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STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH SERVICES

Lois A. Shibanette
Commissioner

Patricia M. Tilley
Director

29 HAZEN DRIVE, CONCORD, NH 03301
603-271-4501 1-800-852-3345 Ext. 4501
Fax: 603-271-4827 TDD Access: 1-800-735-2964
www.dhhs.nh.gov

June 6, 2022

His Excellency, Governor Christopher T. Sununu
and the Honorable Council
State House
Concord, New Hampshire 03301

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division of Public Health Services, to enter into a contract with JSI Research & Training Institute, Inc. (VC#161611-B001), Bow, NH, in the amount of \$520,000 for a broad range of training activities for health care providers caring for families impacted by substance use, with the option to renew for up to two (2) additional years, effective upon Governor and Council approval through May 31, 2023. 100% Federal Funds.

Funds are available in the following account for State Fiscal Year 2023, upon the availability and continued appropriation of funds in the future operating budget, with the authority to adjust budget line items within the price limitation and encumbrances between state fiscal years through the Budget Office, if needed and justified.

05-95-90-901010-5771 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS, HHS: PUBLIC HEALTH DIV, BUREAU OF POLICY & PERFORMANCE, PH COVID-19 HEALTH DISPARITIES

State Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Rel	90577170	\$520,000
			Total	\$520,000

EXPLANATION

The purpose of this request is to increase the capacity of health care providers statewide, to deliver services and referral coordination to families with children prenatal to age three (3) years, who have experienced in utero substance exposure.

The Department recognizes that the increasing needs among the state's most vulnerable young children require intentional collaboration at the local, regional, and state levels. The Contractor will strengthen family and early childhood systems of care by improving communication and service coordination among health and community program partners and the families they serve; developing a Needs and Gaps Analysis Report to inform early childhood strategic planning specific to this population described above; providing training to early childhood health care providers on the Plan of Safe Care, community based programs available to families pregnancy through age three; and promoting best practices to provide care coordination and screening tools to strengthen connections to needed services.

The Department will monitor services monthly by ensuring the Contractor:

- Develops and implements training programs and education materials.
- Completes needs assessment and gap analysis.
- Increases health provider engagement in care coordination strategies.
- Increases Health Provider utilization of Plan of Safe Care.

The Department selected the Contractor through a competitive bid process using a Request for Applications (RFA) that was posted on the Department's website from February 22, 2022 through April 8, 2022. The Department received two (2) responses that were reviewed and scored by a team of qualified individuals. The Scoring Sheet is attached.

As referenced in Exhibit A, of the attached agreement, the parties have the option to extend the agreement for up to two (2) additional years, contingent upon satisfactory delivery of services, available funding, agreement of the parties, and Governor and Council approval.

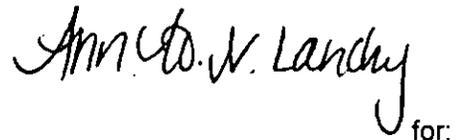
Should the Governor and Council not authorize this request, early childhood health support services would be limited, less coordinated with community based programs and access to care for many high-risk families experiencing substance misuse would be reduced.

Area served: Statewide

Source of Federal Funds: Assistance Listing Number #93.391, FAIN # NH75OT000031

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

Respectfully submitted,



for:

Lori A. Shibinette
Commissioner

**New Hampshire Department of Health and Human Services
Division of Finance and Procurement
Bureau of Contracts and Procurement
Scoring Sheet**

Project ID # RFA-2022-DPHS-12-Early

Project Title Early Childhood Comprehensive Systems

	Maximum Points Available	JSI Research & Training Institute, Inc d/b/a Community Health Institute (CHI)	Resultant
Technical			
Ability (Q1)	35	30	25
Knowledge of Providers (Q2)	25	23	18
Knowledge of ECCS (Q3)	25	22	16
Experience with Collaboration (Q4)	35	30	32
Experience Facilitating Training (Q5)	40	38	31
TOTAL POINTS	160	143	122

Reviewer Name	
1	Athena Cote
2	Haley Johnston
3	Paula Gyurcsan

Title
Administrator I, Community Collaborations
Program Specialist IV, Family Planning
Program Planner, I/CQI Home Visiting Specialist

Subject: RFA-2022-DPHS-12-EARLY-01 / Early Childhood Comprehensive Systems Health Integration

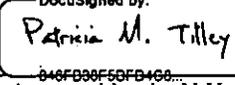
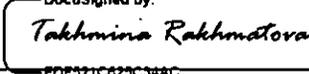
Notice: This agreement and all of its attachments shall become public upon submission to Governor and Executive Council for approval. Any information that is private, confidential or proprietary must be clearly identified to the agency and agreed to in writing prior to signing the contract.

AGREEMENT

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

GENERAL PROVISIONS

1. IDENTIFICATION.

1.1 State Agency Name New Hampshire Department of Health and Human Services		1.2 State Agency Address 129 Pleasant Street Concord, NH 03301-3857	
1.3 Contractor Name JSI Research & Training Institute, Inc.		1.4 Contractor Address 501 South Street, 2nd Floor Bow, NH 03304	
1.5 Contractor Phone Number (603) 573-3331	1.6 Account Number 05-95-90-901010-5771	1.7 Completion Date 5/31/2023	1.8 Price Limitation \$520,000
1.9 Contracting Officer for State Agency Robert W. Moore, Director		1.10 State Agency Telephone Number (603) 271-9631	
1.11 Contractor Signature DocuSigned by:  Date: 6/6/2022		1.12 Name and Title of Contractor Signatory Katherine Robert Director	
1.13 State Agency Signature DocuSigned by:  Date: 6/7/2022		1.14 Name and Title of State Agency Signatory Patricia M. Tilley Director	
1.15 Approval by the N.H. Department of Administration, Division of Personnel (if applicable) By: _____ Director, On: _____			
1.16 Approval by the Attorney General (Form, Substance and Execution) (if applicable) By:  On: 6/9/2022			
1.17 Approval by the Governor and Executive Council (if applicable) G&C Item number: _____ G&C Meeting Date: _____			

2. 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 B which is incorporated herein by reference ("Services").

3. EFFECTIVE DATE/COMPLETION OF SERVICES.

3.1 Notwithstanding any provision of this Agreement to the contrary, and subject to the approval of the Governor and Executive Council of the State of New Hampshire, if applicable, this Agreement, and all obligations of the parties hereunder, shall become effective on the date the Governor and Executive Council approve this Agreement as indicated in block 1.17, unless no such approval is required, in which case the Agreement shall become effective on the date the Agreement is signed by the State Agency as shown in block 1.13 ("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 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 for Services provided in EXHIBIT B, in whole or in part. 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 reduce or terminate the Services under this Agreement immediately upon giving the Contractor notice of such reduction or termination. The State shall not be required to transfer funds from any other account or source 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 C 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 applicable 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 employment opportunity laws. In addition, if this Agreement is funded in any part by monies of the United States, the Contractor shall comply with all federal executive orders, rules, regulations and statutes; and with any rules, regulations and guidelines as the State or the United States issue to implement these regulations. The Contractor shall also comply with all applicable intellectual property 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. The Contractor 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 cured, 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 give the Contractor a written notice specifying the Event of Default and 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 give the Contractor a written notice specifying the Event of Default, treat the Agreement as breached, terminate the Agreement and pursue any of its remedies at law or in equity, or both.

8.3. 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.

9. TERMINATION.

9.1 Notwithstanding paragraph 8, the State may, at its sole discretion, terminate the Agreement for any reason, in whole or in part, by thirty (30) days written notice to the Contractor that the State is exercising its option to terminate the Agreement.

9.2 In the event of an early termination of this Agreement for any reason other than the completion of the Services, the Contractor shall, at the State's discretion, 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 B. In addition, at the State's discretion, the Contractor shall, within 15 days of notice of early termination, develop and

submit to the State a Transition Plan for services under the Agreement.

