2) references;
- 3.1.2. BEAS State Registry Consent Form;
- 3.1.3. Central Registry Name Search Authorization; and
- 3.1.4. Criminal Record Release Authorization Form – General.

3.2. The Contractor shall ensure, prior to an offer of employment, that the documentation list in Section 3.1 is processed through the appropriate State departments to ensure;

3.2.1. That the person has no history of:

- 3.2.1.1. A felony conviction; or
- 3.2.1.2. Any misdemeanor conviction involving:
 - 3.2.1.2.1. Physical or sexual assault;
 - 3.2.1.2.2. Violence;
 - 3.2.1.2.3. Exploitation;
 - 3.2.1.2.4. Child pornography;
 - 3.2.1.2.5. Threatening or reckless conduct;
 - 3.2.1.2.6. Theft;
 - 3.2.1.2.7. Driving under the influence of drugs or alcohol; or
 - 3.2.1.2.8. Any other conduct that represents evidence of behavior that could endanger the well-being of any other person.

3.3. The Contractor shall ensure results from the forms identified in Section 3.1 are kept on file and available to the Department upon request.

3.4. The Contractor shall ensure the Assertive Community Treatment Team will be comprised of the following staff and available twenty-four (24) hours per day, seven (7) days per week and have the following qualifications:

- 3.4.1. A psychiatrist/APRN (serving no more than seventy (70) persons per .75 FTE);
 - 3.4.1.1. Be board certified in Psychiatry.
- 3.4.2. A nurse;
 - 3.4.2.1. Be a board certified nurse.
- 3.4.3. Master's-level clinicians;



- 3.4.3.1. A master's degree in psychology, psychiatric social work, psychiatric nursing, or mental health counseling; and
- 3.4.3.2. A minimum of ten (10) hours of continuing education related to behavioral health every two (2) years.
- 3.4.4. Functional support specialists;
 - 3.4.4.1. A Bachelor's Degree in Social Work, Psychology, Education or a related field ; and
 - 3.4.4.2. A minimum of ten (10) hours of continuing education related to behavioral health every two (2) years.
- 3.4.5. A peer support specialist; and
 - 3.4.5.1. A high school diploma;
 - 3.4.5.2. Certification as a peer specialist; and
 - 3.4.5.3. A minimum of two (2) hours of continuing education related to behavioral health every year.
- 3.4.6. Case managers:
 - 3.4.6.1. A high school diploma;
 - 3.4.6.2. Training in the following areas:
 - 3.4.6.2.1. Substance abuse support services;
 - 3.4.6.2.2. Housing assistance;
 - 3.4.6.2.3. SAMHSA supported employment services; and
 - 3.4.6.2.4. Cultural Considerations.

4. Reporting

- 4.1. The Contractor shall submit a baseline information report on any New Adult ACT client regarding their twelve (12) months prior to ACT program admissions. The first report is due within thirty (30) days of the contract approval date. The baseline reports shall be sent to the State Project Manager by the tenth (10th) of the following month when applicable and shall include the following:
 - 4.1.1. Month/Year;
 - 4.1.2. Service Region;
 - 4.1.3. Medicaid Identification number (required when applicable);
 - 4.1.4. Agency identification number ;
 - 4.1.5. Client first name;

New Hampshire Department of Health and Human Services
Assertive Community Treatment (ACT) Teams
Exhibit A



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- 4.1.6. Client last name;
 - 4.1.7. Client date of birth (mm/dd/yyyy);
 - 4.1.8. ACT admission date (mm/dd/yyyy);
 - 4.1.9. Number of contacts with law enforcement;
 - 4.1.10. Residential status;
 - 4.1.11. Number of changes in residence;
 - 4.1.12. Employment status;
 - 4.1.13. Involvement with evidence-based supported employment;
 - 4.1.14. Number of involuntary admissions, twelve (12) months prior to ACT admission;
 - 4.1.15. Total number of days spent as an involuntary inpatient
 - 4.1.16. Number of voluntary admissions, twelve (12) months prior to ACT admission
 - 4.1.17. Total number of days spent as voluntary inpatient; and
 - 4.1.18. Special comments.
- 4.2. The Contractor shall submit a current end of the month report for tracking pre and post outcomes based on the new client sheet by the tenth (10th) of the following month, to the State Project Manager, which shall include but not be limited to following:
- 4.2.1. Month/Year;
 - 4.2.2. Service Region;
 - 4.2.3. Medicaid Identification number (required when applicable);
 - 4.2.4. Agency identification number ;
 - 4.2.5. Client first name;
 - 4.2.6. Client last name;
 - 4.2.7. Client date of birth (mm/dd/yyyy);
 - 4.2.8. ACT admission date (mm/dd/yyyy);
 - 4.2.9. Team assignment;
 - 4.2.10. Client status;
 - 4.2.11. ACT discharge date (mm/dd/yyyy);
 - 4.2.12. Reason for discharge;
 - 4.2.13. Number of contacts with law enforcement;
 - 4.2.14. Residential status;



-
- 4.2.15. Number of changes in residence;
 - 4.2.16. Employment status;
 - 4.2.17. Involvement with evidence-based supported employment;
 - 4.2.18. Number of involuntary admissions;
 - 4.2.19. Name of involuntary admission facility;
 - 4.2.20. Number of involuntary admission days;
 - 4.2.21. Number of voluntary admissions;
 - 4.2.22. Name of voluntary admission facility;
 - 4.2.23. Number of voluntary admission days;
 - 4.2.24. Special comments.
- 4.3. The Contractor shall submit an Adult ACT Team Information report by the tenth (10th) of the following month, to the State Project Manager, which shall include but not be limited to following:
- 4.3.1. Region;
 - 4.3.2. ACT team position;
 - 4.3.3. ACT team member first name;
 - 4.3.4. ACT team member last name;
 - 4.3.5. ACT team member licensure;
 - 4.3.6. ACT team member primary service provided;
 - 4.3.7. FTE assigned;
 - 4.3.8. ACT team member secondary service provided;
 - 4.3.9. FTE assigned;
 - 4.3.10. ACT team member tertiary service provided;
 - 4.3.11. FTE assigned;
 - 4.3.12. ACT team member quaternary service provided;
 - 4.3.13. FTE assigned;
 - 4.3.14. ACT team member quinary service provided;
 - 4.3.15. FTE assigned;
 - 4.3.16. Team assignments;
 - 4.3.17. Position current or vacant (as of the end of the month); and
 - 4.3.18. Does staff in this role provide twenty-four (24) hour ACT on-call services.

**New Hampshire Department of Health and Human Services
Assertive Community Treatment (ACT) Teams
Exhibit A**



-
- 4.4. The Contractor will submit a completed Assertive Community Team Compliance Report (Exhibit B-2) with the Bureau of Behavioral Health Green Sheet Invoice (Exhibit B-1) on a monthly basis.

5. Compliance

- 5.1. The Contractor shall comply with all of the requirements of the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rules, Public Law 104-191.



Method and Conditions Precedent to Payment

1. This contract is funded with a combination of federal funds and general funds anticipated to be available based upon continued appropriation. Funds are conditioned upon continued support of the program by the state and federal governments. Department access to supporting federal funding is dependent upon the selected Contractor meeting the requirements in accordance with the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services, Medical Assistance Program, Catalog of Federal Domestic Assistance (CFDA #) 93.778, Federal Award Identification Number (FAIN) NH20144.
2. The State shall pay the Contractor an amount not to exceed the Price Limitation on Form P37, Block 1.8, for the services provided by the Contractor pursuant to Exhibit A, Scope of Services.
3. Payment for all services and expenses shall be on a cost reimbursement basis only for actual expenditures.
4. Services provided by the Assertive Community Treatment teams will be paid by the New Hampshire Department of Health and Human Services as follows:
 - 4.1. Medicaid enrolled individuals:
 - 4.1.1. Medicaid Care Management: If enrolled with a Managed Care Organization (MCO), the vendor will be paid in accordance with its contract with the MCO.
 - 4.1.2. Medicaid Fee for Service: The vendor will bill Medicaid for services on the Fee for Service (FFS) schedule.
 - 4.2. Other insurance/payors:
 - 4.2.1. The vendor will directly bill the other insurance or payors.
 - 4.3. Uninsured individuals:
 - 4.3.1. The vendor will directly bill the New Hampshire Department of Health and Human Services.
5. Services not covered by Medicaid or by other insurance that are eligible for New Hampshire Department of Health and Human Services payment shall be paid to the Contractor within forty-five (45) days, upon receipt of the following:
 - 5.1. The monthly "Bureau of Behavioral Health Green Sheet" Invoice (Exhibit B-1), which shall include:
 - 5.1.1. Agency Name;
 - 5.1.2. Amount of request;
 - 5.1.3. Program Name;
 - 5.1.4. Time Period for which reimbursement is requested;
 - 5.1.5. Date of Request; and
 - 5.1.6. Costs for which reimbursement is requested must be itemized (e.g. salaries, travel, etc.).
 - 5.2. All documents providing evidence of expenditure which must be itemized to reflect the budget line item number indicated in accordance with the Contract Budget (Exhibit B-3).
 - 5.2.1. Payments shall not exceed those indicated in the Contract Budget line items identified in Exhibit B-3.

**New Hampshire Department of Health and Human Services
Assertive Community Treatment (ACT) Teams
Exhibit B**



- 5.3. The Assertive Community Treatment Teams Compliance Report (Exhibit B-2); and
6. The Contractor is required to submit an Assertive Community Treatment Teams Monthly Compliance Report (Exhibit B-2) to accompany the monthly invoices. New Hampshire Department of Health and Human Services reserves the right to withhold and/or reduce payments if the Contractor is not in compliance as indicated by the Report.
7. All payments must be approved by the DHHS Administrator of Community Mental Health Services or designee prior to payment.
8. Invoices shall be submitted electronically to:
Administrator of Community Mental Health Services
NH Department of Health and Human Services
Bureau of Behavioral Health
105 Pleasant Street
Concord, NH 03301
9. Payments may be withheld pending receipt of required reports or documentation as identified in Exhibits A and B.
10. A final payment request shall be submitted no later than sixty (60) days after the Contract ends. Failure to submit the invoice, and accompanying documentation could result in nonpayment.
11. Notwithstanding anything to the contrary herein, the Contractor agrees that funding under this Contract may be withheld, in whole or in part, in the event of noncompliance with any State or Federal law, rule or regulation applicable to the services provided, or if the said services have not been completed in accordance with the terms and conditions of this Agreement.
12. When the contract price limitation is reached, the program shall continue to operate at full capacity at no charge to the State of New Hampshire for the duration of the contract period.
13. Notwithstanding paragraph 18 of the P-37, an amendment limited to the adjustment of amounts between budget line items and/or State Fiscal Years, related items, and amendment of related budget exhibits, can be made by written agreement of both parties and does not require additional approval by Governor and Executive Council.

