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STATE OF NEW HAMPSHIRE

DEPARTMENT OF HEALTH AND HUMAN SERVICES

29 HAZEN DRIVE, CONCORD, NH 03301-6527  
603-271-4517 1-800-852-3345 Ext. 4517  
Fax: 603-271-4519 TDD Access: 1-800-735-2964



Nicholas A. Toumpas  
Commissioner

José Thier Montero  
Director

March 29, 2013

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

**REQUESTED ACTION**

Authorize the Department of Health and Human Services, Division of Public Health Services, Bureau of Population Health and Community Services, Maternal and Child Health Section to exercise a contract renew and amend option with Good Beginnings of Sullivan County, Purchase Order #1020797, Vendor #170625-B001, 109 Pleasant Street, Claremont, New Hampshire 03743, by increasing the Price Limitation by \$171,380.00 from \$171,380.00 to \$342,760.00 to provide home visiting services to pregnant women in accordance with the Healthy Families America model, and extend the Completion Date to June 30, 2015, effective July 1, 2013 or the date of Governor and Executive Council approval, whichever is later. This Agreement was originally approved by Governor and Executive Council on January 11, 2012 item #55. Funds are anticipated to be available in the following account for SFY 2014 and SFY 2015 upon the availability and continued appropriation of funds in the future operating budget.

*100% FED*

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

Fiscal Year	Class/Object	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2012	102-500731	Contracts for Prog Svc	90004104	\$85,690	\$0	\$85,690
SFY 2013	102-500731	Contracts for Prog Svc	90004104	\$85,690	\$0	\$85,690
SFY 2014	102-500731	Contracts for Prog Svc	90004104	\$0	\$85,690	\$85,690
SFY 2015	102-500731	Contracts for Prog Svc	90004104	\$0	\$85,690	\$85,690
			Total	\$171,380	\$171,380	342,760

**EXPLANATION**

Funds in this amendment will be used to support home visiting services in the Sullivan County for families at risk for poor health outcomes and child maltreatment. This voluntary home visiting program will follow an evidence-based model and curriculum, proven through research to improve outcomes for health, reduce

child maltreatment and improve family economic self-sufficiency. Home visitors provide support and education to families in their homes. Each family receives an assessment of their strengths and needs, and home-visiting services are provided in accordance with those individual assessments. Families and home visitors discuss prenatal health, child development, positive parenting practices, health and safety concerns, family planning and smoking cessation.

Sullivan County was identified as an at-risk community during the 2010 Home Visiting Needs Assessment. By targeting the delivery of Home Visiting New Hampshire – Healthy Families America in communities that were identified as having the highest risk population, the program will reduce differences in health outcomes. The following information concerning Sullivan County was used to make this determination. Most of this data is from 2008, the most recent year for which data was available.

- Infants born at Highest Risk: 5.2% (% of infants born to New Hampshire teens ages 14 - 19 who were unmarried and who had not completed high school at the time of their infant's birth; 3 yr average, 07-09)
- 78.4% of children have all care giving parents in the workplace (3-yr ave, 06-08)
- Apt Rent/Family Income Ratio: 18.4% (3-year average, 06-08)
- 24.7% of children receive Food Stamps Supplemental Nutrition Assistance Program
- 34.9% of children are eligible for free and reduced-priced lunch
- 27.4% of infants and children (birth-4) participate in Women, Infants and Children Nutrition Program
- 32.7% of children are enrolled in Medicaid or Childrens Health Insurance Program
- Low Birth Weight Infants: 72.9 per 1,000 (LBW< 5.5 lbs)
- 9.1% of children receiving Community Mental Health Services (highest in the state)
- Children in Out-of-Home Placements: 5.6 per thousand
- Highest rate of Homeless Students in New Hampshire 4.6% - The homeless rate among public school students in Sullivan County is more than 2.5 times the rate of any other county.
- Average annual number of substantiated cases of child maltreatment: 7.3 per 1,000
- 18.3% of students require special education services
- Teen birth rate (per 1,000 live births): 42
- 11.8 cases of domestic violence per 1,000

Should Governor and Executive Council not authorize this Request, families will not receive home visiting services that have been shown to improve conditions for young families leading to healthy and productive communities. In addition, New Hampshire will not fulfill its requirement to provide services as outlined in federal legislation.

Good Beginnings of Sullivan County was selected for this project through a competitive bid process. The Request for Proposals was posted on the Department of Health and Human Services web site June 30, 2011 soliciting proposals from the following areas: Carroll County, Coos County, the City of Manchester, Strafford County and Sullivan County. In addition, emails were sent to community agencies and various listserves, which provided broad distribution throughout the state.

In response to the Request for Proposals to provide Home Visiting New Hampshire-Healthy Families America services in five geographic areas, six proposals were submitted. A committee of seven reviewers evaluated the proposals, including four Department of Health and Human Services personnel and three external reviewers. Each reviewer had between two and seventeen years experience providing direct services in the community and/or managing programs that serve children and families. Areas of specific expertise include Maternal and Child Health; Law; Injury Prevention; Child Abuse Prevention; and Women, Infants and Children Nutrition. Proposals were scored taking an average of all reviewers' scores. Reviewers recommended funding

four proposals to serve four of the five geographic areas. The proposal from Good Beginnings of Sullivan County was selected to serve Sullivan County. Two proposals scored poorly and were not recommended for funding. As a result, a new Request for Proposals has been released to solicit services in Strafford County. The Request for Proposals scoring summary is attached.

As referenced in the original letter approved by Governor and Executive Council on January 11, 2012, item #55, and in the Request for Proposal, Renewals Section, this competitively procured Agreement has the option to renew for two (2) additional years, contingent upon satisfactory delivery of services, available funding, agreement of the parties and approval of the Governor and Executive Council. The Division is exercising this renewal option. These services were contracted previously with this agency in SFY 2012 and SFY 2013 in the amount of \$171,380. This represents level funding.

As with any start up program, it's difficult for new agencies to meet all targets in the first year of seeing families. This agency didn't meet all targets in SFY 2012. However, Good Beginnings of Sullivan County is on track to reach these targets in SFY 2013, and become a nationally accredited Healthy Families America program in year 3, as required in the scope of this agreement.

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

- Performance Measure #1: 90% of women enrolled in Home Visiting New Hampshire – Healthy Families America will receive at least one Edinburgh Post Natal Depression Scale screening between six and eight weeks after giving birth.
- Performance Measure #2: 90% of families will receive a Healthy Homes One-Touch assessment by the birth of their child.
- Performance Measure #3: 95% of children will receive further evaluation after scoring below the “cutoff” on the Ages & Stages Questionnaire, 3rd ed., which is a developmental screening tool.

Area served: Sullivan County.

Source of Funds: Source of Funds is 100% Federal Funds from United States Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau.

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and the Honorable Council  
March 29 2013  
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In the event that the Federal Funds become no longer available, General Funds will not be requested to support this program.