10. DATA/ACCESS/CONFIDENTIALITY/PRESERVATION.

10.1 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.

10.2 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.

10.3 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.

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.

12.1 The Contractor shall not assign, or otherwise transfer any interest in this Agreement without the prior written notice, which shall be provided to the State at least fifteen (15) days prior to the assignment, and a written consent of the State. For purposes of this paragraph, a Change of Control shall constitute assignment. "Change of Control" means (a) merger, consolidation, or a transaction or series of related transactions in which a third party, together with its affiliates, becomes the direct or indirect owner of fifty percent (50%) or more of the voting shares or similar equity interests, or combined voting power of the Contractor, or (b) the sale of all or substantially all of the assets of the Contractor.

12.2 None of the Services shall be subcontracted by the Contractor without prior written notice and consent of the State. The State is entitled to copies of all subcontracts and assignment agreements and shall not be bound by any provisions contained in a subcontract or an assignment agreement to which it is not a party.

13. INDEMNIFICATION. Unless otherwise exempted by law, the Contractor shall indemnify and hold harmless the State, its officers and employees, from and against any and all claims, liabilities and costs for any personal injury or property damages, patent or copyright infringement, or other claims asserted against the State, its officers or employees, which arise out of (or which may be claimed to arise out of) the acts or omissions of the

Contractor Initials KR
Date 6/6/2022

Contractor, or subcontractors, including but not limited to the negligence, reckless or intentional conduct. The State shall not be liable for any costs incurred by the Contractor arising under this paragraph 13. 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 continuously maintain in force, and shall require any subcontractor or assignee to obtain and maintain in force, the following insurance:

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

14.1.2 special cause of loss coverage form covering all property subject to subparagraph 10.2 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 ten (10) days prior to the expiration date of each insurance policy. The certificate(s) of insurance and any renewals thereof shall be attached and are incorporated herein by reference.

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. The 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. 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.

17. AMENDMENT. This Agreement may be amended, waived or discharged only by an instrument in writing signed by the parties hereto and only after approval of such amendment, waiver or discharge by the Governor and Executive Council of the State of New Hampshire unless no such approval is required under the circumstances pursuant to State law, rule or policy.

18. CHOICE OF LAW AND FORUM. This Agreement shall be governed, interpreted and 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. Any actions arising out of this Agreement shall be brought and maintained in New Hampshire Superior Court which shall have exclusive jurisdiction thereof.

19. CONFLICTING TERMS. In the event of a conflict between the terms of this P-37 form (as modified in EXHIBIT A) and/or attachments and amendment thereof, the terms of the P-37 (as modified in EXHIBIT A) shall control.

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 or modifying provisions set forth in the attached EXHIBIT A 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 with respect to the subject matter hereof.

Contractor Initials 
Date 6/6/2022

**New Hampshire Department of Health and Human Services
Early Childhood Comprehensive Systems Health Integration**

EXHIBIT A

Revisions to Standard Agreement Provisions

1. Revisions to Form P-37, General Provisions

1.1. Paragraph 3, Effective Date/Completion of Services, is amended by adding subparagraph 3.3 as follows:

3.3. The parties may extend the Agreement for up two (2) additional years from the Completion Date, contingent upon satisfactory delivery of services, available funding, agreement of the parties, and approval of the Governor and Executive Council.

1.2. Paragraph 12, Assignment/Delegation/Subcontracts, is amended by adding subparagraph 12.3 as follows:

12.3. Subcontractors are subject to the same contractual conditions as the Contractor and the Contractor is responsible to ensure subcontractor compliance with those conditions. The Contractor shall have written agreements with all subcontractors, specifying the work to be performed, and if applicable, a Business Associate Agreement in accordance with the Health Insurance Portability and Accountability Act. Written agreements shall specify how corrective action shall be managed. The Contractor shall manage the subcontractor's performance on an ongoing basis and take corrective action as necessary. The Contractor shall annually provide the State with a list of all subcontractors provided for under this Agreement and notify the State of any inadequate subcontractor performance.

**New Hampshire Department of Health and Human Services
Early Childhood Comprehensive Systems Health Integration**

EXHIBIT B

Scope of Services

1. Statement of Work

- 1.1. The Contractor shall increase the capacity of the state-level infrastructure for maternal and early childhood systems of care for children prenatal through three (3) years of age. The Contractor shall:
 - 1.1.1. Increase coordination and alignment between the Department and other statewide systems that impact young children and families;
 - 1.1.2. Increase the capacity of health systems to deliver and effectively connect families to a continuum of services that promote early developmental health and family wellbeing;
 - 1.1.3. Increase the capacity of health systems to gather and ask families about health equity data and increase the capacity of health systems to complete and use Plan of Safe Care;
 - 1.1.4. Identify and recommend policy and financing strategies that support the funding and sustainability of multigenerational, preventative services and systems; and
 - 1.1.5. Increase state-level capacity to advance equitable and improved access to services for early childhood families.
- 1.2. The Contractor shall collaborate with the identified Early Childhood Comprehensive Systems (ECCS) family support programs, providers, and key partners which include, but are not limited to:
 - 1.2.1. Maternal and Child Health Section Programs, Division of Public Health Services (DPHS).
 - 1.2.2. Family Centered Early Supports and Services (FCESS), Division of Long Term Supports and Services.
 - 1.2.3. Women, Infant and Children's (WIC) Nutrition Program, DPHS.
 - 1.2.4. Healthy Families America (HFA), Maternal & Child Health (MCH), DPHS.
 - 1.2.5. New Hampshire Family Voices (NHFV).
 - 1.2.6. Council for Thriving Children, including all Quadrants.
 - 1.2.7. Perinatal Substance Exposure Task Force.
 - 1.2.8. Maternal Mortality Review Committee.
 - 1.2.9. Northern New England Perinatal Quality Improvement Network.
 - 1.2.10. Additional Department Programs, as appropriate.
- 1.3. The Contractor shall partner with NHFV to ensure family engagement is at the

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**New Hampshire Department of Health and Human Services
Early Childhood Comprehensive Systems Health Integration**

EXHIBIT B

center of the ECCS initiative. The Contractor shall:

- 1.3.1. Coordinate the ECCS initiative with the point of contact for NHFV.
- 1.3.2. Coordinate with NHFV regarding content, dates, locations and times for family focus groups. The Contractor shall:
 - 1.3.2.1. Administer surveys to gather critical input on Care Coordination strategies; and
 - 1.3.2.2. Conduct an analysis of the needs and gaps of the ECCS.
- 1.3.3. Coordinate with NHFV regarding content, dates, locations and times for ECCS trainings which include:
 - 1.3.3.1. Family leadership and engagement strategies; and
 - 1.3.3.2. Other training topics as indicated in Subparagraph 1.6.1.
- 1.4. The Contractor shall develop a semi-annual newsletter to communicate across the ECCS regarding key initiatives and programs. The Contractor shall ensure:
 - 1.4.1. The newsletter includes input from sources that include, but are not limited to:
 - 1.4.1.1. Community-based organizations.
 - 1.4.1.2. State level ECCS programs.
 - 1.4.1.3. The NH Council for Thriving Children, including all Quadrants.
 - 1.4.1.4. The Perinatal Substance Exposure Task Force.
 - 1.4.1.5. The Maternal Mortality Review Committee.
 - 1.4.1.6. NH Chapter of the American Academy of Pediatrics.
 - 1.4.1.7. Other entities or groups, as appropriate.
 - 1.4.2. The semi-annual newsletter is disseminated to all entities contributing to the creation of the semi-annual newsletter and other entities, as determined by the Department.
- 1.5. The Contractor shall develop a Needs and Gaps Analysis Report and provide recommendations to inform early childhood strategic planning. The Contractor shall:
 - 1.5.1. Ensure the Needs and Gaps Analysis process includes the collection of new de-identified data, including information deriving from family focus groups that include, but are not limited to:
 - 1.5.1.1. ECCS stakeholders.
 - 1.5.1.2. The perinatal Substance Exposure Task Force.