COPY ON GREEN PAPER ONLY

Exhibit B-1 "Green Sheet"

NEW HAMPSHIRE BUREAU OF BEHAVIORAL HEALTH

Shaded areas for BBH use only

APPROVAL REQUEST FOR EXHIBIT B CONTRACT FUNDS

- 1. Agency name: _____
- 2. Date of request: _____
- 3. Amount of request: _____
- 4. Service development for which funds are requested (use additional sheets if necessary): _____

PROGRAM COORD. SIGNATURE (OCA, ELD, CHI etc)	EXHIBIT B ITEM	EXHIBIT B TYPE*	TOTAL AMOUNT REQUESTED	PAYMENT SCHEDULE (i.e., lump sum, monthly, etc.)

* Consumers, Childrens, Elders, Housing, PSA etc.

5. Authorized CMHC/PSA signature: _____

BBH PROGRAM MANAGER:

- Approved \$ _____
- Denied \$ _____

Signature: _____ Date: _____

BBH PAYMENT APPROVAL:

- Approved \$ _____
- Denied \$ _____

Signature: _____ Date: _____

Contractor Initials M

Date 6/17/15

Exhibit B-2
ADULT ASSERTIVE COMMUNITY TREATMENT TEAMS (ACT) INFRASTRUCTURE
COMPLIANCE REPORT

Agency Name: _____

Report Month: _____

The Contractor shall maintain ACT team(s) that are available twenty-four (24) hours per day, seven (7) days per week, with on-call availability from midnight to 8:00 am.

Meets compliance

Does not meet compliance

Corrective Action Plan:

At a minimum, ACT teams shall deliver comprehensive, individualized, and flexible services, supports, treatment, and rehabilitation in a timely manner as needed, onsite in the individuals homes and in other natural environments and community settings, or alternatively via telephone where appropriate to meet the needs of the individual.

Meets compliance

Does not meet compliance

Corrective Action Plan:

Each ACT team shall be composed of a multi-disciplinary group of between seven (7) and (10) professionals including, at a minimum, a psychiatrist, a nurse, a Masters-level clinician (or functional equivalent therapist), functional support worker and a peer specialist.

Meets compliance

Does not meet compliance

Corrective Action Plan:

The team will also have members who have been trained and are competent to provide substance abuse support services, housing assistance and supported employment.

Meets compliance

Does not meet compliance

Corrective Action Plan:

Caseloads for ACT teams serve no more than ten (10) to twelve (12) individuals per ACT team member (excluding the psychiatrist who will have no more than seventy (70) people served per 0.5 FTE psychiatrist).

Meets compliance

Does not meet compliance

Corrective Action Plan:

Exhibit B-3

BUDGET FORM

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

Bidder Name: Greater Nashua Mental Health Center at Community Council

Budget Request for: Assertive Community Treatment (ACT) Teams
(Name of RFP)

Budget Period: July 1, 2015 - June 30, 2016

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	\$ 288,568.00	\$ 36,000.00	\$ 324,568.00	
2. Employee Benefits	\$ 76,471.00	\$ 9,540.00	\$ 86,011.00	
3. Consultants	\$ -	\$ -	\$ -	
4. Equipment:	\$ -	\$ -	\$ -	
Rental	\$ 3,000.00	\$ -	\$ 3,000.00	
Repair and Maintenance	\$ -	\$ -	\$ -	
Purchase/Depreciation	\$ 18,515.00	\$ -	\$ 18,515.00	
5. Supplies:	\$ -	\$ -	\$ -	
Educational	\$ -	\$ -	\$ -	
Lab	\$ -	\$ -	\$ -	
Pharmacy	\$ -	\$ -	\$ -	
Medical	\$ -	\$ -	\$ -	
Office	\$ -	\$ -	\$ -	
6. Travel	\$ 5,700.00	\$ -	\$ 5,700.00	
7. Occupancy	\$ 27,400.00	\$ -	\$ 27,400.00	
8. Current Expenses	\$ -	\$ -	\$ -	
Telephone	\$ 6,500.00	\$ -	\$ 6,500.00	
Postage	\$ -	\$ -	\$ -	
Subscriptions	\$ 2,000.00	\$ -	\$ 2,000.00	
Audit and Legal	\$ -	\$ 4,000.00	\$ 4,000.00	
Insurance	\$ 11,500.00	\$ -	\$ 11,500.00	
Board Expenses	\$ -	\$ -	\$ -	
9. Software	\$ -	\$ -	\$ -	
10. Marketing/Communications	\$ -	\$ -	\$ -	
11. Staff Education and Training	\$ -	\$ -	\$ -	
12. Subcontracts/Agreements	\$ -	\$ -	\$ -	
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	
Assist to Individuals - client services	\$ 30,000.00	\$ -	\$ 30,000.00	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
TOTAL	\$ 469,654.00	\$ 49,540.00	\$ 519,194.00	

Indirect As A Percent of Direct

10.5%

Net client fees	\$ 70,607	\$ 70,607
HMO's	-	-
BC/BS	\$ 2,942	\$ 2,942
Medicaid FFS	-	-
Medicaid Managed Care	\$ 211,819	\$ 211,819
Medicare	\$ 8,826	\$ 8,826
Other Insurance	-	-
Other Program feel	-	-
Fee Income Total	\$ 294,194	\$ 294,194

Fee Income	\$294,194.00	\$ -	\$294,194.00
General Fund \$ From the State of NH	\$225,000.00	\$ -	\$225,000.00
Total Income	\$519,194.00	\$ -	\$519,194.00

Contractor Initials MS

Date 6/17/15



SPECIAL PROVISIONS

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

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



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

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

8. **Maintenance of Records:** In addition to the eligibility records specified above, the Contractor covenants and agrees to maintain the following records during the Contract Period:
- 8.1. **Fiscal Records:** books, records, documents and other data evidencing and reflecting all costs and other expenses incurred by the Contractor in the performance of the Contract, and all income received or collected by the Contractor during the Contract Period, said records to be maintained in accordance with accounting procedures and practices which sufficiently and properly reflect all such costs and expenses, and which are acceptable to the Department, and to include, without limitation, all ledgers, books, records, and original evidence of costs such as purchase requisitions and orders, vouchers, requisitions for materials, inventories, valuations of in-kind contributions, labor time cards, payrolls, and other records requested or required by the Department.
- 8.2. **Statistical Records:** Statistical, enrollment, attendance or visit records for each recipient of services during the Contract Period, which records shall include all records of application and eligibility (including all forms required to determine eligibility for each such recipient), records regarding the provision of services and all invoices submitted to the Department to obtain payment for such services.
- 8.3. **Medical Records:** Where appropriate and as prescribed by the Department regulations, the Contractor shall retain medical records on each patient/recipient of services.
9. **Audit:** Contractor shall submit an annual audit to the Department by November 1, after the close of the agency fiscal year. It is recommended that the report be prepared in accordance with the provision of Office of Management and Budget Circular A-133, "Audits of States, Local Governments, and Non Profit Organizations" and the provisions of Standards for Audit of Governmental Organizations, Programs, Activities and Functions, issued by the US General Accounting Office (GAO standards) as they pertain to financial compliance audits.
- 9.1. **Audit and Review:** During the term of this Contract and the period for retention hereunder, the Department, the United States Department of Health and Human Services, and any of their designated representatives shall have access to all reports and records maintained pursuant to the Contract for purposes of audit, examination, excerpts and transcripts.
- 9.2. **Audit Liabilities:** In addition to and not in any way in limitation of obligations of the Contract, it is understood and agreed by the Contractor that the Contractor shall be held liable for any state or federal audit exceptions and shall return to the Department, all payments made under the Contract to which exception has been taken or which have been disallowed because of such an exception.
10. **Confidentiality of Records:** All information, reports, and records maintained hereunder or collected in connection with the performance of the services and the Contract shall be confidential and shall not be disclosed by the Contractor, provided however, that pursuant to state laws and the regulations of the Department regarding the use and disclosure of such information, disclosure may be made to public officials requiring such information in connection with their official duties and for purposes directly connected to the administration of the services and the Contract; and provided further, that the use or disclosure by any party of any information concerning a recipient for any purpose not directly connected with the administration of the Department or the Contractor's responsibilities with respect to purchased services hereunder is prohibited except on written consent of the recipient, his attorney or guardian.



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

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

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

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

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

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

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



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

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

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

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

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

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

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



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

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

DEFINITIONS

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

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

DEPARTMENT: NH Department of Health and Human Services.

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

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

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

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

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

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



REVISIONS TO GENERAL PROVISIONS

1. Subparagraph 4 of the General Provisions of this contract, Conditional Nature of Agreement, is replaced as follows:
 4. **CONDITIONAL NATURE OF AGREEMENT.**
Notwithstanding any provision of this Agreement to the contrary, all obligations of the State hereunder, including without limitation, the continuance of payments, in whole or in part, under this Agreement are contingent upon continued appropriation or availability of funds, including any subsequent changes to the appropriation or availability of funds affected by any state or federal legislative or executive action that reduces, eliminates, or otherwise modifies the appropriation or availability of funding for this Agreement and the Scope of Services provided in Exhibit A, Scope of Services, in whole or in part. In no event shall the State be liable for any payments hereunder in excess of appropriated or available funds. In the event of a reduction, termination or modification of appropriated or available funds, the State shall have the right to withhold payment until such funds become available, if ever. The State shall have the right to reduce, terminate or modify services under this Agreement immediately upon giving the Contractor notice of such reduction, termination or modification. The State shall not be required to transfer funds from any other source or account into the Account(s) identified in block 1.6 of the General Provisions, Account Number, or any other account, in the event funds are reduced or unavailable.
2. Subparagraph 9 of the General Provisions of this contract, Data /Access /Confidentiality/ Preservation, is amended by adding the following language;
 - 9.4. The Contractor shall maintain detailed client records, client attendance records specifying the actual services rendered, and the categorization of that service into a program/service. Except for disclosures required or authorized by law or pursuant to this Agreement, the Contractor shall maintain the confidentiality of, and shall not disclose, clinical records, data and reports maintained in connection with services performed pursuant to this Agreement, however, the Contractor may release aggregate information relating to programs generally.
 - 9.5. The Contractor shall submit the following fiscal reports:
 - 9.5.1.1. The Contractor shall maintain detailed fiscal records. Fiscal records shall be retained for seven (7) years after the completion date and thereafter if audit observations have not been resolved to the State's satisfaction.
 - 9.5.1.2. The Contractor shall submit to DHHS financial statements in a format in accordance with the American Institute of Certified Public Accountants Guidelines together with a management letter, if issued, by a Certified Public Accountant for any approved Sub-Contractor, or any person, natural or fictional, which is controlled by, under common ownership with, or an affiliate of the Contractor. In the event that the said audited financial statement and management letter are unavailable or incomplete, the Contractor shall have ninety (90) days to complete and submit said statement and letter to DHHS.
 - 9.5.1.3. By November 1, after the close of the fiscal year, the Contractor shall submit their independent audit with cover letter and Management Letter, if



issued, to DHHS in PDF format for the fiscal year, including the funds received under this fiscal year's Agreement.