Respectfully submitted,



José Thier Montero, MD  
Director

Approved by:



Nicholas A. Toumpas  
Commissioner

JTM/DDT/sc

**Program Name**

**Contract Purpose**

**RFP Score Summary**

**Home Visiting NH - Health Families America**

**To provide home visiting services with fidelity to the HFA Model to families in identified at-risk communities.**

	Max Pts	Behavioral Health and Developmental Services of Strafford County, 113 Crosby Road Suite 1, Dover, NH 03820	The Family Resource Center at Gorham, 123 Main Street, Gorham, NH 03581	Good Beginnings of Sullivan County, 169 Main Street, Claremont, NH 03743	Central New Hampshire VNA & Hospice, 780 North Main Street, Laconia, NH 03246	The HUB Family Support Center - (Healthy Universal Beginnings), 23 Atkinson Street, Dover, NH 03820	Child and Family Services, 464 Chestnut Street, Manchester, NH 03105	Bidder Name, Town, St	Bidder Name, Town, St
<b>RFA/RFP CRITERIA</b>									
Agy Capacity	30	20.00	30.00	26.00	21.00	21.00	25.00	0.00	0.00
Program Structure	50	34.00	49.00	46.00	39.00	32.00	43.00	0.00	0.00
Budget & Justification	15	7.00	14.00	14.00	11.00	11.00	13.00	0.00	0.00
Format	5	4.00	4.00	4.00	5.00	4.00	4.00	0.00	0.00
<b>Total</b>	<b>100</b>	<b>65.00</b>	<b>97.00</b>	<b>90.00</b>	<b>76.00</b>	<b>68.00</b>	<b>85.00</b>	<b>0.00</b>	<b>0.00</b>

<b>BUDGET REQUEST</b>									
Year 01		143,098.00	71,344.00	78,403.00	64,286.00	143,098.00	175,320.00	-	-
Year 02		143,098.00	71,344.00	78,403.00	64,286.00	143,098.00	175,320.00	-	-
Year 03		-	-	-	-	-	-	-	-
<b>TOTAL BUDGET REQUEST</b>		<b>286,196.00</b>	<b>142,688.00</b>	<b>156,806.00</b>	<b>128,572.00</b>	<b>286,196.00</b>	<b>350,640.00</b>	<b>-</b>	<b>-</b>
<b>BUDGET AWARDED</b>									
Year 01		-	\$78,323.00	\$85,690.00	\$70,956.00	-	\$188,826.00	-	-
Year 02		-	\$78,323.00	\$85,690.00	\$70,956.00	-	\$188,826.00	-	-
Year 03		-	\$0.00	\$0.00	\$0.00	-	\$0.00	-	-
<b>TOTAL BUDGET AWARDED</b>		<b>-</b>	<b>\$156,646.00</b>	<b>\$171,380.00</b>	<b>\$141,912.00</b>	<b>-</b>	<b>\$377,652.00</b>	<b>-</b>	<b>-</b>

	Name	Job Title	Dept/Agency	Qualifications
1	Anna Thomas	Deputy Public Health Director	Manchester Health Dept	The reviewers have between two and seventeen years of experience in public health and/or family support programs. Areas of expertise include Maternal and Child Health; Injury Prevention; Women, Infants and Children Nutrition; Child Abuse Prevention and Law.
2	Lissa Sirois	Breastfeeding Promotion Coord	DHHS/DPHS/WIC	
3	Rhonda Siegel	IP Program Manager	DHHS/DPHS/MCH	
4	Laura Milliken	Director	Early Childhood Adv Council	
5	Kim Firth	Program Director	Endowment for Health	
6	Andrea Goldberg	Prevention & Community Support Spec	DHHS/DCYF	
7	Jessica Locke	Credentialing Specialist	DHHS/DCYF/CDB	

## EXERCISE OF OPTION TO RENEW AND AMEND ONE

This Agreement (hereinafter called the "Renew and Amend One") dated this 16th day of January, 2013 by and between the State of New Hampshire acting by and through its Division of Public Health Services of the Department of Health and Human Services, (hereinafter referred to as the "Division") and the Good Beginnings of Sullivan County, Purchase Order Number 1020797, a corporation organized under the laws of the State of New Hampshire, with a place of business at 109 Pleasant Street, Claremont, New Hampshire 03743 (hereinafter referred to as the "Contractor").

**WHEREAS**, pursuant to an agreement (hereinafter called the "Agreement") dated January 11, 2012, Item #55, the Contractor agreed to perform certain services upon the terms and conditions specified in the Agreement and in consideration of payment by the Division of certain sums as specified therein;

**WHEREAS**, pursuant to the provision of Exhibit C, #17 of the Agreement, the Agreement may be renewed for a period of two additional years, pending availability of funding, the agreement of the parties, and approval by Governor and Council;

**WHEREAS**, pursuant to the provision of Section 18 of the Agreement, the Agreement may be modified or amended only by a written instrument executed by the parties thereto and only after approval of such modification or amendment by the Governor and Council;

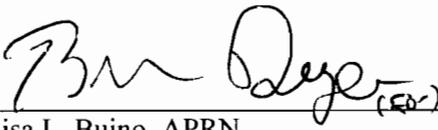
**WHEREAS**, the Provider and the Division have agreed to Exercise the Option to Renew and Amend the Agreement in certain respects;

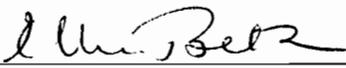
**NOW THEREFORE**, in consideration of the foregoing, and the covenants and conditions contained in the Agreement and set forth herein, the parties hereto do hereby agree as follows:



IN WITNESS WHEREOF, the parties have hereunto set their hands as of the day and year first above written.

**STATE OF NEW HAMPSHIRE  
Division of Public Health Services**

By:  4/17/13  
Lisa L. Bujno, APRN Date  
Bureau Chief

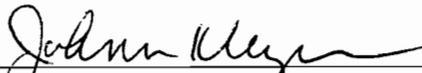
By:  1/16/2013  
Ellie Tssetsi, Executive Director Date

Good Beginnings of Sullivan County  
Legal Name of Agency

STATE OF NEW HAMPSHIRE  
COUNTY OF SULLIVAN

On this the 16<sup>th</sup> day of January 2013, before me, Jo-Ann Kleyensteuber,  
*(name of notary)*  
the undersigned officer, Ellie Tsetsi,  
*(contract signatory)* personally appeared who acknowledged him/herself  
to be the Executive Director of the Good Beginnings of Sullivan County,  
*(signatory's title)* *(legal name of agency)*  
a corporation, and that he/she, as such Executive Director, being authorized so to do,  
*(signatory's title)*  
executed the foregoing instrument for the purposes therein contained, by signing the name of the  
corporation by him/herself as Executive Director of the Good Beginnings of Sullivan County.  
*(signatory's title)* *(legal name of agency)*

In witness whereof I hereunto set my hand and official seal.

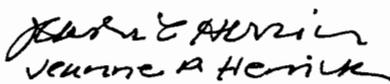
  
\_\_\_\_\_  
Notary Public/Justice of the Peace

My Commission expires:

**JO-ANN KLEYENSTEUBER, Notary Public**  
**My Commission Expires June 17, 2014**

Approved as to form, execution and substance:

OFFICE OF THE ATTORNEY GENERAL

By:   
Jeanne A Henick  
Assistant Attorney General

Date: 11 Jan. 2013

I hereby certify that the foregoing contract was approved by the Governor and Council of the State of New Hampshire at the Meeting on: \_\_\_\_\_.