**New Hampshire Department of Health and Human Services
Early Childhood Comprehensive Systems Health Integration**

EXHIBIT B

- 1.5.1.3. The Maternal Mortality Review Committee.
- 1.5.1.4. NH Chapter of the American Academy of Pediatrics.
- 1.5.1.5. The Council for Thriving Children, includes all Quadrants.
- 1.5.2. Ensure the Needs and Gaps Analysis process includes a review of existing de-identified data, including data derived from all recent NH needs assessments that target Prenatal through age three (3) populations, including, but not limited to:
 - 1.5.2.1. The Preschool Development Grant Needs Assessment.
 - 1.5.2.2. Title V/MCH Block Grant Needs Assessment.
 - 1.5.2.3. FCESS.
 - 1.5.2.4. The Maternal, Infant and Early Childhood Home Visiting Program.
- 1.5.3. Conduct ten (10) key informant interviews with administrative leaders within the Department to understand and document programmatic/systematic updates.
- 1.5.4. Compile, analyze, and summarize data and related research in order to finalize the ECCS Needs Assessment and Gaps Analysis Report.
- 1.5.5. Write the Needs Assessment and Gaps Analysis Report with a health and equity lens, leveraging existing needs assessment work without duplicating efforts.
- 1.5.6. Identify critical policy and financing recommendations as part of the Needs and Gaps Analysis process.
- 1.5.7. Present and/or contribute at annual update meetings to the Council for Thriving Children: NH Early Childhood Strategic Plan, utilizing the ECCS Needs and Gaps Analysis Report and supporting data, as requested by the Department.
- 1.6. The Contractor shall provide trainings to a minimum of 25 ECCS health care providers, two (2) to three (3) times per year, to increase the capacity to deliver comprehensive healthcare services. The Contractor shall:
 - 1.6.1. Provide training and coaching on best practices of health equity data collection and engagement, as well as Continuous Quality Improvement (CQI) in training delivery. The Contractor shall ensure training is available in-person and/or virtually, as needed, and topics include, but are not limited to:
 - 1.6.1.1. Health Equity and data collection.
 - 1.6.1.2. Race, Ethnicity and Language (REAL) data collection.

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**New Hampshire Department of Health and Human Services
Early Childhood Comprehensive Systems Health Integration**

EXHIBIT B

- 1.6.1.3. Sexual Orientation and Gender Identification (SOGI) data collection.
- 1.6.1.4. Care Coordination Best Practices, including, but not limited to:
 - 1.6.1.4.1. Screenings for social determinants of health needs.
 - 1.6.1.4.2. Referrals to ECCS and community programs to meet identified needs.
- 1.6.1.5. Equity Review Toolkit, as provided by the Department Plan of Safe Care (POSC) and utilization.
- 1.6.1.6. Family engagement and leadership, in partnership with NHFV.
- 1.6.1.7. WIC services.
- 1.6.1.8. FCESS.
- 1.6.1.9. HFA services.
- 1.6.1.10. Family Resource Centers (FRC) services.
- 1.6.1.11. Additional training topics as identified in collaboration with the Department, ECCS health care providers, or other ECCS stakeholders, which may include, the Perinatal Substance Exposed Task Force, as approved by the Department.
- 1.6.2. Provide training in accordance with NH RSA 354-A:31. The trainings shall be provided as part of a bundled three (3) part series and each series shall be provided at least two (2) to three (3) times per year. Each three (3) part series shall include the following overall topic areas:
 - 1.6.2.1. Care Coordination Screening and referrals to include ECCS and community-based programs.
 - 1.6.2.2. Plan of Safe Care to include review of the POSC.
 - 1.6.2.3. Data collection to include engagement strategies to ask and collect REAL and SOGI questions.
- 1.6.3. Train health providers to identify high-risk pregnant women and children, collect health equity data, and identify available community resources. Trainings should be developed in collaboration with Perinatal Substance Exposed Task Force, Northern New England Perinatal Quality Improvement Network, and the Department to ensure best practices and align statewide efforts.

**New Hampshire Department of Health and Human Services
Early Childhood Comprehensive Systems Health Integration**

EXHIBIT B

- 1.6.4. Train health care providers and ECCS Programs on POSC best practices, which shall include but not limited to:
 - 1.6.4.1. A review of the POSC.
 - 1.6.4.2. A review of the POSC Referrals Implementation Toolkit.
 - 1.6.4.3. Client engagement in POSC planning.
 - 1.6.4.4. Documentation of POSC and referrals.
- 1.6.5. The Contractor shall align training with the Perinatal Substance Exposed Task Force and Northern New England Perinatal Quality Improvement Network.
- 1.7. The Contractor shall support participation of ECCS Health Providers in Care Coordination best practices, including screenings and referrals to ECCS programs. The Contractor shall promote the importance and utilization of various screening tools, which include but are not limited to:
 - 1.7.1. PFS-2 Concrete Supports Survey.
 - 1.7.2. Centers for Medicare and Medicaid Services (CMS) screening tool.
 - 1.7.3. PRAPARE.
 - 1.7.4. Health Begins.
 - 1.7.5. Comprehensive Core Standardized Assessment.
- 1.8. The Contractor shall utilize research, input from health providers, ECCS programs and family feedback to develop a Tip Sheet, which is a written report about care coordination, best practices and NH-specific recommendations. The Contractor shall:
 - 1.8.1. Ensure the Tip Sheet includes, but is not limited to:
 - 1.8.1.1. How to assess current care coordination activities.
 - 1.8.1.2. How to prioritize improvement opportunities.
 - 1.8.1.3. Best practices on how to engage families.
 - 1.8.2. Review and leverage existing Tip Sheet documents such as Plan of Safe Care Referrals Implementation Toolkit.
 - 1.8.3. Obtain Department approval of the Tip Sheet.
 - 1.8.4. Disseminate the written Tip Sheet about care coordination to ECCS health providers.
- 1.9. The Contractor shall engage ECCS health providers in best practices to enhance and improve care coordination. The Contractor shall ensure engagement includes but is not limited to:

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**New Hampshire Department of Health and Human Services
Early Childhood Comprehensive Systems Health Integration**

EXHIBIT B

- 1.9.1. Providing and/or sharing trainings and resources.
- 1.9.2. Assessing current care coordination efforts.
- 1.9.3. Sharing and implementing best practices.
- 1.10. The Contractor shall ensure care coordination activities include, but are not limited to:
 - 1.10.1. Screenings for Social Determinants of Health, including:
 - 1.10.1.1. Substance Use Disorder;
 - 1.10.1.2. Mental Health;
 - 1.10.1.3. Housing;
 - 1.10.1.4. Economic and Food Supports;
 - 1.10.1.5. Safety;
 - 1.10.1.6. Child Development; and
 - 1.10.1.7. Maternal Depression.
 - 1.10.2. Completed referrals to community providers or linkage to Department supports and services.
- 1.11. The Contractor shall ensure engagement of initial providers include ECCS health providers, including:
 - 1.11.1. Birthing hospitals;
 - 1.11.2. Obstetricians (OB); and
 - 1.11.3. Pediatric providers statewide.
- 1.12. The Contractor shall conduct ongoing CQI and Plan-Do-Study-Act rapid cycle improvement activities on the approaches identified to train on care coordination best practices.
- 1.13. The Contractor must utilize results of CQI projects to develop a tool to support ongoing quality improvement initiatives focused on care coordination through the lens of promoting equitable wellness across all groups.
- 1.14. Reporting
 - 1.14.1. The Contractor shall submit quarterly summaries of ECCS initiative activities and engagement with NHFV, health providers and state agencies.
 - 1.14.2. The Contractor shall submit a written ECCS Needs and Gaps Analysis Report to the Department.
 - 1.14.3. The Contractor shall set specific and measurable Prenatal to age three (3) health equity goals as part of the Needs and Gaps Analysis

**New Hampshire Department of Health and Human Services
Early Childhood Comprehensive Systems Health Integration**

EXHIBIT B

Report and identify critical policy and financing recommendations related to ECCS.