3. 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, sixty (60) 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 fifteen (15) days of notice of early termination, develop and submit to the State a Transition Plan for services under the Agreement, including but not limited to, identifying the present and future needs of clients receiving services under the Agreement and establishes a process to meet those needs.
 - 10.3 The Contractor shall fully cooperate with the State and shall promptly provide detailed information to support the Transition Plan including, but not limited to, any information or data requested by the State related to the termination of the Agreement and Transition Plan and shall provide ongoing communication and revisions of the Transition Plan to the State as requested.
 - 10.4 In the event that services under the Agreement, including but not limited to clients receiving services under the Agreement are transitioned to having services delivered by another entity including contracted providers or the State, the Contractor shall provide a process for uninterrupted delivery of services in the Transition Plan.
 - 10.5 The Contractor shall establish a method of notifying clients and other affected individuals about the transition. The Contractor shall include the proposed communications in its Transition Plan submitted to the State as described above.
3. The Division reserves the right to renew the Contract for up to two (2) additional years, subject to the continued availability of funds, satisfactory performance of services and approval by the Governor and Executive Council.



CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS

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

ALTERNATIVE I - FOR GRANTEES OTHER THAN INDIVIDUALS

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

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

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

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

New Hampshire Department of Health and Human Services
Exhibit D

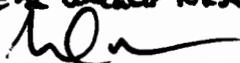


- has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
- 1.6. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph 1.4.2, with respect to any employee who is so convicted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

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

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

6/17/2012
Date

Contractor Name:
Community Council at Nashua NH
c/o Greater Nashua Market Health Center


Name: Michael Dimerco
Title: Finance Manager



CERTIFICATION REGARDING LOBBYING

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

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

Programs (indicate applicable program covered):

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

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

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

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

6/17/2015
Date

Contractor Name:
Community Council North NH
d/b/a Greater Nashua Area Health Center
[Signature]
Name: Michael D. Marro
Title: Finance Manager



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

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

INSTRUCTIONS FOR CERTIFICATION

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



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

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

PRIMARY COVERED TRANSACTIONS

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

LOWER TIER COVERED TRANSACTIONS

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

6/17/15
Date

Contractor Name:
*Community Council of Nashua NH
dba Greater Nashua Mental Health Center*

Name: *Michael DiMarco*
Title: *Finance Manager*



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

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

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

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

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

Exhibit G

Contractor Initials MD

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

New Hampshire Department of Health and Human Services
Exhibit G



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

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

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

6/17/14
Date

Contractor Name:
Community Council of Nashua NH
at the Greater Nashua Medical Health Center
[Signature]
Name: Michael D. Morio
Title: Finance Manager

Exhibit G

Contractor Initials MD

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

Date 6/17/14



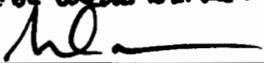
CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO SMOKE

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

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

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

Contractor Name:

Community Council of Natick NH
c/o Greater Natick Mental Health Center


6/17/15
Date

Name: Michael D. Marco
Title: Finance Manager



Exhibit I

HEALTH INSURANCE PORTABILITY ACT
BUSINESS ASSOCIATE AGREEMENT

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

(1) Definitions.

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



Exhibit I

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

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

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



Exhibit I

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

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

(3) Obligations and Activities of Business Associate.

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

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

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



Exhibit I

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

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



Exhibit I

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

(4) Obligations of Covered Entity

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

(5) Termination for Cause

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

(6) Miscellaneous

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



Exhibit I

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

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

NH Dept. of Health & Human Services
The State

Kathleen Alvan
Signature of Authorized Representative

Kathleen A. Alvan
Name of Authorized Representative

Associate Commissioner
Title of Authorized Representative

6/29/15
Date

Community Council of NH
dba Greater Nashua Mental Health Center
Name of the Contractor

[Signature]
Signature of Authorized Representative

Michael DiMarco
Name of Authorized Representative

Finance Manager
Title of Authorized Representative

June 17, 2015
Date



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

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

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

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

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

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

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

Contractor Name:

Community Council of Nashua NH
The Greater Nashua Mental Health Center
[Signature]

June 17, 2015
Date

Name: *Michael D'Amico*
Title: *Finance Manager*



FORM A

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

1. The DUNS number for your entity is: 018249823
2. In your business or organization's preceding completed fiscal year, did your business or organization receive (1) 80 percent or more of your annual gross revenue in U.S. federal contracts, subcontracts, loans, grants, sub-grants, and/or cooperative agreements; and (2) \$25,000,000 or more in annual gross revenues from U.S. federal contracts, subcontracts, loans, grants, subgrants, and/or cooperative agreements?

NO YES

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

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

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

NO YES

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

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

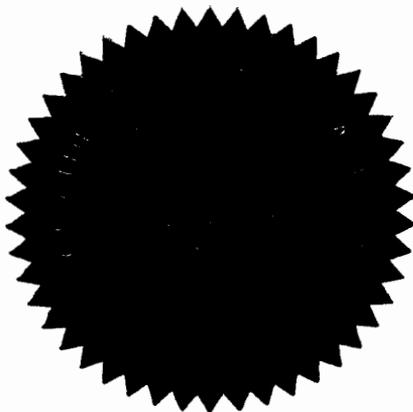
4. The names and compensation of the five most highly compensated officers in your business or organization are as follows:

Name: _____	Amount: _____

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 Greater Nashua Mental Health Center at Community Council is a New Hampshire trade name registered on October 21, 2008 and that THE COMMUNITY COUNCIL OF NASHUA, N.H. 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 8th day of April, A.D. 2015

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

William M. Gardner
Secretary of State

CERTIFICATE OF VOTE

I, Jonc D LaBambard, do hereby certify that:
(Name of the elected Officer of the Agency: cannot be contract signatory)

1. I am a duly elected Officer of Community Council of Nashua NH.
(Agency Name)

2. The following is a true copy of the resolution duly adopted at a meeting of the Board of Directors of the Agency duly held on June 17, 2015 :
(Date)

RESOLVED: That the Finance Manager
(Title of Contract Signatory)

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

3. The forgoing resolutions have not been amended or revoked, and remain in full force and effect as of the 17th day of June, 2015.
(Date Contract Signed)

4. Michael DiMarco is the duly elected Finance Manager
(Name of Contract Signatory) (Title of Contract Signatory)

of the Agency.

Jonc D LaBambard
(Signature of the Elected Officer)

STATE OF New Hampshire

County of Hillsborough

The forgoing instrument was acknowledged before me this 17 day of June, 2015,

By Jonc D LaBambard
(Name of Elected Officer of the Agency)

Nancy V. Trask
(Notary Public/Justice of the Peace)

(NOTARY SEAL)

Commission Expires: _____
NANCY V. TRASK, Notary Public
My Commission Expires April 27, 2016

**COMMUNITY COUNCIL OF NASHUA, NH
DBA
Greater Nashua Mental Health Center at Community Council**

MISSION

**Greater Nashua Mental Health Center
at Community Council works with the community
to meet the mental health needs of its residents by
providing evaluation, treatment, resource
development, education, and research.**

Community Council of Nashua, NH

Audited Financial Statements
and Other Financial Information

Year Ended June 30, 2014
(With Certain Financial Information Presented
for the Year Ended June 30, 2013)
With Independent Auditors' Report

COMMUNITY COUNCIL OF NASHUA, NH

**Audited Financial Statements
and Other Financial Information**

**Year Ended June 30, 2014
(With Certain Financial Information Presented
for the Year Ended June 30, 2013)**

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BAKER NEWMAN NOYES

INDEPENDENT AUDITORS' REPORT

To the Board of Directors
Community Council of Nashua, NH

Report on the Financial Statements

We have audited the accompanying financial statements of Community Council of Nashua, NH which comprise the statement of financial position as of June 30, 2014, and the related statements of activities and changes in net assets, revenues and functional expenses and cash flows for the year then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on our 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 financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the 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 financial statements.

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

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Community Council of Nashua, NH as of June 30, 2014, and the results of its operations and its cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

To the Board of Directors
Community Council of Nashua, NH

Report on Summarized Comparative Information

We have previously audited Community Council of Nashua, NH's 2013 financial statements, and we expressed an unmodified audit opinion on those audited financial statements in our report dated December 18, 2013. In our opinion, the summarized comparative information presented herein for the year ended June 30, 2013, is consistent, in all material respects, with the audited financial statements from which it has been derived.

Other Matters

Other Information

Our audit was conducted for the purpose of forming an opinion on the 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 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 financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the 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 financial statements as a whole.

Other Reporting Required by Government Auditing Standards

In accordance with *Government Auditing Standards*, we have also issued our report dated December 3, 2014 on our consideration of Community Council of Nashua, NH's internal control over financial reporting and on our tests of its 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 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 Community Council of Nashua, NH's internal control over financial reporting and compliance.

Baker Neuman & Noyes

Limited Liability Company

Manchester, New Hampshire
December 3, 2014

COMMUNITY COUNCIL OF NASHUA, NH

STATEMENTS OF FINANCIAL POSITION

June 30, 2014 and 2013

ASSETS

	<u>2014</u>	<u>2013</u>
Cash and cash equivalents	\$ 152,211	\$ 502,190
Accounts receivable, less allowance for uncollectible accounts of \$939,016 in 2014 and \$969,683 in 2013	2,085,684	1,353,102
Investments	2,034,894	2,112,993
Prepaid expenses	135,497	132,040
Property and equipment, net	3,174,656	3,237,652
Debt issuance costs, net of accumulated amortization of \$11,649 in 2014 and \$8,668 in 2013	<u>6,308</u>	<u>9,289</u>
Total assets	<u>\$7,589,250</u>	<u>\$7,347,266</u>

LIABILITIES AND NET ASSETS

Liabilities:

Line of credit	\$ 750,000	\$ -
Accounts payable and accrued expenses	123,753	97,447
Accrued payroll	198,590	141,515
Accrued vacation	479,101	472,020
Deferred revenue	5,000	38,654
Medicaid payable	22,617	49,758
Notes payable	1,901,721	1,989,398
Capital lease obligation	20,035	64,104
Contingency reserve	613,745	730,449
Interest rate swap contract	<u>9,420</u>	<u>30,301</u>
Total liabilities	4,123,982	3,613,646

Net assets:

Unrestricted	3,314,202	2,164,149
Temporarily restricted	52,473	1,470,878
Permanently restricted	<u>98,593</u>	<u>98,593</u>
Total net assets	<u>3,465,268</u>	<u>3,733,620</u>

Total liabilities and net assets	<u>\$7,589,250</u>	<u>\$7,347,266</u>
----------------------------------	--------------------	--------------------

See accompanying notes.