OFFICE OF THE SECRETARY OF STATE

By: \_\_\_\_\_

Title: \_\_\_\_\_

**NH Department of Health and Human Services**

**Exhibit A-1  
Scope of Services**

*Home Visiting New Hampshire – Healthy Families America*

**CONTRACT PERIOD: July 1, 2013 or date of G&C approval, whichever is later, through June 30, 2015**

**CONTRACTOR NAME: Good Beginnings of Sullivan County**

**ADDRESS: 109 Pleasant Street, PO Box 1098  
Claremont, New Hampshire 03743**

**Executive Director: Ellie Tsetsi**

**TELEPHONE: 603-542-1848**

The Contractor shall:

**I. General Provisions**

**A. Eligibility and Income Determination**

1. The Contractor shall provide home visiting services to pregnant and parenting women with children up to age three according to the priorities described in the Healthy Families America Home Visiting Model.
2. Priority shall be given to participants who:
  - Are first time mothers;
  - Have low incomes;
  - Are pregnant women who have not attained age 21;
  - Have a history of child abuse or neglect or have had interactions with child welfare services;
  - Have a history of substance abuse or need substance abuse treatment;
  - Are users of tobacco products in the home;
  - Have, or have children with, low student achievement;
  - Have children with developmental delays or disabilities;
  - Are in families that include individuals who are serving or have formerly served in the armed forces, including such families that have members of the armed forces who have had multiple deployments outside of the United States.
3. The Contractor shall provide documentation of income determination and need to inform clients of Medicaid and/or to assist with applications.
4. *The Contractor shall bill all other payers including private insurance and Medicaid for all reimbursable services rendered.*

**B. Numbers Served**



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

**E. Relevant Policies and Guidelines**

1. The contractor shall maintain the confidentiality of public assistance clients and use the information only for program administration purposes.
  - a) *All staff must understand that the receipt of this information is confidential and cannot be disclosed except in direct administration of the program.*
  - b) *All staff must adhere to the Division of Family Assistance confidentiality policy in the General Manual and sign a statement saying that they agree to uphold the confidentiality standards. Failure to maintain confidentiality shall result in disciplinary actions.*
2. Receipt of public assistance and other confidential information may be shared as a part of the medical record only with the properly signed release of information from the client.

**F. Publications Funded Under Contract**

1. The DHHS and/or its funders will retain COPYRIGHT ownership for any and all original materials produced with DHHS contract funding, including, but not limited to, brochures, resource directories, protocols or guidelines, posters, or reports.
2. All documents (written, video, audio) produced, reproduced or purchased under the contract shall have prior approval from DPHS before printing, production, distribution, or use.
3. The Contractor shall credit DHHS on all materials produced under this contract following the instructions outlined in Exhibit C-1 (5).

**G. Subcontractors**

If services required to comply with this Exhibit are provided by a subcontracted agency or provider, the DPHS, Maternal and Child Health Section (MCHS) must be notified in writing prior to initiation of the subcontract. In addition, subcontractors must be held responsible to fulfill all relevant requirements included in this Exhibit.

**II. Minimal Standards of Core Services**

**A. Service Requirements**

1. Implement Healthy Families America home visiting model with fidelity using the 12 Critical Elements:
  - a. Service Initiation
    - i. Initiate services prenatally.
    - ii. *Use the standardized screening tool and the Parent Survey, to systematically identify families who are most in need of services.*
    - iii. Offer services voluntarily and use positive outreach efforts to build family trust.
  - b. Service Content

- i. Offer services to participating families until the child's third birthday, using well-defined criteria for increasing or decreasing frequency of services.
  - ii. Services should be culturally competent; materials used should reflect the diversity of the population served.
  - iii. Services are comprehensive, focusing on supporting the parent as well as supporting parent-child interaction and child development.
  - iv. All families should be linked to a medical provider; they may also be linked to additional services.
  - v. Staff members should have limited caseloads. *The Healthy Families America national office requires that "one home visitor (FSW) serve no more than 15 families receiving weekly visits or 25 families receiving less frequent visits. In some instances, the caseload may need to be reduced to accommodate families with multiple needs or to accommodate communities in which there are long distances between home visits."*
- c. Staff Characteristics
- i. Service providers are selected based on their ability to establish a trusting relationship.
  - ii. All service providers should receive basic training in areas such as cultural competency, substance abuse, reporting child abuse, domestic violence, drug-exposed infants, and services in their community.
  - iii. Service providers should receive thorough training specific to their role to understand the essential components of family assessment and home visitation.
2. HVNH-HFA will include home visits by nurses as an enhancement to the HFA Model. The schedule of visits should adhere closely to the following:
- a. In the prenatal period: three nurse visits at home or office, or a minimum of one nurse visit during each trimester in which a woman is enrolled.
  - b. A minimum of one postpartum/newborn home visit by nurse, *APRN*, physician offered to *all* families.
  - c. A minimum of 3, maximum of 10 nurse visits per year for the child.
3. Contractors considering clinical or sociological research using clients as subjects must adhere to the legal requirements governing human subjects' research. Contractors must inform the DPHS, MCHS prior to initiating any research related to this contract.

**B. Staffing Provisions**

**1. New Hires**

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

**2. Vacancies**

The Contractor must notify the MCHS in writing if the executive director or program coordinator position is vacant for more than three months. This may be done through a budget revision. In addition, the MCHS must be notified in writing if at any time any site funded under this agreement does not have adequate staffing to perform all required services for more than one month.

**3. Staff employed or subcontracted by the contractor shall meet the following qualifications:**

The HFA Critical Elements state that direct service staff should not be hired based on their formal education alone. Service providers should be selected because of their personal characteristics (i.e., a non-judgmental attitude, compassion, the ability to establish a trusting relationship, etc.), their willingness to work in or experience working with culturally diverse communities and their skills to do the job.

- a. *Family Assessment Workers and Family Support Workers/Home Visitors shall:*
    - i. Have a high school diploma or general equivalency diploma
    - ii. Have 2 years' experience working with families in a health care support capacity
    - iii. Work in coordination with a licensed multidisciplinary team, including but not limited to Registered Nurses (RN's), APRNs, licensed clinical social workers (LCSW), licensed marriage and family therapists, and/or other licensed health care professionals.
  - b. *Nurses shall have:*
    - i. A current license to practice as a registered nurse in accordance with RSA 326-B.
    - ii. A minimum of 2 years of experience in maternal and child health nursing.
  - c. *Nutritionists shall have:*
    - i. A bachelor's degree in foods and nutrition or home economics, or a master's degree in nutrition, nutrition education, or nutrition in public health or current Registered Dietitian status in accordance with the Commission on Dietetic Registration of the American Dietetic Association.
    - ii. Individuals who perform functions similar to a nutritionist but do not meet the above qualifications shall not use the title of nutritionist.
  - d. *Social workers shall have:*
    - i. A bachelor's degree in social work or a master's or bachelor's degree in a related social science or human behavior field, or master's degree in social work (MSW).
    - ii. A minimum of 2 years experience working with children or families in a support or counseling capacity.
    - iii. Individuals who perform social work functions similar to a social worker but do not meet the above qualifications shall not use the title of social worker.
4. Home visitors shall be supervised by a nurse, social worker or other professional with relevant experience with approval from the Division of Public Health Services, and meet with their supervisor individually for no less than 1 hour per week for FTE home visitors. Group meetings with other home visitors to share information and coordinate services are required no less than every two weeks.

All direct service personnel (FSW, FAW, Supervisor) involved in the HFA Program (both paid and in-kind) must attend the HFA CORE training provided by a nationally certified HFA trainer. The required initial training for both a Family Support Worker and a Family Assessment Worker is 4 days. The Supervisor must attend both the Family Support Worker and Family Assessment Worker training and attend the fifth day, which is for supervisors only (a total of 10 days of training).