1.14.4. The Contractor shall submit a final report including ECCS activities completed and all trainings provided including, the training topic and the attendance record.

1.15. Performance Measures

1.15.1. The Department will monitor the Contractor's performance by utilizing the following performance measures.

1.15.1.1. Number of parents and Family Leadership engaged in ECCS initiative.

1.15.1.2. Number of Family Leadership engagement trainings held as part of ECCS initiative each year.

1.15.1.3. Number of family focus groups or surveys completed by families that included feedback on care coordination, family needs and barriers to accessing services.

1.15.1.4. Number of family focus groups that include topic of Needs and Gaps completed in partnership with NHFV. Including attendance by geographic type for focus groups.

1.15.1.5. Number of interviews or surveys with key ECCS stakeholders regarding current Needs and Gaps Analysis.

1.15.1.6. Number and type of recent ECCS related needs assessments reviewed as part of the required Needs and Gaps Analysis.

1.15.1.7. Number of studies or research conducted and reviewed related to ECCS Needs and Gaps Analysis, and best practices.

1.15.1.8. Completion of final report on critical policy and financing recommendations submitted to the Department.

1.15.1.9. Number of NH Early Childhood Strategic Plan meetings or feedback opportunities completed.

1.15.1.10. Number of recommendations made to the NH Early Childhood Strategic Plan focused on health equity and the Prenatal through age three (3) population.

1.15.1.11. Percentage increase of ECCS health providers' staff who received training and report more confidence in completing POSC.

1.15.1.12. Percentage increase of birthing hospitals engaged in health

**New Hampshire Department of Health and Human Services
Early Childhood Comprehensive Systems Health Integration**

EXHIBIT B

- equity training on intake data collection and importance of POSC.
- 1.15.1.13. Percentage increase in Obstetric (OB) provider networks and Pediatrics engaged in Equity Training on intake and data collected and importance of POSC.
 - 1.15.1.14. Increasing healthcare providers who received trainings and report more confidence to coordinate family care.
 - 1.15.1.15. Number of trainings and attendance tracking for ECCS stakeholders for each of the following topics:
 - 1.15.1.16. Number and type of other trainings provided as determine in partnership with the Department and ECCS stakeholder, including attendance tracking.
 - 1.15.1.17. Number of reported improvements to health equity data collection, quality, reporting and capacity.
 - 1.15.1.18. Number of CQI assessments completed.
 - 1.15.1.19. Number of developed and submitted CQI tools to support ongoing quality improvement initiatives focused on data quality through the lens of promoting equitable wellness across all groups.
 - 1.15.1.20. Number of ECCS health care providers utilizing in care coordination best practices.
 - 1.15.1.21. Number of reports submitted to the Department that include critical tips, recommendations and strategies to support care coordination to facilitate access to identified and needed services,
 - 1.15.1.22. Percentage change of health care provider increase knowledge of available Prenatal to age three (3) community-based programs.
 - 1.15.1.23. Percentage change of health care provider confidence in referring families to ECCS and other community-based programs and collaborating with the Department to determine baseline of referrals.
- 1.15.2. The Department seeks to actively and regularly collaborate with providers to enhance contract management, improve results, and adjust program delivery and policy based on successful outcomes.
- 1.15.3. The Department may collect other key data and metrics from Contractor(s), including client-level demographic, performance, and service data.

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**New Hampshire Department of Health and Human Services
Early Childhood Comprehensive Systems Health Integration**

EXHIBIT B

1.15.4. The Department may identify expectations to active and regular collaboration, including key performance objectives, in the resulting contract. Where applicable Contractor(s) must collect and share data with the Department in a format specified by the Department.

2. Exhibits Incorporated

- 2.1. The Contractor shall use and disclose Protected Health Information in compliance with the Standards for Privacy of Individually Identifiable Health Information (Privacy Rule) (45 CFR Parts 160 and 164) under the Health Insurance Portability and Accountability Act (HIPAA) of 1996, and in accordance with the attached Exhibit I, Business Associate Agreement, which has been executed by the parties.
- 2.2. The Contractor shall manage all confidential data related to this Agreement in accordance with the terms of Exhibit K, DHHS Information Security Requirements.
- 2.3. The Contractor shall comply with all Exhibits D through K, which are attached hereto and incorporated by reference herein.

3. Additional Terms

3.1. Impacts Resulting from Court Orders or Legislative Changes

3.1.1. The Contractor agrees that, to the extent future state or federal legislation or court orders may have an impact on the Services described herein, the State has the right to modify Service priorities and expenditure requirements under this Agreement so as to achieve compliance therewith.

3.2. Federal Civil Rights Laws Compliance: Culturally and Linguistically Appropriate Programs and Services

3.2.1. The Contractor shall submit, within ten (10) days of the Agreement Effective Date, a detailed description of the communication access and language assistance services to be provided to ensure meaningful access to programs and/or services to individuals with limited English proficiency; individuals who are deaf or have hearing loss; individuals who are blind or have low vision; and individuals who have speech challenges.

3.3. Credits and Copyright Ownership

3.3.1. All documents, notices, press releases, research reports and other materials prepared during or resulting from the performance of the services of the Agreement shall include the following statement, "The preparation of this (report, document etc.) was financed under an Contract with the State of New Hampshire, Department of Health and

**New Hampshire Department of Health and Human Services
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EXHIBIT B

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.”

- 3.3.2. All materials produced or purchased under the Agreement shall have prior approval from the Department before printing, production, distribution or use.
- 3.3.3. The Department shall retain copyright ownership for any and all original materials produced, including, but not limited to:
 - 3.3.3.1. Brochures.
 - 3.3.3.2. Resource directories.
 - 3.3.3.3. Protocols or guidelines.
 - 3.3.3.4. Posters.
 - 3.3.3.5. Reports.
- 3.3.4. The Contractor shall not reproduce any materials produced under the Agreement without prior written approval from the Department.

4. Records

- 4.1. The Contractor shall keep records that include, but are not limited to:
 - 4.1.1. Books, records, documents and other electronic or physical 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.
 - 4.1.2. All records must 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.
- 4.2. During the term of this Agreement 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 Agreement for purposes of audit, examination, excerpts and transcripts. Upon the purchase by the Department of the maximum number of units provided for in the Agreement and upon payment of the price limitation hereunder, the Agreement and all the obligations of the parties hereunder (except such obligations as, by the terms of the

**New Hampshire Department of Health and Human Services
Early Childhood Comprehensive Systems Health Integration**

EXHIBIT B

Agreement are to be performed after the end of the term of this Agreement and/or survive the termination of the Agreement) 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.