COMMUNITY COUNCIL OF NASHUA, NH

STATEMENTS OF ACTIVITIES
AND CHANGES IN NET ASSETS

Year Ended June 30, 2014
(With Certain Financial Information Presented for the Year Ended June 30, 2013)

	<u>Unrestricted</u>	<u>Temporarily Restricted</u>	<u>Permanently Restricted</u>	<u>2014</u>	<u>2013</u>
Revenues, gains and other support:					
Program service fees	\$11,117,843	\$ --	\$ --	\$11,117,843	\$11,097,089
Bad debt expense	<u>(1,415,329)</u>	<u>--</u>	<u>--</u>	<u>(1,415,329)</u>	<u>(1,255,929)</u>
Program service fees, less					
bad debt expense	9,702,514	--	--	9,702,514	9,841,160
State of New Hampshire - BBH	853,919	--	--	853,919	734,043
Federal grants	831,433	--	--	831,433	990,878
Rental income	71,752	--	--	71,752	56,768
Support, local governments	63,582	--	--	63,582	63,112
Contributions	28,939	--	--	28,939	46,433
United Way	2,015	--	--	2,015	33,997
Other	112,241	--	--	112,241	159,450
Net assets released from restriction (note 9)	<u>1,588,021</u>	<u>(1,588,021)</u>	<u>--</u>	<u>--</u>	<u>--</u>
Total revenues, gains and other support	13,254,416	(1,588,021)	--	11,666,395	11,925,841
Expenses:					
BBH funded program services:					
Children's services	2,007,768	--	--	2,007,768	2,015,314
Elderly services	547,366	--	--	547,366	470,318
Intake/placement services	31,798	--	--	31,798	180,119
Crisis response	158,895	--	--	158,895	218,368
Brief hospitalization	--	--	--	--	7,319
Vocational services	236,100	--	--	236,100	216,537
Adult outpatient	1,173,547	--	--	1,173,547	1,098,840
Multi-service team	3,479,205	--	--	3,479,205	3,253,413
ACT Team	608,838	--	--	608,838	475,022
Independent housing	1,218,168	--	--	1,218,168	1,012,482
Substance abuse	633,550	--	--	633,550	522,855
Other non-BBH funded program services:					
Child impact	33,012	--	--	33,012	31,478
PRC Hopes	--	--	--	--	24,565
Court division	99,785	--	--	99,785	141,200
SAMHSA	299,540	--	--	299,540	548,192
RAISE	22,742	--	--	22,742	41,701
Supervised visitation	110,328	--	--	110,328	110,564
Research	<u>413,000</u>	<u>--</u>	<u>--</u>	<u>413,000</u>	<u>405,368</u>
Total program services	11,073,642	--	--	11,073,642	10,773,655
Administrative expenses	1,141,904	--	--	1,141,904	1,687,328
Change in fair value of interest rate swap contract	<u>(20,881)</u>	<u>--</u>	<u>--</u>	<u>(20,881)</u>	<u>(17,157)</u>
Total expenses	12,194,665	--	--	12,194,665	12,443,826
Income (loss) from operations	1,059,751	(1,588,021)	--	(528,270)	(517,985)

COMMUNITY COUNCIL OF NASHUA, NH
STATEMENT OF ACTIVITIES
AND CHANGES IN NET ASSETS (CONTINUED)

Year Ended June 30, 2014
(With Certain Financial Information Presented for the Year Ended June 30, 2013)

	<u>Unrestricted</u>	<u>Temporarily Restricted</u>	<u>Permanently Restricted</u>	<u>2014</u>	<u>2013</u>
Income (loss) from operations	\$ 1,059,751	\$(1,588,021)	\$ -	\$ (528,270)	\$ (517,985)
Other income:					
Investment income	27,498	37,088	-	64,586	62,926
Realized and unrealized gains on investments	<u>62,804</u>	<u>132,528</u>	<u>-</u>	<u>195,332</u>	<u>106,688</u>
Total other income	<u>90,302</u>	<u>169,616</u>	<u>-</u>	<u>259,918</u>	<u>169,614</u>
Excess (deficiency) of revenues, gains and other support and other income over expenses and increase (decrease) in net assets	1,150,053	(1,418,405)	-	(268,352)	(348,371)
Net assets, beginning of year	<u>2,164,149</u>	<u>1,470,878</u>	<u>98,593</u>	<u>3,733,620</u>	<u>4,081,991</u>
Net assets, end of year	<u>\$ 3,314,202</u>	<u>\$ 52,473</u>	<u>\$ 98,593</u>	<u>\$ 3,465,268</u>	<u>\$ 3,733,620</u>

See accompanying notes.

COMMUNITY COUNCIL OF NASHUA, NH

STATEMENTS OF CASH FLOWS

Years Ended June 30, 2014 and 2013

	2014	2013
Cash flows from operating activities:		
Decrease in net assets	\$ (268,352)	\$ (348,371)
Adjustments to reconcile decrease in net assets to net cash (used) provided by operating activities:		
Depreciation and amortization	203,872	189,941
Net realized and unrealized gains on investments	(195,332)	(106,688)
Bad debt expense	1,415,329	1,255,929
Change in fair value of interest rate swap contract	(20,881)	(17,157)
Changes in operating assets and liabilities:		
Accounts receivable, net	(2,147,911)	(570,509)
Prepaid expenses	(3,457)	(56,453)
Accounts payable and accrued expenses	26,306	(131,829)
Accrued payroll and vacation	64,156	25,226
Medicaid payable	(27,141)	1,347
Deferred revenue	(33,654)	3,978
Contingency reserve	(116,704)	-
Net cash (used) provided by operating activities	(1,103,769)	245,414
Cash flows from investing activities:		
Purchases of investments	(989,682)	(892,284)
Proceeds from sale of investments	1,263,113	911,838
Purchase of fixed assets	(137,895)	(392,829)
Net cash provided (used) by investing activities	135,536	(373,275)
Cash flows from financing activities:		
Proceeds from long-term debt and line of credit	1,270,000	610,000
Principal payments on long-term debt and line of credit	(607,677)	(457,423)
Payments on capital lease obligation	(44,069)	(48,076)
Net cash provided by financing activities	618,254	104,501
Net decrease in cash and cash equivalents	(349,979)	(23,360)
Cash and cash equivalents, beginning of year	<u>502,190</u>	<u>525,550</u>
Cash and cash equivalents, end of year	\$ <u>152,211</u>	\$ <u>502,190</u>
Supplemental disclosures of cash flow information:		
Cash paid for:		
Interest	\$ <u>122,240</u>	\$ <u>108,806</u>

See accompanying notes.

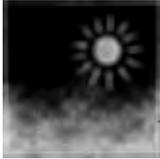
COMMUNITY COUNCIL OF NASHUA, NH

STATEMENT OF REVENUES AND FUNCTIONAL EXPENSES

Year Ended June 30, 2014

	Total Agency	Total Administration	Total Programs	Children and Adolescents	Elderly Services	Intake	Emergency Services Non-DRH	Brief/DRF	Vocational Services	Adult Outpatient
Program service fees										
Net client fees	\$ 433,222	\$ -	\$ 433,222	\$ (3,839)	\$ 42,449	\$ 2,671	\$ 2,859	\$ 4,816	\$ 11,231	\$ 78,611
BC/BS	411,589	-	411,589	113,835	17,273	1,431	800	2,821	-	120,039
Medicaid	7,690,226	-	7,690,226	2,923,969	431,085	4,622	1,563	4,695	118,831	276,709
Medicare	637,471	-	637,471	424	119,600	2,151	1,962	7,222	-	213,489
Other insurance	353,305	-	353,305	67,602	17,660	2,358	692	2,326	-	87,128
Other program fees	176,701	-	176,701	-	-	-	-	-	-	-
Total program service fees	9,702,514	-	9,702,514	3,101,991	628,067	13,233	7,876	21,880	130,062	775,976
State of New Hampshire - BBH	853,919	-	853,919	-	-	-	71,736	-	1,500	(7,292)
Federal grants	831,433	-	831,433	3,198	1,274	-	-	-	-	204,114
Rental income	71,752	-	71,752	-	-	-	-	-	-	-
Support, local governments	63,582	-	63,582	-	-	-	-	-	-	63,582
Contributions	28,939	-	28,939	150	-	-	-	-	-	24,223
United Way	2,015	-	2,015	-	-	-	-	-	-	1,708
Other revenue (including nonoperating and restricted)	372,159	-	372,159	3,000	-	-	-	-	14,793	349,856
Total revenue	11,926,313	-	11,926,313	3,108,339	629,341	13,233	79,612	21,880	146,355	1,412,167

	Total Agency	Total Administration	Total Programs	Children and Adolescents	Elderly Services	Intake	Emergency Services Non-DRH	Brief/DRF	Vocational Services	Adult Outpatient
Expenses:										
Salaries and wages	\$ 7,605,725	\$ 531,618	\$ 7,074,107	\$ 1,354,978	\$ 392,062	\$ (1,680)	\$ 142,897	\$ -	\$ 160,028	\$ 671,637
Employee benefits	1,513,703	134,259	1,379,444	281,045	62,015	18,279	4,618	-	32,179	69,778
Payroll taxes	571,748	39,013	532,736	108,132	29,263	(187)	4,917	-	12,446	49,183
Substitute staff	31,152	15,309	15,843	15,843	-	-	-	-	-	-
Accounting	53,446	53,461	(15)	-	-	-	-	-	-	-
Audit fees	33,142	10,739	22,403	5,144	1,099	399	161	-	524	1,765
Legal fees	5,700	4,764	936	-	-	-	-	-	-	-
Other prof. fees/consultations	329,758	104,881	225,077	11,601	1,766	214	86	-	282	16,939
Journals and publications	737	152	585	90	19	7	3	-	48	30
Conferences and conventions	22,640	2,874	19,766	4,210	674	2	1	-	77	1,028
Other staff development	2,460	1,868	592	10	2	1	-	-	1	3
Rent	-	(536)	536	(628)	(136)	(49)	(20)	-	(65)	(218)
Mortgage (interest)	97,531	-	97,531	-	-	-	-	-	-	97,531
Heating costs	28,255	4,591	23,664	5,376	1,161	421	170	-	554	1,865
Other utilities	88,034	14,305	73,729	16,784	3,618	1,312	528	-	1,725	5,810
Maintenance and repairs	156,285	30,529	125,756	26,293	5,685	2,061	830	-	2,711	9,130
Other occupancy costs	75,153	1,203	73,950	919	196	71	29	-	94	315
Office	108,275	20,512	87,763	13,785	2,736	992	399	-	6,296	6,397
Building/household	17,380	44	17,336	3,869	839	304	122	-	516	1,347
Food	13,684	4,834	8,850	4,185	233	85	34	-	241	392
Advertising	5,826	2,846	3,180	-	-	-	-	-	-	-
Printing	30,127	8,903	21,224	4,320	652	229	92	-	376	1,413
Telephone/communication	115,202	12,509	102,693	19,788	5,533	1,121	719	-	2,835	4,987
Postage/shipping	16,067	3,564	12,503	2,652	553	200	81	-	291	868
Staff	181,200	4,936	176,264	25,069	17,062	213	86	-	4,105	1,087
Clients	900	-	-	-	-	-	-	-	-	-
Client services	319,225	-	319,225	4,494	32	-	-	-	572	50
Malpractice and bonding	291,822	47,421	244,401	55,601	11,994	4,348	1,751	-	5,720	19,260
Vehicles	(224)	(36)	(188)	(54)	(9)	(3)	(1)	-	(4)	(15)
Comprehensive property and liability	69,919	11,362	58,557	13,326	2,874	1,042	420	-	1,370	4,615
Interest expense	-	-	-	-	-	-	-	-	-	-
(other than mortgage)	24,709	-	24,709	-	-	-	-	-	-	24,709
Depreciation, equipment	38,473	33,525	54,948	-	-	-	-	-	-	54,948
Depreciation, building	112,418	-	112,418	-	-	-	-	-	-	112,418
Equipment rental	43,843	5,342	38,501	5,127	1,105	401	161	-	527	1,774
Equipment maintenance	15,984	2,275	13,709	2,676	575	209	84	-	274	924
Membership dues	41,875	17,103	24,772	5,669	1,404	226	91	-	298	6,558
Other expenditures	103,371	17,234	86,137	17,464	4,359	1,580	636	-	2,079	6,999
Total program expenses	12,215,546	1,141,904	11,073,642	2,007,768	547,366	31,798	158,895	-	236,100	1,173,547
Administrative allocation	-	(1,141,904)	1,141,904	217,848	53,248	1,882	16,454	-	19,969	148,516
Change in fair value of interest rate swap contract	(20,881)	-	(20,881)	-	-	-	-	-	-	(20,881)
Total expenses	12,194,665	-	12,194,665	2,225,616	600,614	33,680	175,349	-	256,069	1,301,182
(Deficit) surplus	\$ (268,352)	\$ -	\$ (268,352)	\$ 882,723	\$ 28,727	\$ (20,447)	\$ (95,737)	\$ 21,880	\$ (109,714)	\$ 110,985