### **C. Coordination of Services**

1. The contractor shall coordinate, where possible, with other service providers within the contractor's community. At a minimum, such collaboration shall include interagency referrals and coordination of care.

2. Agencies that deliver services in a community or communities that are part of a Public Health Network (PHN) region should be active participants in the PHN. As appropriate, agencies should participate in community needs assessments, public health performance assessments, and the development of regional public health improvement plans. Agencies should also engage PHN staff as appropriate to enhance the implementation of community-based public health prevention initiatives being implemented by the agency.

**D. Meetings and Trainings**

The Contractor will be responsible to send staff to meetings and training required by the MCHS program, including but not limited to: *MCH Coordinators Meetings, Home Visiting Quarterly Meetings, Healthy Families America Core Trainings, and Data System trainings.*

**III. Quality or Performance Improvement (QI/PI)**

**A. Workplans**

1. Performance Workplans are required annually for this program and are used to monitor achievement of standard measures of performance of the services provided under this contract. The workplans are a key component of the MCHS performance-based contracting system and of this contract.
2. The Contractor shall incorporate required and developmental performance measures, defined by the MCHS into the agency's QI/PI plan. Reports on Workplan Progress/Outcomes shall detail the QI/PI plans and activities that monitor and evaluate the agency's progress toward performance measure targets.
3. The Contractor shall comply with minor modifications and/or additions to the workplan and annual report format as requested by the MCHS. The MCHS will provide the Contractor with advance notice of such changes and the Contractor is not expected to incur any substantial costs relative to such changes.

**B. Data and Reporting Requirements**

In addition to Performance Workplans, the Contractor shall submit to the MCHS the following data used to monitor program performance:

1. Workplans and Workplan Outcome reports according to the schedule and instructions provided by the MCHS. The MCHS shall notify the Contractor at least 30 days in advance of any changes in the submission schedule.
2. The data required for the federal Maternal, Infant & Early Childhood Home Visiting Program benchmark reporting, reported in the Home Visiting Data System.
3. In years when contracts or amendments are not required, the DPHS Budget Form, Budget Justification, Sources of Revenue and Program Staff List forms must be completed according to the relevant instructions and submitted as requested by DPHS and, at minimum, by April 30 of each year.

4. The Sources of Revenue report must be resubmitted at any point when changes in revenue threaten the ability of the agency to carry out the planned program.
5. The Contractor shall collaborate with the Divisions of Public Health Services and Family Assistance to collect client and program data and information for the purpose of program evaluation.
6. The Contractor shall, for purposes of program evaluation and federal reporting, enter personally identifiable health data, for all clients served under this contract, into the Home Visiting Data System. Contractors shall be responsible for obtaining any authorizations for release of information from the clients that is necessary to comply with federal and state laws and regulations. All forms developed for authorization for release of information must be approved by DPHS prior to their use.

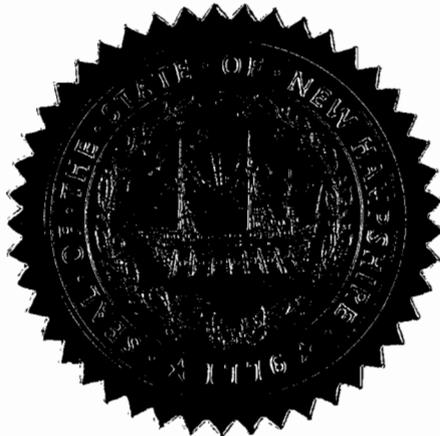
**C. On-Site Reviews**

1. The Contractor shall allow a team or person authorized by the MCHS to periodically review the Contractor's systems of governance, administration, data collection and submission, clinical, and financial management in order to assure systems are adequate to provide the contracted services.
2. Reviews shall include client record reviews to measure compliance with this Exhibit.
3. The Contractor shall make corrective actions as advised by the review team if contracted services are not found to be provided in accordance with this Exhibit.
4. On-Site reviews may be waived or abbreviated at the discretion of the MCHS, upon submission of satisfactory reports of reviews such as Primary Care Effectiveness Reviews (PCER), or reviews from nationally accreditation organizations such as the Joint Commission for the Accreditation of Health Care Organizations (JCAHO), Medicare, or the Community Health Accreditation Program (CHAP). Abbreviated reviews will focus on any deficiencies found in previous reviews, issues of compliance with this Exhibit, and actions to strengthen performance as outlined in the agency Performance Workplan.

# State of New Hampshire Department of State

## CERTIFICATE

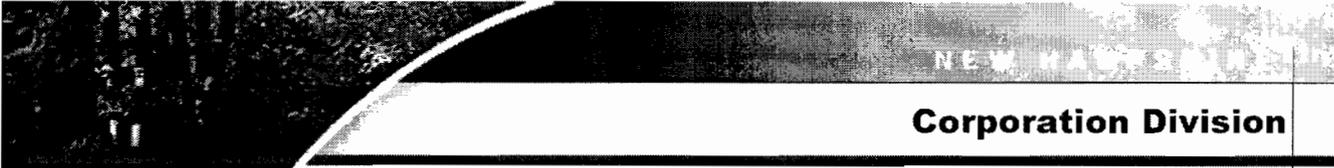
I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that GOOD BEGINNINGS OF SULLIVAN COUNTY is a New Hampshire nonprofit corporation formed January 14, 2004. I further certify that it is in good standing as far as this office is concerned, having filed the return(s) and paid the fees required by law.



In TESTIMONY WHEREOF, I hereto set my hand and cause to be affixed the Seal of the State of New Hampshire, this 9<sup>th</sup> day of April A.D. 2012

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

William M. Gardner  
Secretary of State


 Corporation Division

Search  
 By Business Name  
 By Business ID  
 By Registered Agent  
 Annual Report  
 File Online

**Date:** 4/2/2013 **Filed Documents**  
 (Annual Report History, View Images, etc.)

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**Business Name History**


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Name	Name Type
GOOD BEGINNINGS OF SULLIVAN COUNTY	Legal

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**Non-Profit Corporation - Domestic - Information**

<b>Business ID:</b>	461338
<b>Status:</b>	Good Standing
<b>Entity Creation Date:</b>	1/14/2004
<b>Principal Office Address:</b>	109 Pleasant St Claremont NH 03743
<b>Principal Mailing Address:</b>	PO Box 1098 Claremont NH 03743
<b>Expiration Date:</b>	Perpetual
<b>Last Annual Report Filed Date:</b>	4/27/2010
<b>Last Annual Report Filed:</b>	2010

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**Registered Agent**

<b>Agent Name:</b>	
<b>Office Address:</b>	No Address
<b>Mailing Address:</b>	No Address

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**Important Note:** The status reflected for each entity on this website only refers to the status of the entity's filing requirements with this office. It does not necessarily reflect the disciplinary status of the entity with any state agency. Requests for disciplinary information should be directed to agencies with licensing or other regulatory authority over the entity.

**CERTIFICATE OF VOTE/AUTHORITY**

I, Debra Mochi, of Good Beginnings of Sullivan County, do hereby certify that:

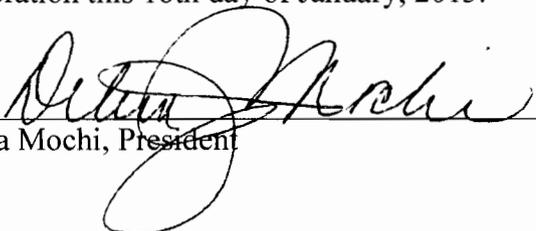
1. I am the duly elected President of Good Beginnings of Sullivan County
2. The following are true copies of two resolutions duly adopted at the Annual Meeting of the Board of Directors of the corporation, duly held on January 16, 2013:

RESOLVED: That this corporation may enter into any and all contracts, amendments, renewals, revisions or modifications thereto, with the State of New Hampshire, acting through its Department of Health and Human Services.