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Early Childhood Comprehensive Systems Health Integration**

EXHIBIT C

Payment Terms

1. This Agreement is funded by:
 - 1.1. 100% Federal funds, New Hampshire Initiative to Address COVID-19 Health Disparities, as awarded on May 27, 2021, by the Center for Disease Control and Prevention, Activities to Support State, Tribal, Local and Territorial Health Department Response to Public Health or Healthcare Crises, CFDA 93.391, FAIN # NH75OT000031.
2. For the purposes of this Agreement the Department has identified:
 - 2.1. The Contractor as a Subrecipient, in accordance with 2 CFR 200.331.
 - 2.2. The Agreement as NON-R&D, in accordance with 2 CFR §200.332.
3. Payment shall be on a cost reimbursement basis for actual expenditures incurred in the fulfillment of this Agreement, and shall be in accordance with the approved line items, as specified in Exhibit C-1, Budget.
4. The Contractor shall submit an invoice with supporting documentation to the Department no later than the fifteenth (15th) working day of the month following the month in which the services were provided. The Contractor shall ensure each invoice:
 - 4.1. Includes the Contractor's Vendor Number issued upon registering with New Hampshire Department of Administrative Services.
 - 4.2. Is submitted in a form that is provided by or otherwise acceptable to the Department.
 - 4.3. Identifies and requests payment for allowable costs incurred in the previous month.
 - 4.4. Includes supporting documentation of allowable costs with each invoice that may include, but are not limited to, time sheets, payroll records, receipts for purchases, and proof of expenditures, as applicable.
 - 4.5. Is completed, dated and returned to the Department with the supporting documentation for allowable expenses to initiate payment.
 - 4.6. Is assigned an electronic signature, includes supporting documentation, and is emailed to DPHSCContractBilling@dhhs.nh.gov or mailed to:

Financial Manager
Department of Health and Human Services
129 Pleasant Street
Concord, NH 03301

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**New Hampshire Department of Health and Human Services
Early Childhood Comprehensive Systems Health Integration**

EXHIBIT C

5. The Department shall make payments to the Contractor within thirty (30) days of receipt of each invoice and supporting documentation for authorized expenses, subsequent to approval of the submitted invoice.
6. The final invoice and supporting documentation for authorized expenses shall be due to the Department no later than forty (40) days after the contract completion date specified in Form P-37, General Provisions Block 1.7 Completion Date.
7. Notwithstanding Paragraph 17 of the General Provisions Form P-37, changes limited to adjusting amounts within the price limitation and adjusting encumbrances between State Fiscal Years and budget class lines through the Budget Office may be made by written agreement of both parties, without obtaining approval of the Governor and Executive Council, if needed and justified.
8. Audits
 - 8.1. The Contractor must email an annual audit to dhhs.act@dhhs.nh.gov if any of the following conditions exist:
 - 8.1.1. Condition A - The Contractor expended \$750,000 or more in federal funds received as a subrecipient pursuant to 2 CFR Part 200, during the most recently completed fiscal year.
 - 8.1.2. Condition B - The Contractor is subject to audit pursuant to the requirements of NH RSA 7:28, III-b, pertaining to charitable organizations receiving support of \$1,000,000 or more.
 - 8.1.3. Condition C - The Contractor is a public company and required by Security and Exchange Commission (SEC) regulations to submit an annual financial audit.
 - 8.2. If Condition A exists, the Contractor shall submit an annual Single Audit performed by an independent Certified Public Accountant (CPA) to dhhs.act@dhhs.nh.gov within 120 days after the close of the Contractor's fiscal year, conducted in accordance with the requirements of 2 CFR Part 200, Subpart F of the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal awards.
 - 8.2.1. The Contractor shall submit a copy of any Single Audit findings and any associated corrective action plans. The Contractor shall submit quarterly progress reports on the status of implementation of the corrective action plan.
 - 8.3. If Condition B or Condition C exists, the Contractor shall submit an annual financial audit performed by an independent CPA within 120 days after the close of the Contractor's fiscal year.

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**New Hampshire Department of Health and Human Services
Early Childhood Comprehensive Systems Health Integration**

EXHIBIT C

- 8.4. 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.

New Hampshire Department of Health and Human Services Complete one budget form for each budget period. Contractor Name: <u>JSI Research & Training Institute, Inc.</u> Budget Request for: <u>Early Childhood Comprehensive Systems</u> Budget Period <u>SFY 2023 (July 1, 2022 - May 31, 2023)</u> Indirect Cost Rate (if applicable) <u>21.23% on all costs less subcontracts/awards and equipment costs over \$5,000</u>	
Line Item	Program Cost - Funded by DHHS
1. Salary & Wages	\$239,920
2. Fringe Benefits	\$112,522
3. Consultants	\$9,000
4. Equipment	\$0
5.(a) Supplies - Educational	\$0
5.(b) Supplies - Lab	\$0
5.(c) Supplies - Pharmacy	\$0
5.(d) Supplies - Medical	\$0
5.(e) Supplies Office	\$0
6. Travel	\$0
7. Software	\$1,000
8. (a) Other - Marketing/Communications	\$6,000
8. (b) Other - Education and Training	\$0
8. (c) Other - Other (specify below)	
Family Engagement	\$12,500
Provider Engagement	\$15,000
Other (please specify)	\$0
Other (please specify)	
9. Subrecipient Contracts	\$40,000
Total Direct Costs	\$435,942
Total Indirect Costs	\$84,058
TOTAL	\$520,000

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**New Hampshire Department of Health and Human Services
Exhibit D**



CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS

The Vendor 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

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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.

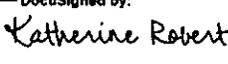
Place of Performance (street address, city, county, state, zip code) (list each location)

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

Vendor Name: JSI Research & Training Institute, Inc.

6/6/2022

Date

DocuSigned by:

 Name: Katherine Robert
 Title: Director

Vendor Initials 
 Date 6/6/2022



New Hampshire Department of Health and Human Services
Exhibit E

CERTIFICATION REGARDING LOBBYING

The Vendor 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

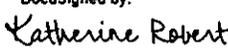
The undersigned certifies, to the best of his or her knowledge and belief, that:

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.

Vendor Name: JSI Research & Training Institute, Inc.

6/6/2022
Date

DocuSigned by:

 Name: Katherine Robert
 Title: Director

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 Vendor Initials
 Date 6/6/2022



New Hampshire Department of Health and Human Services
Exhibit F

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

INSTRUCTIONS FOR CERTIFICATION

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

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New Hampshire Department of Health and Human Services
Exhibit F

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.

Contractor Name: JSI Research & Training Institute, Inc.

6/6/2022
Date

DocuSigned by: Katherine Robert
Name: Katherine Robert
Title: Director

DS KR
Contractor Initials
Date 6/6/2022



New Hampshire Department of Health and Human Services
Exhibit G

**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

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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.

Contractor Name: JSI Research & Training Institute, Inc.

6/6/2022
Date

DocuSigned by:
Katherine Robert
Name: Katherine Robert
Title: Director

Exhibit G

Contractor Initials

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 H

CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO SMOKE

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

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

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

Contractor Name: JSI Research & Training Institute, Inc.

6/6/2022

Date

DocuSigned by:
Katherine Robert

Name: Katherine Robert
Title: Director



New Hampshire Department of Health and Human Services

Exhibit I

HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY 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.

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 Date



New Hampshire Department of Health and Human Services

Exhibit I

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

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

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



New Hampshire Department of Health and Human Services

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

New Hampshire Department of Health and Human Services



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

3/2014

Contractor Initials

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6/6/2022
Date

New Hampshire Department of Health and Human Services



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.

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Contractor Initials

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Date 6/6/2022



New Hampshire Department of Health and Human Services

Exhibit I

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

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

Department of Health and Human Services

JSI Research & Training Institute, Inc.

The State by:

Name of the Contractor

Patricia M. Tilley

Katherine Robert

Signature of Authorized Representative

Signature of Authorized Representative

Patricia M. Tilley

Katherine Robert

Name of Authorized Representative Director

Name of Authorized Representative

Director

Title of Authorized Representative

Title of Authorized Representative

6/7/2022

6/6/2022

Date

Date



New Hampshire Department of Health and Human Services
Exhibit J

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

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

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

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

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

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

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

Contractor Name: JSI Research & Training Institute, Inc.