Greater Nashua Mental Health Center
at Community Council

BOARD OF DIRECTORS
2015

PRESIDENT James S. Fasoli
FIRST VICE PRESIDENT Edmund Sylvia
SECRETARY Jone Labombard
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INTERIM EXECUTIVE DIRECTOR Stuart Hemming
hemmings@gnmhc.org

TERM EXPIRES FEBRUARY 2018

JAMES S. FASOLI
(2009)
ELIZABETH SHEEHAN
(2015)
MARY ANN SOMERVILLE
(2012)

TERM EXPIRES FEBRUARY 2017

PAMELA BURNS
(2011)
CHRISTINE M. FURMAN
(2014)
KATHIE RICE ORSHAK, MA
(2011)
TANYA L. SPONY, ESQUIRE
(2014)
EDMUND SYLVIA
(2011)
MARIE TULE, C.P.A.
(2011)

TERM EXPIRES FEBRUARY 2016

SANDERS F. BURSTEIN, M.D.
(2013)
JONE LaBOMBARD
(2010)

Rev. 3/20/15



**Greater Nashua Mental Health Center
Current ACT Team Resumes**

Current ACT Team Staff:

Scott Wellman (M.Ed.)	ACT Team Leader
Jeff Weigle (MS)	Assistant Team Leader
Tim Lopez (MS)	ACT Clinician
Michael Doxzon, (MS)	ACT Clinician
Mark Durso, (BS)	ACT Clinician
Stephanie Genest (BS)	ACT Clinician
Jeannette Sakelaris (RN)	Nurse
Kate Faulkner (BA)	Supported Employment Specialist
Jonathan Potter	Part-time FSS worker
Mary Super	Director Community Support Services
Carol Copanas	APRN – Projected to be the medical provider (under supervision for the new ACT Team

The ACT is part of our Community Support Services Program directed by Mary Super. Mary provides direct supervision to the ACT Team Leader so we have included her resume

Scott A. Wellman, M.Ed

Career Objective: To manage and direct Quality behavioral health services, supportive intervention, and counseling for adolescent and or adult Clientele

Education: Master’s of Education, M.Ed., Health and Wellness Management.
Plymouth State University, Plymouth, New Hampshire. May 2000

Bachelors of Science, Therapeutic Recreation,
Kansas State University, Manhattan, Ks. May 1984

Experience:

2008 to Present **Greater Nashua Mental Health Center at Community Council**

Team Leader, Assertive Community Treatment Program (ACT)
Developed, implemented, and monitor ACT team at Greater Nashua
Mental Health Center.

Work directly with medical staff to address and coordinate treatment
needs of clients with Severe and Persistent mental illness.

Provide direct care to clients.

Supervise ACT team staff which includes Clinicians, Nurse, Supported employment specialist, and functional support staff.

1994 - 2008

Psychiatric Institute at Catholic Medical Center, Manchester NH

Behavioral Health Educator

Inpatient and Partial Hospitalization programs

Develop and implement educational programs for adult psychiatric patients including: cognitive behavioral therapy, coping skills, relaxation therapy, and anger management. Lead weekly family education and support group. Coordinate inter-disciplinary treatment team meetings.

Crisis Intervention Instructor

Teach hospital personnel, including behavioral health, emergency department, and medical surgical staff, to recognize patient anxiety and respond to prevent violent behavior. Safe physical intervention techniques practiced.

1986 - 1994

Certified Therapeutic Recreation Specialist

Metropolitan Detroit Michigan Area

1/91 - 3/94 Heritage Hospital, Taylor MI.

5/90 - 3/94 Burton Ranch Group Home, Novi, MI (independent contract)

1/87 - 12/90 Outer Drive Hospital, Lincoln Park MI

Jeffrey W. Weigle

Objective

To expand on my clinical experience providing recovery-based care in a community setting.

Education

Master of Arts in Clinical Psychology
University of Hartford, Hartford, CT

Completed May 2010

Bachelor of Arts in Psychology
Keene State College, Keen, NH

Completed May 2008

Qualifications

- Strong communication skills, with the ability to build excellent rapport with clients
- Proven patience and professionalism handling complex issues in a fast-paced environment
- Extensive team experience working with many different disciplines and levels of management
- Excellent ability to learn new concepts quickly and apply them effectively

Employment

ACT Assistant Team Leader, Greater Nashua Mental Health Center, 2014 - Present

Along with maintaining the role of an active Clinical Case Manager, position requires supporting the Team Leader in management of the ACT Team itself. Provide regular clinical supervision for staff. Assist and give direction in solving complex cases. Maintain reports and regular communications with senior management, state agencies, and New Hampshire Hospital.

ACT Clinical Case Manager, Greater Nashua Mental Health Center 2010 - 2014

Provide therapy and case management services as part of the Assertive Community Treatment Team to clients with severe and persistent mental illness. Involved in on-call emergency rotation. Engage in regular collaboration with medical staff, management, and functional support specialists, as well as community agencies. Utilize evidenced-based techniques to encourage goal-setting and independent living skills.

Graduate Practicum

Outpatient Clinician, Community Mental Health Affiliates, New Britain, CT
September 2009 - May 2010

Practicum providing individual and group psychotherapy to both the New Britain and Bristol CT adult community. Diagnoses ranged from mood and psychotic disorders to Borderline Personality Disorder, Co-facilitated multiple therapy and psycho-educational groups.

Internship

Summer Intern, Yale University, New Haven, CT

June - July 2009

Split between research and therapy, the 160-hour internship included administering weekly and monthly assessments for multiple studies involving treatment for pain and opiate dependencies. Therapy responsibilities primarily consisted of co-facilitating and eventually leading three different groups centered on pain management. Other activities involved attendance at daily and weekly meetings, filing, data input, and discussions on therapy process issues.

Timothy Lopez

Objective:

- Continue to provide, train, and develop clinical and therapeutic skills through evidence based practice.
- Continue to provide, train, and develop psychological testing and assessment skills and knowledge.
- Continue to develop research related to psychosis and schizophrenia to better assist clients.

Summary of skills:

- Extensive work experience and training in clinical psychology and case management.
- In training to be licensed as a Clinical Mental Health Counselor
- Professional experience and training in clinical research
- Training and work experience in substance abuse and
- Trained as an employment specialist.

Education:

2014	Master of Science	Clinical Psychology	Rivier University
2011	Master of Science	Justice Studies	S. New Hampshire University
2005	Bachelor of Art	History & Psychology	Rivier University
	Minor	Education/Government	Rivier University
2017	Licensed Clinical Mental Health Counselor		State of New Hampshire

Clinical Research Experience: I currently consult for Healthy Perspectives Innovative Mental Health department under the direction of Nancy Gilbert, APRN. My role there is to conduct and coordinate clinical research studies for outside vendors including Dartmouth College and major pharmaceutical and research companies such as Brainsways, Forum, and Lily. Currently, the agency is coordinating and involved in more than ten different clinical research studies and programs at this time. Previous to this, I worked for the Greater Nashua Mental Health Center's Research department conducting similar duties.

Current Research studies:

E-cigarette study with clinical patients
Temporal study with healthy individuals
Temporal disturbances in schizophrenia
*Several studies cannot be listed do to disclosure agreements

Position:

Study Coordinator
Principle Investigator
Principle Investigator

Status:

Complete
Complete
Data Collection

Master's Thesis: Rivier University, Nashua, NH**Supervisor:** Dr. Karen Meteyer

A research study on temporal estimation and processing disturbances in individuals with schizophrenia compared with a clinical group and a second research study using identical methods with a non-clinical group. One study is complete and is being reviewed for publication while the other is in data collection phase.

Publications and Conference Presentations:

Lopez, T. & Harwood, E.A., (2014, October). DSM-5: A step forward or backward? Presented at the 54th Annual Meeting of the New England Psychological Association, Lewiston, Maine.

Lopez, T. & Meteyer, K. (2014, October). Temporal Processing and Estimation Disturbances in Healthy Individuals: Pending Comparison for a Study of Temporal Disturbances in Schizophrenia. Presented at the 54th Annual Meeting of the New England Psychological Association, Lewiston, Maine.

Education Skills:

I currently instruct undergraduate studies at Sothern New Hampshire University as an adjunct professor. Before this, I apprenticed as a teacher in two separate undergraduate psychology courses at Rivier University under the supervision of Dr. Karen Meteyer and Dr. Bert Ouellette. Additionally, I have extensive academic knowledge in human development, educational strategies, curriculum building, and classroom management.

Courses Instructed:**PSY 108- Introduction to Psychology:** SNHU, Spring-2015

This course is an introduction to various areas of psychology, including scientific investigations, motivation, personality, intelligence, behavioral deviation, perception, learning and human development. It provides a basis for further study in related areas. Offered every semester

PSY 212 - Life Span Development: Rivier University, Spring 2014**Supervisor:** Bert Ouellette, Ph.D.

This course gives a general overview of the biophysical, cognitive, affective, and social domains of normal development throughout the lifespan. It includes the variables affecting these domains; and the nature-nurture situations that make each person unique. This course is designed for psychology majors concentrating in areas other than human development and majors from other disciplines.

PSY408- Coordinating Seminar: Rivier University, Fall 2015**Supervisor:** Karen Meteyer, Ph.D.

This course is a capstone experience of the Psychology major designed to prepare majors for careers and graduate school study in psychology following graduation. It includes a comprehensive review of psychological concepts, principles and theories learned throughout

undergraduate study, development of a career and graduate school portfolio, and further development of critical thinking skills through discussion of controversial issues.