RESOLVED: That the Executive Director is hereby authorized on behalf of this corporation to enter into said contracts 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. Ellie Tsetsi is the duly elected Executive Director of the corporation.

3. The foregoing resolutions have not been amended or revoked and remain in full force and effect as of January 16, 2013.

IN WITNESS WHEREOF, I have hereunto set my hand as the President of the corporation this 16th day of January, 2013.

  
Debra Mochi, President

STATE OF NH  
COUNTY OF SULLIVAN

The foregoing instrument was acknowledged before me this 16th day of January, 2013 by Debra Mochi.



Notary Public/Justice of the Peace  
My Commission Expires: \_\_\_\_\_

**JO-ANN KLEYENSTEUBER, Notary Public**  
**My Commission Expires June 17, 2014**





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
1/24/2013

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

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

PRODUCER E & S Insurance Services LLC 21 Meadowbrook Lane P O Box 7425 Gilford NH 03247-7425	CONTACT NAME: Fairley Kenneally	
	PHONE (A/C, No, Ext): (603) 293-2791 FAX (A/C, No): (603) 293-7188 E-MAIL ADDRESS: fairley@esinsurance.com	
INSURED Good Beginnings of Sullivan County P O Box 1098 Claremont NH 03743	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: First Comp	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	

COVERAGES CERTIFICATE NUMBER: 2012 REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>GENERAL LIABILITY</b> <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
<b>A</b>	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			WC0093557-04	7/1/2012	7/1/2013	WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 100,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

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

## CERTIFICATE HOLDER

## CANCELLATION

State of NH Dept of Health & Human Serv.  
Division of Public Health Services  
Dir.  
29 Hazen Drive  
Concord, NH 03301

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

F Kenneally/FAIRLE

***GOOD BEGINNINGS OF  
SULLIVAN COUNTY, INC.***

**Audited Financial Statements  
June 30, 2011**

**LAWRENCE E. REED, CPA, PC**  
*Professional Corporation*  
C E R T I F I E D P U B L I C A C C O U N T A N T

17 River Street, PO Box 760  
Chester, VT 05143  
(802) 875-2322  
Fax (802) 875-2324  
Email [lercpa@vermontel.net](mailto:lercpa@vermontel.net)

Member of American Institute of  
Certified Public Accountants

Licensed in Vermont  
and New Hampshire

**INDEPENDENT AUDITOR'S REPORT**

To the Board of Directors of  
Good Beginnings of Sullivan County, Inc.

We have audited the accompanying statement of financial position of Good Beginnings of Sullivan County, Inc. (a nonprofit organization) as of June 30, 2011, and the related statements of activities and cash flows for the year then ended. These financial statements are the responsibility of the Corporation's management. 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. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audit provides a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Good Beginnings of Sullivan County, Inc. as of June 30, 2011, and the changes in its net assets and its cash flows for the year then ended in conformity with accounting principles generally accepted in the United States of America.

*Lawrence E. Reed, CPA, PC*

January 12, 2012  
Vermont License No. 1039

**STATEMENT OF FINANCIAL POSITION**  
**GOOD BEGINNINGS OF SULLIVAN COUNTY, INC.**  
**June 30, 2011**  
**(With Comparative Totals for June 30, 2010)**

	June 30, 2011		Total	As of June 30, 2010	
	Unrestricted	Temporarily Restricted		Totals (Memorandum)	
<b>ASSETS</b>					
Cash and cash equivalents	\$ 111,843	-	\$ 111,843	\$ 78,886	
Cash, restricted	4,122	-	4,122	-	
Grants and accounts receivable	41,262	3,500	44,762	59,527	
Prepaid expenses	2,584	-	2,584	10,814	
Equipment, furniture and fixtures	44,560	-	44,560	44,560	
Accumulated depreciation	(42,260)	-	(42,260)	(37,908)	
<b>TOTAL ASSETS</b>	<b>\$ 162,111</b>	<b>\$ 3,500</b>	<b>\$ 165,611</b>	<b>\$ 155,879</b>	
<b>LIABILITIES AND NET ASSETS</b>					
<b>LIABILITIES</b>					
Accounts payable	\$ 1,737	-	\$ 1,737	\$ 2,793	
Accrued expenses	34,821	-	34,821	31,946	
Fiscal agency funds	4,122	-	4,122	-	
Note payable	6,200	-	6,200	55,200	
<b>TOTAL LIABILITIES</b>	<b>46,880</b>	-	<b>46,880</b>	<b>89,939</b>	
<b>NET ASSETS</b>	<b>115,231</b>	<b>3,500</b>	<b>118,731</b>	<b>65,940</b>	
<b>TOTAL LIABILITIES AND NET ASSETS</b>	<b>\$ 162,111</b>	<b>\$ 3,500</b>	<b>\$ 165,611</b>	<b>\$ 155,879</b>	

See notes to financial statements.

**STATEMENT OF FINANCIAL ACTIVITIES**  
**GOOD BEGINNINGS OF SULLIVAN COUNTY, INC.**  
**Year Ended June 30, 2011**  
**(With Comparative Totals for the Year Ended June 30, 2010)**

	<b>Year Ended June 30, 2011</b>			<b>Year Ended</b>
	<b>Unrestricted</b>	<b>Temporarily Restricted</b>	<b>Total</b>	<b>June 30, 2010</b>
				<b>Totals</b>
				<b>(Memorandum)</b>
<b>SUPPORT AND REVENUE</b>				
Governmental support	\$ 399,498	\$ 14,000	\$ 413,498	\$ 465,218
Program fees	271,829	-	271,829	225,793
Donated inventory	49,147	-	49,147	50,765
Contributions	17,206	3,105	20,311	35,697
Foundations and trusts	12,000	12,000	24,000	43,000
Fundraising	15,027	-	15,027	10,307
Donated services	3,500	-	3,500	-
Federal health insurance credit	2,442	-	2,442	-
Net assets released from restrictions	25,605	(25,605)	-	-
<b>TOTAL SUPPORT AND REVENUE</b>	<b>796,254</b>	<b>3,500</b>	<b>799,754</b>	<b>830,780</b>
<b>EXPENSES</b>				
<b>Program services</b>				
Comprehensive Family Support	187,747	-	187,747	185,659
Home Visiting	159,647	-	159,647	141,018
Child Health	141,750	-	141,750	128,920
Parent Aide	54,868	-	54,868	-
Prenatal	40,587	-	40,587	41,279
Second Beginnings	39,154	-	39,154	22,107
Supervised Visitations	37,958	-	37,958	51,968
Community health	-	-	-	28,551
Healthy Tomorrows	-	-	-	27,386
	661,711	-	661,711	626,888
<b>Management and general</b>	<b>85,252</b>	<b>-</b>	<b>85,252</b>	<b>77,392</b>
<b>TOTAL EXPENSES</b>	<b>746,963</b>	<b>-</b>	<b>746,963</b>	<b>704,280</b>
<b>CHANGE IN NET ASSETS</b>	<b>49,291</b>	<b>3,500</b>	<b>52,791</b>	<b>126,500</b>
Net assets at Beginning of Year	65,940	-	65,940	(60,560)
<b>NET ASSETS AT END OF YEAR</b>	<b>\$ 115,231</b>	<b>\$ 3,500</b>	<b>\$ 118,731</b>	<b>\$ 65,940</b>

See notes to financial statements.