6/6/2022

Date

DocuSigned by:

 Name: Katherine Robert
 Title: Director

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Contractor Initials
 Date 6/6/2022



New Hampshire Department of Health and Human Services
Exhibit J

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: LKTNULLR6FL6

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

 NO X YES

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

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

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

 NO X YES

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

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

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

Name: _____	Amount: _____

New Hampshire Department of Health and Human Services

Exhibit K

DHHS Information Security Requirements



A. Definitions

The following terms may be reflected and have the described meaning in this document:

1. "Breach" means the loss of control, compromise, unauthorized disclosure, unauthorized acquisition, unauthorized access, or any similar term referring to situations where persons other than authorized users and for an other than authorized purpose have access or potential access to personally identifiable information, whether physical or electronic. With regard to Protected Health Information, "Breach" shall have the same meaning as the term "Breach" in section 164.402 of Title 45, Code of Federal Regulations.
2. "Computer Security Incident" shall have the same meaning "Computer Security Incident" in section two (2) of NIST Publication 800-61, Computer Security Incident Handling Guide, National Institute of Standards and Technology, U.S. Department of Commerce.
3. "Confidential Information" or "Confidential Data" means all confidential information disclosed by one party to the other such as all medical, health, financial, public assistance benefits and personal information including without limitation, Substance Abuse Treatment Records, Case Records, Protected Health Information and Personally Identifiable Information.

Confidential Information also includes any and all information owned or managed by the State of NH - created, received from or on behalf of the Department of Health and Human Services (DHHS) or accessed in the course of performing contracted services - of which collection, disclosure, protection, and disposition is governed by state or federal law or regulation. This information includes, but is not limited to Protected Health Information (PHI), Personal Information (PI), Personal Financial Information (PFI), Federal Tax Information (FTI), Social Security Numbers (SSN), Payment Card Industry (PCI), and or other sensitive and confidential information.

4. "End User" means any person or entity (e.g., contractor, contractor's employee, business associate, subcontractor, other downstream user, etc.) that receives DHHS data or derivative data in accordance with the terms of this Contract.
5. "HIPAA" means the Health Insurance Portability and Accountability Act of 1996 and the regulations promulgated thereunder.
6. "Incident" means an act that potentially violates an explicit or implied security policy, which includes attempts (either failed or successful) to gain unauthorized access to a system or its data, unwanted disruption or denial of service, the unauthorized use of a system for the processing or storage of data; and changes to system hardware, firmware, or software characteristics without the owner's knowledge, instruction, or consent. Incidents include the loss of data through theft or device misplacement, loss or misplacement of hardcopy documents, and misrouting of physical or electronic

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New Hampshire Department of Health and Human Services

Exhibit K

DHHS Information Security Requirements



mail, all of which may have the potential to put the data at risk of unauthorized access, use, disclosure, modification or destruction.

7. "Open Wireless Network" means any network or segment of a network that is not designated by the State of New Hampshire's Department of Information Technology or delegate as a protected network (designed, tested, and approved, by means of the State, to transmit) will be considered an open network and not adequately secure for the transmission of unencrypted PI, PFI, PHI or confidential DHHS data.
8. "Personal Information" (or "PI") means information which can be used to distinguish or trace an individual's identity, such as their name, social security number, personal information as defined in New Hampshire RSA 359-C:19, biometric records, etc., alone, or when combined with other personal or identifying information which is linked or linkable to a specific individual, such as date and place of birth, mother's maiden name, etc.
9. "Privacy Rule" shall mean the Standards for Privacy of Individually Identifiable Health Information at 45 C.F.R. Parts 160 and 164, promulgated under HIPAA by the United States Department of Health and Human Services.
10. "Protected Health Information" (or "PHI") has the same meaning as provided in the definition of "Protected Health Information" in the HIPAA Privacy Rule at 45 C.F.R. § 160.103.
11. "Security Rule" shall mean the Security Standards for the Protection of Electronic Protected Health Information at 45 C.F.R. Part 164, Subpart C, and amendments thereto.
12. "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.

I. RESPONSIBILITIES OF DHHS AND THE CONTRACTOR

A. Business Use and Disclosure of Confidential Information.

1. The Contractor must not use, disclose, maintain or transmit Confidential Information except as reasonably necessary as outlined under this Contract. Further, Contractor, including but not limited to all its directors, officers, employees and agents, must not use, disclose, maintain or transmit PHI in any manner that would constitute a violation of the Privacy and Security Rule.
2. The Contractor must not disclose any Confidential Information in response to a

New Hampshire Department of Health and Human Services

Exhibit K

DHHS Information Security Requirements



request for disclosure on the basis that it is required by law, in response to a subpoena, etc., without first notifying DHHS so that DHHS has an opportunity to consent or object to the disclosure.

3. If DHHS notifies the Contractor that DHHS 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 Contractor must be bound by such additional restrictions and must not disclose PHI in violation of such additional restrictions and must abide by any additional security safeguards.
4. The Contractor agrees that DHHS Data or derivative there from disclosed to an End User must only be used pursuant to the terms of this Contract.
5. The Contractor agrees DHHS Data obtained under this Contract may not be used for any other purposes that are not indicated in this Contract.
6. The Contractor agrees to grant access to the data to the authorized representatives of DHHS for the purpose of inspecting to confirm compliance with the terms of this Contract.

II. METHODS OF SECURE TRANSMISSION OF DATA

1. Application Encryption. If End User is transmitting DHHS data containing Confidential Data between applications, the Contractor attests the applications have been evaluated by an expert knowledgeable in cyber security and that said application's encryption capabilities ensure secure transmission via the internet.
2. Computer Disks and Portable Storage Devices. End User may not use computer disks or portable storage devices, such as a thumb drive, as a method of transmitting DHHS data.
3. Encrypted Email. End User may only employ email to transmit Confidential Data if email is encrypted and being sent to and being received by email addresses of persons authorized to receive such information.
4. Encrypted Web Site. If End User is employing the Web to transmit Confidential Data, the secure socket layers (SSL) must be used and the web site must be secure. SSL encrypts data transmitted via a Web site.
5. File Hosting Services, also known as File Sharing Sites. End User may not use file hosting services, such as Dropbox or Google Cloud Storage, to transmit Confidential Data.
6. Ground Mail Service. End User may only transmit Confidential Data via *certified* ground mail within the continental U.S. and when sent to a named individual.
7. Laptops and PDA. If End User is employing portable devices to transmit Confidential Data said devices must be encrypted and password-protected.
8. Open Wireless Networks. End User may not transmit Confidential Data via an open

New Hampshire Department of Health and Human Services

Exhibit K

DHHS Information Security Requirements



wireless network. End User must employ a virtual private network (VPN) when remotely transmitting via an open wireless network.

9. Remote User Communication. If End User is employing remote communication to access or transmit Confidential Data, a virtual private network (VPN) must be installed on the End User's mobile device(s) or laptop from which information will be transmitted or accessed.
10. SSH File Transfer Protocol (SFTP), also known as Secure File Transfer Protocol. If End User is employing an SFTP to transmit Confidential Data, End User will structure the Folder and access privileges to prevent inappropriate disclosure of information. SFTP folders and sub-folders used for transmitting Confidential Data will be coded for 24-hour auto-deletion cycle (i.e. Confidential Data will be deleted every 24 hours).
11. Wireless Devices. If End User is transmitting Confidential Data via wireless devices, all data must be encrypted to prevent inappropriate disclosure of information.