Clinical Experience:

**Assertive Community Treatment Specialist:
Greater Nashua Mental Health Center**

January, 2014 - Present

I work with a case load of approximately 15-20 adult clients between ages 18-65 with pervasive mental illness including schizophrenia, obsessive compulsion, Asperger's syndrome etc. and a history of psychiatric hospitalizations. I provide regular and consistent case management, therapeutic behavioral support, medical support, substance abuse counseling, supported employment, and psycho-education into illness and symptoms were needed. I conduct regular clinical assessments with clients using therapeutic techniques as well as established assessment scales and measures to assist in further developing their case. I write treatment plans and develop medical records and other important documentation as needed. I advocate for clients to outside agencies and vendor services as well as to the justice system and to the courts where needed. I provide after hour on-call services in accordance with the ACT model as well as crisis intervention and hospital support as needed.

Research Study Coordinator (Consultant): Healthy Perspectives 2015 - Present

I review medical records, client files, and treatment notes to determine eligibility of patients for research studies. I conduct procedural research interviews. I conduct psychological and neurological testing and assessments in accordance with study protocol. I coordinate multiple research studies with patients across a wide spectrum of disorders. I am trained to run transcranial magnetic stimulation technology in accordance with study protocol. I test study patients for drugs, carbon monoxide levels, vital signs and other important variables which could affect study results. I conduct data entry and analysis of study results.

Research Study Coordinator: GNMHC 2013 - 2015

I review medical records, client files, and treatment notes to determine eligibility of patients for research studies. I conduct procedural research interviews. I conduct psychological and neurological testing and assessments in accordance with study protocol. I coordinate multiple research studies with patients across a wide spectrum of disorders. I am trained to run transcranial magnetic stimulation technology in accordance with study protocol. I test study patients for drugs, carbon monoxide levels, vital signs and other important variables which could affect study results. I conduct data entry and analysis of study results.

Psychiatric Rehabilitation Professional: GNMHC 2011 - 2014

I worked with a case load of approximately 20-30 adult clients between ages 18-65, with various cognitive, social, or mental disorders. I assessed the individual needs of the client and provide therapeutic behavioral support according to the client's treatment plan. Additionally, I provided medical support and crisis intervention services as needed. I assisted clients in gaining/regaining

a higher quality of function through educating them about their diagnosis and disorder. I advocate on behalf of my clients for services both to the therapeutic team and to various agencies. Finally I provided documentation of our individual therapeutic sessions for the purposes of medical/data records.

Teaching Experience:

Adjunct Professor: Southern New Hampshire University, 2015 - Present

I instruct courses in the undergraduate school of psychology. I am currently teaching Introduction to Psychology

Other Work Experience

Crisis Intervention Manager: Keystone Hall, Nashua NH, 2010 - 2012

I provided counseling services both to residential clients who were detoxing and in sobriety as well as individuals who were in crisis or at risk in outreach. I conducted urinary analysis testing, medication management, and basic health care assessments. I developed residential case management and therapeutic functional support with residents. I provided group therapy sessions in accordance with AA standards. I conducted general clerical work including word processing, data entry, and updating client files. I created and updated security emergency response policies and procedures for all building staff and clients and I trained staff members in security and emergency response tactics and procedures.

Job/Life Coach: Opportunity Networks, Amherst NH, 2008 - 2010

I worked with adults with a range of cognitive, emotional, physical, and social disabilities or disorders. I regularly provided day to day case management to clients. I educated clients on appropriate and professional job skills through reinforcing, and modeling behaviors. I taught clients to understand and work with their disabilities, assisted them in their adjustment to both the work-force setting and to the community in general, and helped them to develop valuable life skills including reading, writing, communication, social skills, etc. Additionally I created valuable supplementary skill based programming such as classes in cooking, photography, and swimming.

Certified Training:

Training:	Agency:	Date:
Dialectic Behavioral Therapy	GNMHC	March, 2015
Supported Employment Training	NH DHHS	December, 2014
Assertive Community Treatment	Center for Life Management	June, 2014
DSM-5 Anxiety Disorders and OCD	GNMHC	June, 2014
Matrix Consensus Cognitive Battery Scale	FORUM pharm.	August, 2014
DSM-5: Addiction & Substance use	GNMHC	Aprils, 2014
Safe Packaging of Hazardous Materials	SAFE-T-PAK	December, 2013

DSM-5: Changes and Update	GNMHC	September, 2013
Integrated Treatment for Co-Occurring Disorders	GNMHC	September, 2013
Protection of Human Research Participants	NIHM	May, 2013
Wechsler Adult Intelligence Scale	Dartmouth	July, 2013
Transcranial Magnetic Stimulation	Brainsway	July 2013
Illness & Management Recovery	GNMHC	October, 2012
Ethics in Sobriety	GNMHC	November, 2012
First Aid, CPR, AED	American Heart Association	October, 2012
Crisis Prevention Intervention	NH DHHS	October, 2011
Medication Management	NH DHHS	April, 2009
Human Services & Client rights	Gateways	April, 2009

Non-certified Training

Training:	Agency:	Date:
Alcoholics Anonymous Model	Keystone Hall/Harbor Homes	2010-2012
Group Therapy	Rivier University/Harbor Homes	2010-2012

Academic Society:

Psi Chi: The International Honors Society for Psychology

Community/Academic Involvement:	Title:	Position Years:
Nashua Theatre Guild	Stage Manager	2011-Present
Nashua Boys and Girls Club	Theater Teacher	2009-2010
Habitat for Humanity		2006-2007
Rivier Theatre Company	Director	2005-2010
Rivier Model United Nations		2004-2008
Rivier Student Government	Chairman	2003-2008
Rivier History Club	President	2003-2007

Awards:

Rivier College Student Government VIP Award	2004-2006
National Scholastic Honor's Society	2003
United States Presidential Award in Education	2001

Social Organizations:

Rank:	Years:
Martial Arts	2002-Present
Concord Fencing Club	2010-Present

Michael Doxzon

Education

- 2013 **New England College:** Henniker, New Hampshire
Masters in Counseling
GPA: 3.93
- 2010 **Keene State College:** Keene, New Hampshire
Bachelor of Science: Education
Bachelor of Arts: Sociology
GPA: 3.78
- 2002 **Nashua High School:** Nashua, New Hampshire

Awards / Recognition

- 2010 Keene State College – Graduated: Magna Cum Laude
2007 Employee Achievement of Excellence Award: World Academy
2004 Financial Education Award: AmeriCorps NCCC

Work Experience

- 2015- Current Greater Nashua Mental Health Center: Clinician
2013-2014 Mount Pleasant Academy: Counselor
2012-2013 Internship - CREATE! and Granite Pathways: Counselor
2010-2013 Nashua Children’s Home: Residential Counselor
2010-2011 World Academy: Science / Technology Teacher
2004-2010 World Academy: Aftercare and Camp Counselor
2003-2004 AmeriCorps NCCC: Government Service Program
2000-2005 Newbury Comics: Store Clerk

Skills/Qualifications

Counselor: Counseling diverse populations – goal setting and implementation; group and individual counseling, treatment planning, coaching, conflict resolution, crisis management; supervisory experience, program management, interviewing, evaluation; data collection; report writing; billing, meeting facilitation

Educator: Comprehension and explanation of material; project management; curriculum building; meeting facilitation; program planning

AmeriCorps Volunteer: Project leadership -team building, community outreach /support, skill building, program evaluation, program management, recruitment,

Technologist: MS Word, Power Point, Excel, Outlook, data entry, data analysis

Mark S. Durso

Objective

To obtain a position in a progressive agency that allows me to utilize my creative thinking and efficient problem solving skills.

Education

Boston University, currently enrolled

Masters of Social Work

Major: Social Work

Suffolk University, 2004 - 2008

Bachelor of Sciences

Major: Communication Studies

Minor: Fine Arts

College of Direct Support, 2009

Work History

Greater Nashua Mental Health Center, 2013 - Present

Provide assertive community support to adults with severe and persistent mental illness or personality disorders. Individuals served have not typically responded well to traditional treatment methods and often have co-existing disorders such as homelessness and substance abuse. Types of support include behavioral therapy, substance abuse, illness education, crisis prevention, and community integration.

Gateways Community Services, 2013 - 2014

Provided service coordination and case management to adults with developmental disabilities. Developed service plans and provided community support to a large caseload of individuals.

Greater Nashua Mental Health Center, 2011 - 2013

Provided all aspects of rehabilitation services to adults affected by mental illness. Obtained a certification in Illness Management and Recovery. Provided direct support to a large caseload of individuals, as well as education and outreach in the community.

Weare Police Department (non-certified), 2010 - 2011

Worked in the Law Enforcement capacity as a patrol officer.

Relevant Skills

*CPR/First Aid certified *Excellent computer skills *Illness Management and Recovery certified
*Experience in alternative education *MOAB certification *College of Direct Support Graduate

Stephanie Genest

Objective

To obtain an advanced position utilizing my education and experience in social work.

Education

Masters of Social Work (MSW), University of New Hampshire
Expected graduation date: May 2015

Bachelor of Social Work (BSW), Midwestern State University, Wichita Falls, TX
Graduation date: May 2011

AA in Liberal Arts - General Studies, University of New Hampshire, Manchester
Graduation date: May 2007

Employment

Greater Nashua Mental Health Center: Psychiatric Rehabilitation Specialist

December 2011 - Present

Provide clinical services and community supports to consumers with severe and persistent mental illness. Educating, advocating, linking, and coordinating of services to consumers. Provide crisis intervention services as needed.

Helen Farabee Center: Mental Health Case Manager, Wichita Falls TX,

June 2011 - November 2011

Delivered clinical services and community supports to consumers with severe and persistent mental illness. Performed uniform assessments and updated treatment plans in accordance to consumer need. Served on-call after regular business hours, providing face-to-face assessment and Crisis Intervention services to any person presenting a crisis at any time. Maintained caseload exceeding 200 clients.

Texas Roadhouse, Manager: Server, and Bartender, Wichita Falls, TX

October 2007 - November 2011

Provided professional leadership, managed, coordinated, and organized restaurant bar and dining room. Maintained effective team communication, and displayed excellent multi-tasking and organizational skills.

McDevitt Trucks, Inc.: Service Writer/Parts Administrator, Manchester, NH

January 2001 - May 2007

Scheduled appointments for truck repairs, provided estimates of repairs, invoiced accounts, issued and received purchase orders, utilized the Microsoft Office programs Outlook, Word and Excel daily, and coordinated department meetings.

Volunteer Work and Internships

Team Coordinating Agency - Structured Outpatient Addictions Program, Haverhill, MA
June 2014 - May 2015

Facilitated group therapy in Intensive Outpatient Substance Abuse Program, provided individual therapy to clients struggling with substance abuse. Developed treatment plans and goals with clients.

Helen Farabee Center, Wichita Falls, TX
August 2010 - March 2011

Worked with a caseload of 20 severely mentally ill clients under supervision. Complete case management notes, treatment plan revisions, and daily living assessments. Revised the "Resource for Assistance" listing for all caseworkers to utilize. Created outreach intake forms for recruitment purposes at local homeless shelters.

Jeannette Sakelaris

Compassionate nursing professional qualified by a Bachelor of Science in Nursing, RN licensure and certifications providing high-quality and holistic care.