**STATEMENT OF CASH FLOWS**  
**GOOD BEGINNINGS OF SULLIVAN COUNTY, INC.**  
**Year Ended June 30, 2011**  
**(With Comparative Totals for the Year Ended June 30, 2010)**

	<u>Year Ended June 30, 2011</u>			<b>Year Ended June 30, 2010</b>
	<u>Unrestricted</u>	<u>Temporarily Restricted</u>	<u>Total</u>	<b>Totals (Memorandum)</b>
<b>OPERATING ACTIVITIES</b>				
Change in net assets	\$ 49,291	\$ 3,500	\$ 52,791	\$ 126,500
Adjustments to reconcile change in net assets to net cash provided (used) by operating activities				
Depreciation	4,352	-	4,352	6,021
(Increase) decrease in operating assets:				
Grants and accounts receivable	18,265	(3,500)	14,765	(15,889)
Prepaid expenses	8,230	-	8,230	(9,668)
Increase (decrease) in operating liabilities:				
Accounts payable	(1,056)	-	(1,056)	(16,871)
Accrued expenses	2,875	-	2,875	-
Fiscal sponsor funds	4,122	-	4,122	(9,445)
<b>NET CASH PROVIDED (USED) BY OPERATING ACTIVITIES</b>	<b>86,079</b>	<b>-</b>	<b>86,079</b>	<b>80,648</b>
<b>FINANCING ACTIVITIES</b>				
Proceeds from bank loan	-	-	-	5,500
Principle payments on bank loan	(49,000)	-	(49,000)	(20,000)
<b>NET CASH PROVIDED (USED) BY FINANCING ACTIVITIES</b>	<b>(49,000)</b>	<b>-</b>	<b>(49,000)</b>	<b>(14,500)</b>
<b>INCREASE (DECREASE) IN CASH</b>	<b>37,079</b>	<b>-</b>	<b>37,079</b>	<b>66,148</b>
Beginning cash and cash equivalents	78,886	-	78,886	12,738
<b>ENDING CASH AND CASH EQUIVALENTS</b>	<b>\$ 115,965</b>	<b>\$ -</b>	<b>\$ 115,965</b>	<b>\$ 78,886</b>
<b>SUPPLEMENTAL DISCLOSURE OF CASH FLOW INFORMATION</b>				
Interest paid	<u>\$ 982</u>			<u>\$ 2,249</u>

See notes to financial statements.

Good Beginnings of Sullivan County  
Diana Love Center for Children and Families  
PO Box 1098. Claremont, NH 03743 603.542.1848 877.287.7144

## Mission Statement

**To Promote the Optimal Health and Development of  
New Hampshire Children and Families**

Good Beginnings of Sullivan County  
BOARD OF DIRECTORS  
2013

Debra Mochi (Pres.)  
Insurance and Risk Management  
PO Box 1098  
Claremont, NH 03743 **Term Expires 2015**

Beth Hoyt-Flewelling (Vice Pres)  
Higher Education  
PO Box 1098  
Claremont, NH 03743 **Term Expires 2014**

Char Delabar (Treasurer)  
Elementary Education  
PO Box 1098  
Claremont, NH 03743 **Term Expires 2014**

Susan Elliott, Ph.D.  
Higher Education  
PO Box 1098  
Claremont, NH 03743 **Term Expires 2015**

Linda Gould  
Speech and Language Consultant  
PO Box 1098  
Claremont, NH 03743 **Term Expires 2015**

Laurel Hall (Parent Rep)  
Elementary Education  
PO Box 1098  
Claremont, NH 03743 **Term Expires 2016**

Diana Morris  
Non-profit fundraising  
PO Box 1098  
Claremont, NH 03743 **Term Expires 2014**

April Royce  
Cost Accountant  
PO Box 1098  
Claremont, NH 03743 **Term Expires 2015**

Clara Sheehy  
Court-Appointed Special Advocate  
PO Box 1098  
Claremont, NH 03743 **Term Expires 2014**

William Sullivan  
Certified Public Accountant  
PO Box 1098  
Claremont, NH 03743 **Term Expires 2015**

Ex-officio:  
Ellie Tsetsi (Executive Director)  
Richard Slosberg, MD (Medical Director)

# KEY ADMINISTRATIVE PERSONNEL

## NH Department of Health and Human Services Division of Public Health Services

Agency Name: Good Beginnings of Sullivan County

Name of Bureau/Section: BPHCS, Maternal and Child Health, HVNH-HFA

BUDGET PERIOD:	SFY 2014	July 1, 2013 - June 30, 2014	
Name & Title Key Administrative Personnel	Annual Salary Of Key Administrative Personnel	Percentage of Salary Paid By Contract	Total Salary Amount Paid By Contract
Ellie Tsetsi, Executive Director	\$66,248	0.00%	\$0.00
Jo-Ann Kleyensteuber, Program Manager - Finance/HR	\$40,040	0.00%	\$0.00
Rene Couitt, Program Manager	\$31,200	32.00%	\$9,984.00
Karen Jameson, RN, M.Ed., Home Visiting Coordinator	\$39,000	26.00%	\$10,140.00
	\$0	0.00%	\$0.00
	\$0	0.00%	\$0.00
<b>TOTAL SALARIES (Not to exceed Total/Salary Wages, Line Item 1 of Budget request)</b>			<b>\$20,124.00</b>

BUDGET PERIOD:	SFY 2015	July 1, 2014 - June 30, 2015	
Name & Title Key Administrative Personnel	Annual Salary Of Key Administrative Personnel	Percentage of Salary Paid By Contract	Total Salary Amount Paid By Contract
Ellie Tsetsi, Executive Director	\$66,248	0.00%	\$0.00
Jo-Ann Kleyensteuber, Program Manager - Finance/HR	\$40,040	0.00%	\$0.00
Rene Couitt, Program Manager	\$31,200	32.00%	\$9,984.00
Karen Jameson, RN, M.Ed., Home Visiting Coordinator	\$39,000	26.00%	\$10,140.00
	\$0	0.00%	\$0.00
	\$0	0.00%	\$0.00
<b>TOTAL SALARIES (Not to exceed Total/Salary Wages, Line Item 1 of Budget request)</b>			<b>\$20,124.00</b>

Key Administrative Personnel are top-level agency leadership (President, Executive Director, CEO, CFO, etc), and individuals directly involved in operating and managing the program (project director, program manager, etc.). These personnel **MUST** be listed, **even if no salary is paid from the contract**. Provide their name, title, annual salary and percentage of annual salary paid from agreement.

## Elie M. Tsetsi

---

### Employment

1992 – Present      Good Beginnings of Sullivan County      Claremont, NH

#### **Executive Director**

- Administration of county-wide maternal and child health program.
- Fiscal management.
- Staff hiring, training, supervision and evaluation.
- Program development, implementation and evaluation.
- Grant writing and budget management.
- Contracts management.
- Public relations
- Strategic planning

1990-1992      Developmental Services of Sullivan County      Claremont, NH

#### **Program Coordinator**

- Administration of 10-bed Intermediate Care Facility for the Mentally Retarded
- Hiring, training, supervision and evaluation of professional and para-professional staff.
- Compliance with state regulations.
- Crisis intervention and management.