III. RETENTION AND DISPOSITION OF IDENTIFIABLE RECORDS

The Contractor will only retain the data and any derivative of the data for the duration of this Contract. After such time, the Contractor will have 30 days to destroy the data and any derivative in whatever form it may exist, unless, otherwise required by law or permitted under this Contract. To this end, the parties must:

A. Retention

1. The Contractor agrees it will not store, transfer or process data collected in connection with the services rendered under this Contract outside of the United States. This physical location requirement shall also apply in the implementation of cloud computing, cloud service or cloud storage capabilities, and includes backup data and Disaster Recovery locations.
2. The Contractor agrees to ensure proper security monitoring capabilities are in place to detect potential security events that can impact State of NH systems and/or Department confidential information for contractor provided systems.
3. The Contractor agrees to provide security awareness and education for its End Users in support of protecting Department confidential information.
4. The Contractor agrees to retain all electronic and hard copies of Confidential Data in a secure location and identified in section IV. A.2
5. The Contractor agrees Confidential Data stored in a Cloud must be in a FedRAMP/HITECH compliant solution and comply with all applicable statutes and regulations regarding the privacy and security. All servers and devices must have currently-supported and hardened operating systems, the latest anti-viral, anti-hacker, anti-spam, anti-spyware, and anti-malware utilities. The environment, as a

New Hampshire Department of Health and Human Services

Exhibit K

DHHS Information Security Requirements



whole, must have aggressive intrusion-detection and firewall protection.

- 6. The Contractor agrees to and ensures its complete cooperation with the State's Chief Information Officer in the detection of any security vulnerability of the hosting infrastructure.

B. Disposition

- 1. If the Contractor will maintain any Confidential Information on its systems (or its sub-contractor systems), the Contractor will maintain a documented process for securely disposing of such data upon request or contract termination; and will obtain written certification for any State of New Hampshire data destroyed by the Contractor or any subcontractors as a part of ongoing, emergency, and or disaster recovery operations. When no longer in use, electronic media containing State of New Hampshire data shall be rendered unrecoverable via a secure wipe program in accordance with industry-accepted standards for secure deletion and media sanitization, or otherwise physically destroying the media (for example, degaussing) as described in NIST Special Publication 800-88, Rev 1, Guidelines for Media Sanitization, National Institute of Standards and Technology, U. S. Department of Commerce. The Contractor will document and certify in writing at time of the data destruction, and will provide written certification to the Department upon request. The written certification will include all details necessary to demonstrate data has been properly destroyed and validated. Where applicable, regulatory and professional standards for retention requirements will be jointly evaluated by the State and Contractor prior to destruction.
2. Unless otherwise specified, within thirty (30) days of the termination of this Contract, Contractor agrees to destroy all hard copies of Confidential Data using a secure method such as shredding.
3. Unless otherwise specified, within thirty (30) days of the termination of this Contract, Contractor agrees to completely destroy all electronic Confidential Data by means of data erasure, also known as secure data wiping.

IV. PROCEDURES FOR SECURITY

A. Contractor agrees to safeguard the DHHS Data received under this Contract, and any derivative data or files, as follows:

- 1. The Contractor will maintain proper security controls to protect Department confidential information collected, processed, managed, and/or stored in the delivery of contracted services.
2. The Contractor will maintain policies and procedures to protect Department confidential information throughout the information lifecycle, where applicable, (from creation, transformation, use, storage and secure destruction) regardless of the media used to store the data (i.e., tape, disk, paper, etc.).

New Hampshire Department of Health and Human Services

Exhibit K

DHHS Information Security Requirements



3. The Contractor will maintain appropriate authentication and access controls to contractor systems that collect, transmit, or store Department confidential information where applicable.
4. The Contractor will ensure proper security monitoring capabilities are in place to detect potential security events that can impact State of NH systems and/or Department confidential information for contractor provided systems.
5. The Contractor will provide regular security awareness and education for its End Users in support of protecting Department confidential information.
6. If the Contractor will be sub-contracting any core functions of the engagement supporting the services for State of New Hampshire, the Contractor will maintain a program of an internal process or processes that defines specific security expectations, and monitoring compliance to security requirements that at a minimum match those for the Contractor, including breach notification requirements.
7. The Contractor will work with the Department to sign and comply with all applicable State of New Hampshire and Department system access and authorization policies and procedures, systems access forms, and computer use agreements as part of obtaining and maintaining access to any Department system(s). Agreements will be completed and signed by the Contractor and any applicable sub-contractors prior to system access being authorized.
8. If the Department determines the Contractor is a Business Associate pursuant to 45 CFR 160.103, the Contractor will execute a HIPAA Business Associate Agreement (BAA) with the Department and is responsible for maintaining compliance with the agreement.
9. The Contractor will work with the Department at its request to complete a System Management Survey. The purpose of the survey is to enable the Department and Contractor to monitor for any changes in risks, threats, and vulnerabilities that may occur over the life of the Contractor engagement. The survey will be completed annually, or an alternate time frame at the Departments discretion with agreement by the Contractor, or the Department may request the survey be completed when the scope of the engagement between the Department and the Contractor changes.
10. The Contractor will not store, knowingly or unknowingly, any State of New Hampshire or Department data offshore or outside the boundaries of the United States unless prior express written consent is obtained from the Information Security Office leadership member within the Department.
11. Data Security Breach Liability. In the event of any security breach Contractor shall make efforts to investigate the causes of the breach, promptly take measures to prevent future breach and minimize any damage or loss resulting from the breach. The State shall recover from the Contractor all costs of response and recovery from

New Hampshire Department of Health and Human Services

Exhibit K

DHHS Information Security Requirements



the breach, including but not limited to: credit monitoring services, mailing costs and costs associated with website and telephone call center services necessary due to the breach.

12. Contractor must, comply with all applicable statutes and regulations regarding the privacy and security of Confidential Information, and must in all other respects maintain the privacy and security of PI and PHI at a level and scope that is not less than the level and scope of requirements applicable to federal agencies, including, but not limited to, provisions of the Privacy Act of 1974 (5 U.S.C. § 552a), DHHS Privacy Act Regulations (45 C.F.R. §5b), HIPAA Privacy and Security Rules (45 C.F.R. Parts 160 and 164) that govern protections for individually identifiable health information and as applicable under State law.
13. Contractor agrees to establish and maintain appropriate administrative, technical, and physical safeguards to protect the confidentiality of the Confidential Data and to prevent unauthorized use or access to it. The safeguards must provide a level and scope of security that is not less than the level and scope of security requirements established by the State of New Hampshire, Department of Information Technology. Refer to Vendor Resources/Procurement at <https://www.nh.gov/doit/vendor/index.htm> for the Department of Information Technology policies, guidelines, standards, and procurement information relating to vendors.
14. Contractor agrees to maintain a documented breach notification and incident response process. The Contractor will notify the State's Privacy Officer and the State's Security Officer of any security breach immediately, at the email addresses provided in Section VI. This includes a confidential information breach, computer security incident, or suspected breach which affects or includes any State of New Hampshire systems that connect to the State of New Hampshire network.
15. Contractor must restrict access to the Confidential Data obtained under this Contract to only those authorized End Users who need such DHHS Data to perform their official duties in connection with purposes identified in this Contract.
16. The Contractor must ensure that all End Users:
 - a. comply with such safeguards as referenced in Section IV A. above, implemented to protect Confidential Information that is furnished by DHHS under this Contract from loss, theft or inadvertent disclosure.
 - b. safeguard this information at all times.
 - c. ensure that laptops and other electronic devices/media containing PHI, PI, or PFI are encrypted and password-protected.
 - d. send emails containing Confidential Information only if encrypted and being sent to and being received by email addresses of persons authorized to receive such information.

New Hampshire Department of Health and Human Services

Exhibit K

DHHS Information Security Requirements



- e. limit disclosure of the Confidential Information to the extent permitted by law.
- f. Confidential Information received under this Contract and individually identifiable data derived from DHHS Data, must be stored in an area that is physically and technologically secure from access by unauthorized persons during duty hours as well as non-duty hours (e.g., door locks, card keys, biometric identifiers, etc.).
- g. only authorized End Users may transmit the Confidential Data, including any derivative files containing personally identifiable information, and in all cases, such data must be encrypted at all times when in transit, at rest, or when stored on portable media as required in section IV above.
- h. in all other instances Confidential Data must be maintained, used and disclosed using appropriate safeguards, as determined by a risk-based assessment of the circumstances involved.
- i. understand that their user credentials (user name and password) must not be shared with anyone. End Users will keep their credential information secure. This applies to credentials used to access the site directly or indirectly through a third party application.