Education

Rivier University, Nashua NH
Bachelor of Science, majoring in Nursing, May 2015
Associate of Science in Nursing, May 2014
Passed NCLEX, July 2014
Cumulative GPA: 3.597

Certifications/Licensure

Completed Crisis Prevention Training, February 2015
Certified QPR (Question, Persuade and Refer) Suicide Prevention Gatekeepers, December 2014
NH RN License obtained July 2014
Infant, Child and Adult CPR/AED Training, February 2014

Related Employment

Registered Nurse, ACT Team, Greater Nashua Mental Health Center, Nashua, NH
January 2015 - Present

Participate in clinical functioning of the ACT Team, assuring that agency/departmental and professional treatment goals are met. Work with the medical staff and ACT clinicians to obtain basic patient information, medication management and case management. Provide community-based as well as office-based services to meet the needs of ACT clientele. Conduct nursing assessments and administers oral educations and injection to clients as ordered. Perform Health Connection follow-up visits every six months including vital signs, fasting, blood sugar, HgbA1c and cholesterol panel. Provide patient education in working towards goals for healthy lifestyle changes.

Medical Transcriptionist, St. Joseph Hospital, Nashua, NH
November 2002 - January 2015

Provided accurate and timely transcription of dictated medical records from providers with a variety of medical specialties. Worked independently in a home-based office and was responsible for trouble-shooting software issues. Continuously expanded upon base of medical terminology. Exemplified extraordinary communication skills with peers as well as management resulting in optimal productivity.

Clinical Experience

RN, Greater Nashua Mental Health Center, Nashua, NH September - December 2014

Capstone experience involving 100 hours under guidance of preceptor

Lowell General Hospital, Med/Surgical Unit, Lowell, MA January - April 2014

Provided exceptional care to several medical/surgical patients by providing immediate postoperative as well as ongoing care throughout hospital stay including assessment, administering oral and IV medications, wound care, dressing changes, assisting with ADLs and discharge planning. Educated patient regarding individual medical needs and overall health management. Communicated effectively with staff and served as patient advocate. Practiced safe nursing techniques in all aspects of patient care. Assisted clinical instructor as Team Leader for clinical group.

Elliot Hospital, Pediatric Unit, Manchester NH October - December 2013

Completed age-specific assessments and care plans for infants, child and adolescents according to their medical/surgical presentation and to enhance growth and development. Administered both oral and IV medications per weight-based protocol. Interacted with and provided emotional support to parents. Provided ongoing patient and family education as appropriate. Participated in elementary school nurse observation.

Catholic Medical Center, Obstetrics Unit, Manchester, NH September - October 2013

Utilized critical thinking while providing compassionate, competent maternal/neonatal support. Provided emotional support and physical comfort measures to laboring women. Provided patients with ongoing education regarding breastfeeding and collaborated with lactation consultant, assisting with various breastfeeding techniques. Performed newborn assessments under the direction of clinical instructor. Actively participated in ongoing postpartum depression survey.

Hampstead Hospital, Behavioral Health, Hampstead, NH May - July 2013

Cared for a wide variety of patients with mental illness, assisting in several therapeutic milieus in addition to rounding and collaborating with psychiatrists and social workers. participated in direct one-on-one therapeutic communication with adults, adolescents and children. Observed team meetings and Alcoholics Anonymous outpatient meetings.

Southern New Hampshire Medical Center, Medical/Surgical Unit, Nashua, NH
January - April 2013

Administered comprehensive care to medical/surgical patients with a variety of diagnosis. utilized assessment skills and provided basic nursing care to adult medical/surgical patients. Provided medication administration under strict supervision of clinical instructor.

Southern New Hampshire Medical Center, Medical/Surgical Unit, Nashua, NH
September 2012 - April 2013

Initial experience as nursing student in acute care unit. Perfected skill set of providing bed baths, assisting with ADLs, measuring vital signs, performing basic assessment skill and documentation of nursing care. Began to think critically and identify connections between

Kate E. Faulkner

Objective

To obtain employment as an Assertive Community Treatment Team Supported Employment Specialist to help advocate and encourage clients to become successful in sustaining employment in a competitive job market.

Education

Keene State College, Keene, NH

- Bachelor of Arts, Psychology 2000
- Associates of Science, Chemical Dependency 2000

Experience

Greater Nashua Mental Health Center, Nashua NH 2015-Present
ACT Supported Employment Specialist

- Completes Job Search Plan, Vocational Profile and other assessment tools to address individual employment needs for each specific client and to place in appropriate, long-term employment settings.
- Analyzes available employment opportunity and assesses each for client compatibility.
- Discusses various work-search techniques specific to each individual and encourages them to reach out to community establishments for employment opportunities.
- Educates clients on importance of daily living skills and encourages continuous practice.
- Participates in multidisciplinary meetings to review activities/outcomes/issues related to client care.
- Utilizes multiple computer programs to maintain files, document correspondence with clients and departments, and track progress of assessment tools.
- Communicates with community employers regarding employment needs of company while continuously evaluating for on-site support for both client and supervisors.

Arbour Counseling Services, Lawrence, MA 2008 - 2013
In-Home Therapy and Community Service Case Manager

- Developed and completed comprehensive, community-based behavioral assessments tailored to specific needs of individuals requiring support services.
- Demonstrated ability to actively and skillfully listen to client and family to determine the best possible immediate and future interventions for all individuals involved.
- Referred and linked clients and family to community resources and natural supports.

- Coordinated with providers, collateral contacts and family members to ensure cohesive and continuous care for individuals in need.
- Coached a diverse population of people in client-focused decision-making in both crisis and non-crisis situations.
- Established warm, compassionate rapport with clients quickly and professionally.
- Participated in Risk Management and Safety Planning with Clinical Team, clients and families.
- Maintained an appropriate level of confidentiality regarding records of clients and organization.
- Kept accurate and timely case notes in client files.

Hampstead Hospital, Hampstead, NH
Mental Health Counselor, Senior Staff

2003-2008

- Monitored, implemented and assisted in creating Behavior Support Plans unique to the individual in need.
- Managed staff and clients in highly acute situations by designing and implementing plans of action specific to each situation.
- Taught, supervised and trained others in activities of daily living skills, therapeutic support groups and rehabilitation activities.
- Liaison between Clinical Leaders, Treatment Team and clientele by mediating conflict with tact and diplomacy.
- Assessed, evaluated and monitored client caseload to ensure individual support plans are adhered to by all employees.
- Supported Treatment Team with assessment, treatment planning and discharge coordination of clients.
- Assisted youth, teenagers and adults in acquiring positive coping skills necessary to advance in further social settings.

Jonathan M. Potter

Objective

To obtain a position as a caregiver with the field of Human Services.

Experience

Overnight Stocker: Christmas Tree Shop

October 2011 - December 2011

- Merchandising
- Unloading Trucks
- Stocking Shelves

Preventative Services: Easter Seals, NH

May 2011 - October 2011

- Direct support care on a 1:1 basis for individuals that require eyes on support
- Establishing daily schedules and routines
- Helping clients to build positive community based relationships
- Providing job supports
- Writing monthly progress notes

Direct Care Staff: The Plus Company, Inc.

October 2010 - March 2011

- Direct care helping dual diagnosed clients build positive relationships in the community
- Established relationships with clients to modify their behavior and achieve their monthly goals
- Daily documentation of clients

Employment Specialist: Opportunity Networks

November 2009 – October 2010

- Networking and establishing community based relationships
- Helping clients seek employment
- Onsite job coaching and training
- Writing ISP monthly assessments

Functional Support Service Worker: GNMHC

November 2007 – November 2009

- Facilitating social groups
- Administering client medications
- Daily documentation of clients behavioral status
- Helping clients seek employment/job training
- Networking and establishing community based relationships

Job Coach: Opportunity Networks

April 2005 – November 2007

- Direct care - hygiene, helping clients achieve their daily goals
- Taking clients out and engaging them in the community, overnight respite

Private Respite Care

January 2005 – November 2009

- Established relationships with clients to modify their behavior and improve their social interactions
- Decrease hospitalization

Education

New Hampshire Community Technical College

Certificate in Human Services - 2008

Nashua Senior High School

Graduate 1997

Personal Data

- CPR Certified through March 2012
- Trained in Effective Teaching at Plus Co.
- Volunteer at Gateway Services Adult Day
- Trained in IMR at GNMHC
- Currently volunteering for Special Olympics

Mary Super

Summary

Mental health professional with experience in clinical and administrative supervision of a large department providing a variety of mental health services to clients diagnosed with chronic and severe mental illnesses and an Acute Residential Psychiatric Treatment Program. Extensive experience working with adults diagnosed with severe mental illnesses, strong psychiatric emergency services experience and experience working with families in crisis. Has the ability to successfully oversee the provision of quality care, collaborate effectively with multiple providers and agencies.

Experience

Greater Nashua Mental Health Center, Nashua, NH (2009 - present)

Director of Community Support Services (August 2014 - present)

- Served as part of the management team in a community mental health center.
- Responsible for the clinical and administrative oversight of a department of over 40 staff who are providing clinical services to over 900 clients with chronic and severe mental illnesses.
- Works collaboratively with other programs and outside agencies to ensure consistent quality care.
- Ensures that all state regulations and insurance requirements are followed.
- Provides support and education to staff at all levels in the department.
- Continues to carry a caseload and provide direct clinical services.
- Assists in preparation of financial and clinical reports to allow for fiscal management and program improvement/implementation.
- Works collaboratively to develop and implement initiatives to improve the CSS program and the agency as a whole.
- Represents the agency in various meetings and committees within the community and the state.
- Assists in preparation of financial and clinical reports.

Director of Acute Care Services (February 2014 - August 2014)

- Served as part of the management team in a community mental health center.
- Represents the agency in various meetings and committees within the community and the state
- Clinically assessed persons in crisis for level of risk and triaged them to the appropriate level of care.
- Provided crisis stabilization therapy to alleviate immediate crisis and then facilitated clients being connected to ongoing care.
- Provided support and assistance to all staff working with a client in crisis including consultation and emergency assistance to medical staff when needed.
- Modeled the management of emergent situation for staff and provided training.

- Worked collaboratively with other programs and outside agencies to coordinate care.

Assistant Director of Community Support Services (2012 - 2014)

- Assists the Director with the daily management of the Community Support Services Program and is responsible for the department in the Director's absence.
- Works collaboratively with several team leaders to directly supervise three clinical teams and provide backup to all teams when other supervisors are not available.
- Assists in overseeing clinical care provided and ensuring the quality of care.
- Provides assistance to staff working with clients in psychiatric emergencies and covers emergencies when regular treating staff are not available.
- Maintains small caseload of clients providing individual therapy, functional support services and case management as needed.
- Works collaboratively to develop and implement initiatives to improve the CSS program and the agency as a whole.

Team Assistant (2009 - 2012)

- Worked collaboratively with team medical provider to supervise a team of Psychiatric Rehabilitation Specialists and oversee clinical care
- Provided clinical and administrative supervision and completed performance evaluations
- Provided individual, couples, and family therapy to a diverse population of consumers
- Participated in many agency committees with the goal of quality improvement

Personal Sabbatical (2000 - 2009)

While on sabbatical, maintained active involvement in community through volunteer leadership roles.