1983-1988      Student Conservation Association      Charlestown, NH

#### **Program Manager**

- Placement of adult volunteers in national parks and forests
- National and international recruitment of volunteers
- Liaison with federal and state resource management agencies
- Supervision and training of staff
- Crisis Management

1977-1979      West Central Services      Claremont, NH

#### **Case Manager**

- Case management for chronic mentally ill patients.
- Development and Implementation of case plan.
- Recreation and socialization therapy.

### Education

1971-1975      Bates College      Lewiston, ME

#### **BA Sociology Minor: English**

Social Work Internship: VA Hospital, Togus, ME.

2006      UCLA-Anderson School of Management      Los Angeles, CA  
Johnson and Johnson Healthcare Executive Program





**Karen W. Jameson**  
**PO Box 1098**  
**Claremont, NH 03743**  
**(603) 542-1848**

**Education:** New Hampshire Community Technical College, Claremont, NH  
Associate degree in nursing May 2001

University of Maine, Orono, ME  
Bachelor of Science in Animal, Veterinary and Aquatic Sciences May 1991

Plymouth State University, NH  
MA in Health Education – May 2009

**Professional**

**Experience:** **Good Beginnings of Sullivan County, Claremont, NH 03743**  
(9/02- present)

*Registered Nurse/Lactation Counselor/Home Visiting Coord.:* Function as a member of a dynamic team providing comprehensive health and parenting support to pregnant women, children and families. Provide health education and encouragement to ensure the best possible outcomes for infant and mother. Network with other social service agencies.

**Valley Regional Hospital, Claremont, NH 03743**  
(6/01-12/02)

*Registered Nurse:* Assessed, diagnosed, planned, implemented and evaluated health care strategies for patients in a fast-paced medical and surgical unit.

**Planned Parenthood of Northern New England, West Lebanon, NH 03784**  
(9/94-5/03)

*Health care Assistant/ Registered Nurse:* Performed a variety of medical, clerical, and administrative functions in a busy health care facility. Responsible for client safety, education and advocacy.

**Dartmouth College, Biology Department, Hanover, NH 03755**  
(1/93-1/94)

*Laboratory technician:* Directly responsible for the efficient operation of a cell biology research lab. Supervised and trained several undergraduate students, ordered and inventoried supplies, performed various scientific assays. Assisted in grant application process.

**Avian farms International, Waterville, ME 04989**  
(12/91-7/92)

*Barn Manager:* Independently supervised three employees in the care of 4,000 genetic research chickens. Responsible for barn safety, flock health, record keeping, egg production and egg hatchability. Member of company safety committee.

# BUDGET FORM

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

Bidder/Program Name: Good Beginnings of Sullivan County

Home Visiting New Hampshire - Healthy  
Budget Request for: Families America  
(Name of RFP)

Budget Period: July 1, 2013 - June 30, 2014

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	\$ 75,490.00	\$ -	\$ 75,490.00	
2. Employee Benefits	\$ 5,000.00	\$ -	\$ 5,000.00	
3. Consultants	\$ -	\$ -	\$ -	
4. Equipment:	\$ -	\$ -	\$ -	
Rental	\$ -	\$ -	\$ -	
Repair and Maintenance	\$ -	\$ -	\$ -	
Purchase/Depreciation	\$ -	\$ -	\$ -	
5. Supplies:	\$ -	\$ -	\$ -	
Educational	\$ -	\$ -	\$ -	
Lab	\$ -	\$ -	\$ -	
Pharmacy	\$ -	\$ -	\$ -	
Medical	\$ -	\$ -	\$ -	
Office	\$ -	\$ -	\$ -	
6. Travel	\$ 4,500.00	\$ -	\$ 4,500.00	
7. Occupancy	\$ -	\$ -	\$ -	
8. Current Expenses	\$ -	\$ -	\$ -	
Telephone	\$ -	\$ -	\$ -	
Postage	\$ -	\$ -	\$ -	
Subscriptions	\$ -	\$ -	\$ -	
Audit and Legal	\$ -	\$ -	\$ -	
Insurance	\$ -	\$ -	\$ -	
Board Expenses	\$ -	\$ -	\$ -	
9. Software	\$ -	\$ -	\$ -	
10. Marketing/Communications	\$ -	\$ -	\$ -	
11. Staff Education and Training	\$ -	\$ -	\$ -	
12. Subcontracts/Agreements	\$ -	\$ -	\$ -	
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	
HFA Affiliation Expenses	\$ 700.00	\$ -	\$ 700.00	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
<b>TOTAL</b>	<b>\$ 85,690.00</b>	<b>\$ -</b>	<b>\$ 85,690.00</b>	

Indirect As A Percent of Direct 0.0%

*For DPHS use only*

Maximum Funds Available - (DPHS program to enter total funds available)	\$ 85,690.00
Reconciliation - (this line must be equal to or greater than \$0)	\$ -



# BUDGET FORM

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

Bidder/Program Name: Good Beginnings of Sullivan County

Home Visiting New Hampshire - Healthy  
Budget Request for: Families America  
(Name of RFP)

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

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	\$ 75,490.00	\$ -	\$ 75,490.00	
2. Employee Benefits	\$ 5,000.00	\$ -	\$ 5,000.00	
3. Consultants	\$ -	\$ -	\$ -	
4. Equipment:	\$ -	\$ -	\$ -	
Rental	\$ -	\$ -	\$ -	
Repair and Maintenance	\$ -	\$ -	\$ -	
Purchase/Depreciation	\$ -	\$ -	\$ -	
5. Supplies:	\$ -	\$ -	\$ -	
Educational	\$ -	\$ -	\$ -	
Lab	\$ -	\$ -	\$ -	
Pharmacy	\$ -	\$ -	\$ -	
Medical	\$ -	\$ -	\$ -	
Office	\$ -	\$ -	\$ -	
6. Travel	\$ 4,500.00	\$ -	\$ 4,500.00	
7. Occupancy	\$ -	\$ -	\$ -	
8. Current Expenses	\$ -	\$ -	\$ -	
Telephone	\$ -	\$ -	\$ -	
Postage	\$ -	\$ -	\$ -	
Subscriptions	\$ -	\$ -	\$ -	
Audit and Legal	\$ -	\$ -	\$ -	
Insurance	\$ -	\$ -	\$ -	
Board Expenses	\$ -	\$ -	\$ -	
9. Software	\$ -	\$ -	\$ -	
10. Marketing/Communications	\$ -	\$ -	\$ -	
11. Staff Education and Training	\$ -	\$ -	\$ -	
12. Subcontracts/Agreements	\$ -	\$ -	\$ -	
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	
HFA Affiliation Expenses	\$ 700.00	\$ -	\$ 700.00	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
<b>TOTAL</b>	<b>\$ 85,690.00</b>	<b>\$ -</b>	<b>\$ 85,690.00</b>	

Indirect As A Percent of Direct

0.0%

*For DPHS use only*

Maximum Funds Available - (DPHS program to enter total funds available)	\$ 85,690.00
Reconciliation - (this line must be equal to or greater than \$0)	\$ -