Community Council of Nashua, Nashua, NH (1997 - 2006)

Fee for Service Clinician (1999 - 2000 and 2001 - 2006)

- Provided diagnostic assessment and short term therapy to individuals, couples, and families
- Performed brief, goal-oriented, problem-focused treatment geared toward reducing symptoms, developing coping skills, and improving functioning

Coordinator of the Acute Psychiatric Residential Treatment Program (1999 - 2000)

- Responsible for overall program management and day to day operations of the APRTP.
- Assured clinical interventions met the needs of consumers and were part of a clearly defined and integrated service system.

- Facilitated communication with other organizations and other departments within the agency to assure continuity of care.
- Provided clinical and administrative supervision to enhance growth and development of staff and assure quality care.
- Performed the duties of an emergencies services clinician.

Emergency Services Clinician (1998 - 1999)

- Provided emergency contact and was often able to assist clients over the phone and prevent the need for emergency assessment or hospitalization.
- Clinically assessed persons in crisis for level of risk and triaged them to the appropriate level of care.
- Performed emergency assessments and completed intake assessment if admission was needed.
- Facilitated involuntary emergency admissions.
- Assisted in treatment of inpatient clients through supportive counseling, crisis intervention and coordination with other staff or agencies.

Crisis Stabilization Therapist (1997 - 1998)

- Provided direct diagnostic and preventative treatment to children in crisis and their families.
- Developed master treatment plan which identified problems and formulated goals and provided measurable objectives.
- Worked with local schools to assure continuity of care.
- Participated in DBT treatment team.

Strafford Guidance Center, Dover, NH (1993 - 1997)

Clinical Case Manager (1996 - 1997)

- Provided individual therapy, including Dialectical Behavior Therapy, to adults with persistent psychiatric illnesses.
- Provided emergency assessments and crisis intervention to enable consumers to remain in the community and avoid hospitalization.
- Performed intake and needs assessments and assisted clients in meeting daily needs through symptom management and brokerage to services.

Per Diem Emergency Services Clinician (1996-1997)

- Provided emergency contact and was often able to assist clients over the phone and prevent the need for emergency assessment or hospitalization.
- Performed emergency assessments at local hospitals and would coordinate hospitalization if necessary.

- Facilitated involuntary emergency admissions.

Case Manager (1993–1996)

- Assisted a large caseload of consumers with developing average daily living skills through supportive counseling and symptom management.
- Assessed and monitored mental status and provided outreach and crisis stabilization.

Charter Brookside Behavioral Health Systems of New England (1995 - 1998)

Intensive Outpatient Program Coordinator (1996 - 1998)

- Co-lead outpatient chemical dependency groups focused on preventing relapse.
- Provided support and education to family members.

Other Relevant Experience

Charter Brookside Behavioral Health Systems of New England, Nashua, NH

- Chemical Dependency Unit Intern (1994 - 1995)

Strafford Guidance Center, Dover, NH

- Family Violence Intervention Program Intern (1995 - 1996)

License

Licensed Clinical Mental Health Counselor NH license # 1105

Education

B.A., Psychology, University of New Hampshire, Durham, NH 1992

M.A., Counseling, University of New Hampshire, Durham, NH 1996 (Graduated with honors)

Carol E. Copanas, M.S., A.P.R.N.

Summary

Experienced Advanced Practice Registered Nurse with strong background working with people with psychiatric illness. Skills include working with people who are Dual- Diagnosed.

Employment History

Greater Nashua Mental Health Center, Nashua NH

01/2003 - Present

Duties include providing Medication Management for 400+ consumers. Managing a team including Clinical Case Managers and Psychiatric Rehabilitation Specialists. Providing medical education at evening IOP Program and providing crisis support, as needed.

Greater Manchester Mental Health Center, Manchester, NH

Psychiatric Nurse, Assistant Director/Psychiatric Nursing Coordinator

5/98 - 01/2003

Promoted to Nursing Coordinator for the Cypress Center, a 15-bed residential Designated Receiving Facility for the State of New Hampshire. Responsible for staffing plans, maintaining appropriate staff to patient ratios, and coordinating all clinical activities involved in meeting patient needs. Collaborates with assigned psychiatrist to insure appropriate medical responses. Supports nursing staff in the execution of their responsibilities, makes adjustments in client assignments as needed. A mentor for nursing students from the New Hampshire Community Technical College at Manchester, NH, during their Psychiatric Nursing rotation. Continued role as Infection Control nurse.

Greater Manchester Mental Health Center, Manchester, NH

Psychiatric Nurse

3/93 - 5/98

Worked within the Acute Care Services Division as Nurse/Clinician within the Intensive Partial Hospital Program. Also worked as an Emergency Services Clinician in the Emergency Services Department. Responsible for performing treatment plan assessments on clients entering the IPH program, developing treatment plans in consultation with the psychiatrist, facilitating individual and group therapy. Facilitate individual and group therapy for substance abuse issues, coordinating continuing care plans within the Mental Health Center and with outside providers. Emergency Services, responsible for face to face and telephone crisis assessments in the local emergency rooms, police departments, the office and clients homes on a 24 hour basis. In addition, I was the Infection Control nurse for the Center, responsible for training programs and

compliance to JCAHO standards and procedures. I sat on the Risk Management Committee as part of this role.

Lakeshore Hospital, Manchester, NH, Charge Nurse

10/91- 2/93

Charge Nurse for the day shift. Duties included: dispensing all medications, writing Nursing Care Plans and Assessments, processing new admissions, participation in group therapy sessions. 1-1 counseling, and supervising other staff, including RN's, LPN's and Aides. Worked with the primary care physician to develop and implement treatment protocols for each patient. Crossed-trained and worked on both the Adult and Child Psychiatric Units as needed. Contributed to the successful completion of the JCAHO three year audit in October '92. Promoted from per diem RN on the Alcohol & Chemical Dependency Unit in January '92.

Substitute School Nurse, Bedford, NH

10/90 - 6/91

United Parcel Service, Manchester NH District Occupational Health Nurse 10/86-6/90

Occupational Health Nurse for the Northern New England District, located in Londonderry, NH. This included Northern MA, NH, ME, and approximately 4,000 employees. Responsible for: Health and Safety Awareness programs, Workers Compensation cases and hearings, case management of Disability claims, Temporary Alternative Work assignments, US DOT physicals, and drug testing compliance as federally mandated. Implemented the first Employee Assistance Program (EAP) for the District, was responsible for coordinating and educating the District Staff during its implementation. Organized periodic blood drives and made referrals to local doctors and specialists. Worked closely with the Safety Department on DOT and OSHA compliance programs.

Medical Center Hospital, San Antonio, TX, Staff Nurse

11/82- 6/83

Staff Nurse on the Acute Psychiatric Unit at the Medical Center Hospital, San Antonio, TX. Duties were: acting as Charge Nurse, dispensing medications, and working with clients in group therapy sessions.

Private Duty Nurse, Bedford, NH	1977 - 1978
Medical Personnel Pool, Syracuse, NH, Staff Nurse	1974 - 1975
Plasma Research Laboratory, Syracuse, NH, IV Nurse	1973
Boston City Hospital, Boston, MA, Staff Nurse	1972 - 1973

Education and Certifications

Rivier University, Nashua, NH MS in Psychiatric/Mental Health Nursing	May 2002
Emmanuel College, Boston, MA, BSN	December 1999
Malden Hospital School of Nursing, Malden, MA, three year diploma graduate	June 1972
Currently licensed as an A.P.R.N. in New Hampshire	Present
ANCC Board Certified as A.P.R.N. in Psychiatric/Mental Health Nursing	July 2002
ANCC certified in Psychiatric/Mental Health Nursing	June 1994

Professional Organizations

New Hampshire Nurse Practitioner Association	April 2002
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Greater Nashua Mental Health Center

at Community Council

BOARD OF DIRECTORS 2015

March 20, 2015

PRESIDENT
FIRST VICE PRESIDENT
SECRETARY
TREASURER
EXECUTIVE DIRECTOR

James Fasoli
Edmund Sylvia
Jone Labombard
Marie Tule, CPA
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TERM EXPIRES FEBRUARY 2018

James S. Fasoli (2009)

Mary Ann Somerville (2012)

Elizabeth Sheehan (2015)

TERM EXPIRES FEBRUARY 2017

Pamela Burns (2011)

Christine M. Furman (2014)

Kathie Rice Orshak, MA (2011)

Tanya L. Spony, Esq. (2014)

Edmund Sylvia (2011)

Marie Tule, CPA (2011)

TERM EXPIRES FEBRUARY 2016

Sanders F Burstein, MD (2013)

Jone Labombard (2010)



KEY ADMINISTRATIVE PERSONNEL

NH Department of Health and Human Services

Contractor Name: Greater Nashua Mental Health Center

Name of Program: Assertive Community Treatment (ACT) Teams

BUDGET PERIOD:		SFY 16		
NAME	JOB TITLE	SALARY	PERCENT PAID FROM THIS CONTRACT	AMOUNT PAID FROM THIS CONTRACT
Jeffery Weigle	ACT Team Leader	\$45,900	100.00%	\$45,900.00
Stephanie Genest	ACT Clinician	\$40,800	100.00%	\$40,800.00
To be named	ACT Clinician	\$40,800	83.00%	\$33,864.00
To be named	ACT Clinician	\$40,800	58.30%	\$23,786.40
To be named	ACT Clinician	\$40,800	50.00%	\$20,400.00
To be named	RN	\$51,000	58.30%	\$29,733.00
To be named	Supported Employ Specialist	\$29,580	41.70%	\$12,334.86
To be named	Psychiatrist	\$225,000	15.00%	\$33,750.00
Carol Copanas	APRN	\$120,000	40.00%	\$48,000.00
TOTAL SALARIES (Not to exceed Total/Salary Wages, Line Item 1 of Budget request)				\$288,568.26

BUDGET PERIOD:		SFY 17		
NAME	JOB TITLE	SALARY	PERCENT PAID FROM THIS CONTRACT	AMOUNT PAID FROM THIS CONTRACT
Jeffery Weigle	ACT Team Leader	\$46,818	100.00%	\$46,818.00
To be named	Assistant Team Leader	\$43,697	100.00%	\$43,696.80
Stephanie Genest	ACT Clinician	\$41,616	100.00%	\$41,616.00
To be named	ACT Clinician	\$41,616	100.00%	\$41,616.00
To be named	ACT Clinician	\$41,616	100.00%	\$41,616.00
To be named	RN	\$52,020	100.00%	\$52,020.00
To be named	Supported Employ Specialist	\$30,172	100.00%	\$30,171.60
To be named	Peer Support Specialist	\$29,131	50.00%	\$14,565.60
To be named	Psychiatrist	\$229,500	10.00%	\$22,950.00
Carol Copanas	APRN	\$122,400	50.00%	\$61,200.00
TOTAL SALARIES (Not to exceed Total/Salary Wages, Line Item 1 of Budget request)				\$396,270.00