Nicholas A. Toumpas  
Commissioner

José Thier Montero  
Director

STATE OF NEW HAMPSHIRE  
DEPARTMENT OF HEALTH AND HUMAN  
SERVICES

29 HAZEN DRIVE, CONCORD, NH 03301-6527  
603-271-4517 1-800-852-3345 Ext. 4517  
Fax: 603-271-4519 TDD Access: 1-800-735-2964



November 7, 2011

His Excellency, Governor John H. Lynch  
and the Honorable Executive Council  
State House  
Concord, New Hampshire 03301

#55  
1/11/12

**REQUESTED ACTION**

Authorize the Department of Health and Human Services, Division of Public Health Services, Bureau of Population Health and Community Services, Maternal and Child Health Section to enter into an agreement with Good Beginnings of Sullivan County (Vendor #170625-B001), 169 Main Street, Claremont, New Hampshire 03743, in an amount not to exceed \$171,380, to provide home visiting services to pregnant women in accordance with the Healthy Families America model, to be effective November 9, 2011 or date of Governor and Council approval, whichever is later, through June 30, 2013. Funds are available in the following account for SFY 2012 and SFY 2013

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

Fiscal Year	Class/Object	Class Title	Job Number	Total Amount
SFY 2012	102-500731	Contracts for Program Services	90004104	\$85,690
SFY 2013	102-500731	Contracts for Program Services	90004104	\$85,690
			Total	\$171,380

**EXPLANATION**

Funds in this agreement will be used to support home visiting services in Sullivan County for families at risk for poor health outcomes and child maltreatment. This voluntary home visiting program will follow an evidence-based model and curriculum, proven through research to improve outcomes for health, reduce child maltreatment and improve family economic self-sufficiency. Home visitors provide support and education to families in their homes. Each family receives an assessment of their strengths and needs, and home-visiting services are provided in accordance with those individual assessments. Families and home visitors discuss prenatal health, child development, positive parenting practices, health and safety concerns, family planning and smoking cessation.

Services will be provided on a voluntary basis with priority given to pregnant women who:

- Are first time mothers;
- have low incomes;
- are pregnant women who have not attained age 21;
- have a history of child abuse or neglect or have had interactions with child welfare services;
- have a history of substance abuse or need substance abuse treatment;
- are users of tobacco products in the home;
- had low student achievement themselves, or have children with low student achievement;
- have children with developmental delays or disabilities; and/or
- are in families that include individuals who are serving or have formerly served in the armed forces.

Agencies may narrow their target populations, based on local needs.

By the nature of this agreement, Home Visiting New Hampshire – Healthy Families America home visiting is a collaborative service designed to avoid duplication. Agencies are required to collaborate with other community agencies providing family-support services in the community. In addition to home visiting services provided directly to families, this agreement supports coordination of home visiting and other early childhood programs such as early intervention, Head Start and prevention of child abuse and neglect.

Sullivan County was identified as an at-risk community during the 2010 Home Visiting Needs Assessment. By targeting the delivery of Home Visiting New Hampshire – Healthy Families America in communities that were identified as having the highest risk population, the program will reduce differences in health outcomes. The following information concerning Sullivan County was used to make this determination. Most of this data is from 2008, the most recent year for which data was available.

- Infants born at Highest Risk: 5.2% (% of infants born to New Hampshire teens ages 14 - 19 who were unmarried and who had not completed high school at the time of their infant's birth; 3 yr average, 07-09)
- 78.4% of children have all care giving parents in the workplace (3-yr ave, 06-08)
- Apt Rent/Family Income Ratio: 18.4% (3-year average, 06-08)
- 24.7% of children receive Food Stamps Supplemental Nutrition Assistance Program
- 34.9% of children are eligible for free and reduced-priced lunch
- 27.4% of infants and children (birth-4) participate in Women, Infants and Children Nutrition Program
- 32.7% of children are enrolled in Medicaid or Childrens Health Insurance Program
- Low Birth Weight Infants: 72.9 per 1,000 (LBW< 5.5 lbs)
- 9.1% of children receiving Community Mental Health Services (highest in the state)
- Children in Out-of-Home Placements: 5.6 per thousand
- Highest rate of Homeless Students in New Hampshire 4.6% - The homeless rate among public school students in Sullivan County is more than 2.5 times the rate of any other county.
- Average annual number of substantiated cases of child maltreatment: 7.3 per 1,000
- 18.3% of students require special education services
- Teen birth rate (per 1,000 live births): 42
- 11.8 cases of domestic violence per 1,000

Should Governor and Executive Council not authorize this Request, families will not receive home visiting services that have been shown to improve conditions for young families leading to healthy and productive communities. In addition, New Hampshire will not fulfill its requirement to provide services as outlined in federal legislation.

Good Beginnings of Sullivan County was selected for this project through a competitive bid process. The Request for Proposals was posted on the Department of Health and Human Services web site June 30, 2011 soliciting proposals from the following areas: Carroll County, Coos County, the City of Manchester, Strafford County and Sullivan County. In addition, emails were sent to community agencies and various listserves, which provided broad distribution throughout the state.

In response to the Request for Proposals to provide Home Visiting New Hampshire-Healthy Families America services in five geographic areas, six proposals were submitted. A committee of seven reviewers evaluated the proposals, including four Department of Health and Human Services personnel and three external reviewers. Each reviewer had between two and seventeen years experience providing direct services in the community and/or managing programs that serve children and families. Areas of specific expertise include Maternal and Child Health; Law; Injury Prevention; Child Abuse Prevention; and Women, Infants and Children Nutrition. Proposals were scored taking an average of all reviewers' scores. Reviewers recommended funding four proposals to serve four of the five geographic areas. The proposal from Good Beginnings of Sullivan County was selected to serve Sullivan County. Two proposals scored poorly and were not recommended for funding. As a result, a new Request for Proposals has been released to solicit services in Strafford County. The Request for Proposals scoring summary is attached.

As referenced in the Request for Proposals, this competitively procured Agreement includes the option to renew for two (2) additional year(s), contingent upon satisfactory delivery of services, available funding, agreement of the parties and approval of the Governor and Executive Council. This is the initial agreement with this Contractor for these services.

Since the Request for Proposals for this program was released, the federal funding agency has awarded additional funds for these services in the five identified communities. As a result, each of the affected Home Visiting New Hampshire-Healthy Families America contracts reflects a 7%-10% increase from the amounts submitted in their proposal budget requests. This range of increase was based on the population of eligible clients in each region.

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

Performance Measure #1: The percent of women enrolled in Home Visiting New Hampshire – Healthy Families America who receive at least one Edinburgh Post Natal Depression Scale screening between six and eight weeks after giving birth.

Performance Measure #2: The percent of families who receive a Healthy Homes One-Touch assessment by the birth of their child.

Performance Measure #3: The percent of children who receive further evaluation after scoring below the "cutoff" on the Ages & Stages Questionnaire, 3rd ed., which is a developmental screening tool.

Area served: Sullivan County.

Source of Funds: 100% Federal Funds from United States Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau.

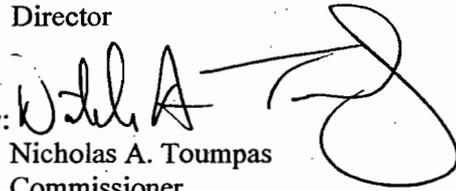
In the event that the Federal Funds become no longer available, General Funds will not be requested to support this program.

Respectfully submitted,



José Thier Montero, MD  
Director

Approved by:



Nicholas A. Toumpas  
Commissioner

JTM/PT/DD/sc