Contractor is responsible for oversight and compliance of their End Users. DHHS reserves the right to conduct onsite inspections to monitor compliance with this Contract, including the privacy and security requirements provided in herein, HIPAA, and other applicable laws and Federal regulations until such time the Confidential Data is disposed of in accordance with this Contract.

V. LOSS REPORTING

The Contractor must notify the State's Privacy Officer and Security Officer of any Security Incidents and Breaches immediately, at the email addresses provided in Section VI.

The Contractor must further handle and report Incidents and Breaches involving PHI in accordance with the agency's documented Incident Handling and Breach Notification procedures and in accordance with 42 C.F.R. §§ 431.300 - 306. In addition to, and notwithstanding, Contractor's compliance with all applicable obligations and procedures, Contractor's procedures must also address how the Contractor will:

1. Identify Incidents;
2. Determine if personally identifiable information is involved in Incidents;
3. Report suspected or confirmed Incidents as required in this Exhibit or P-37;
4. Identify and convene a core response group to determine the risk level of Incidents and determine risk-based responses to Incidents; and

New Hampshire Department of Health and Human Services

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DHHS Information Security Requirements



5. Determine whether Breach notification is required, and, if so, identify appropriate Breach notification methods, timing, source, and contents from among different options, and bear costs associated with the Breach notice as well as any mitigation measures.

Incidents and/or Breaches that implicate PI must be addressed and reported, as applicable, in accordance with NH RSA 359-C:20.

VI. PERSONS TO CONTACT

A. DHHS Privacy Officer:

DHHSPrivacyOfficer@dhhs.nh.gov

B. DHHS Security Officer:

DHHSInformationSecurityOffice@dhhs.nh.gov

State of New Hampshire

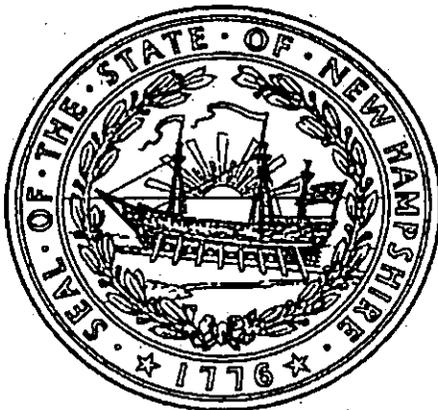
Department of State

CERTIFICATE

I, David M. Scanlan, Secretary of State of the State of New Hampshire, do hereby certify that JSI RESEARCH & TRAINING INSTITUTE, INC. is a Massachusetts Nonprofit Corporation registered to transact business in New Hampshire on February 17, 2016. I further certify that all fees and documents required by the Secretary of State's office have been received and is in good standing as far as this office is concerned.

Business ID: 739507

Certificate Number: 0005779834



IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 19th day of May A.D. 2022.

A handwritten signature in black ink, appearing to read "David M. Scanlan".

David M. Scanlan
Secretary of State

CERTIFICATE OF VOTE/AUTHORITY

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

1. I am the duly elected President of the JSI Research & Training Institute, Inc., d/b/a Community Health Institute;
2. By Unanimous Consent in Writing of the Board of Directors in Lieu of the 2019 Annual Meeting, the following is true copy of one resolution duly adopted by the Board of Directors of the JSI Research & Training Institute, Inc., d/b/a Community Health Institute, duly dated August 8, 2019.

RESOLVED: Appointment of Katherine Robert as Director of the Community Health Institute with the authority to enter into contracts and agreements binding the Corporation effective August 8, 2019.

3. I further certify that the foregoing resolutions have not been amended or revoked and remain in full force and effect as of June 8th, 2022 and for the 30 days following June 8th, 2022.

IN WITNESS WHEREOF, I have hereunto set my hand as the President of the JSI Research & Training Institute, Inc., d/b/a Community Health Institute this 8th day of June 2022.

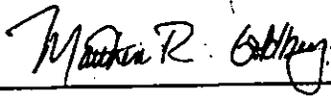


Margaret M. Crotty, President

STATE OF New Hampshire

COUNTY OF Merrimack

The foregoing instrument was acknowledged before me this 8th day of May, 2022 by Margaret Crotty.

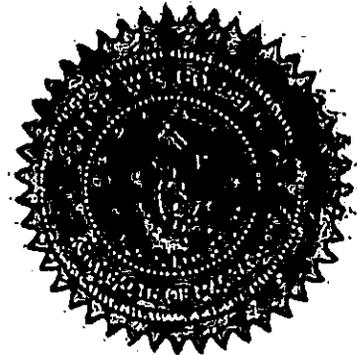


Matthew M. Goldberg, Notary Public/Justice of the Peace

My Commission Expires: February 17th, 2028



Matthew R. Goldberg
NOTARY PUBLIC
Commonwealth of Massachusetts
My Commission Expires
February 17, 2028



JSI Research and Training Institute Inc.

Mission Statement

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

Community Health Institute

Mission Statement

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

**Consolidated Financial Statements and
Report of Independent Certified Public
Accountants**

**JSI Research and Training Institute, Inc. and
Affiliates**

September 30, 2020 and 2019

Contents

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GRANT THORNTON LLP

75 State Street, 13th Floor
Boston, MA 02109

D +1 617 723 7900

F +1 617 723 3640

REPORT OF INDEPENDENT CERTIFIED PUBLIC ACCOUNTANTS

Board of Directors
JSI Research and Training Institute, Inc.

Report on the financial statements

We have audited the accompanying consolidated financial statements of JSI Research and Training Institute, Inc., (a nonprofit organization) and affiliates (the "Entity"), which comprise the consolidated statements of financial position as of September 30, 2020 and 2019, and the related consolidated statements of activities, functional expenses, and cash flows for the years then ended, and the related notes to the consolidated financial statements.

Management's responsibility for the financial statements

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

Auditor's responsibility

Our responsibility is to express an opinion on these consolidated financial statements based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America.

Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the consolidated financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the consolidated financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the consolidated financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the Entity's preparation and fair presentation of the consolidated financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the consolidated financial statements.

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



Opinion

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of JSI Research and Training Institute, Inc., and affiliates as of September 30, 2020 and 2019, and the changes in their net assets and their cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Grant Thornton LLP

Boston, Massachusetts
June 28, 2021

JSI Research and Training Institute, Inc.

CONSOLIDATED STATEMENTS OF FINANCIAL POSITION

September 30,

	<u>2020</u>	<u>2019</u>
ASSETS		
CURRENT ASSETS:		
Cash and cash equivalents	\$ 81,368,115	\$ 98,563,248
Receivables for program work	109,113,563	45,130,388
Field advances - program	3,858,492	25,188
Employee advances	4,242	184,277
Prepaid expenses	<u>2,008,128</u>	<u>1,665,471</u>
Total current assets	196,352,540	145,568,572
PROPERTY AND EQUIPMENT, net	3,157,102	70,862
OTHER ASSETS	<u>264,930</u>	<u>36,945</u>
Total assets	<u>\$ 199,774,572</u>	<u>\$ 145,676,379</u>
LIABILITIES AND NET ASSETS		
CURRENT LIABILITIES:		
Accounts payable and payroll withholdings	\$ 87,642,735	\$ 59,600,173
Accrued vacation	2,213,551	1,464,584
Advances for program work	49,858,878	29,722,037
Loan payable - Paycheck Protection Program	<u>1,074,400</u>	<u>-</u>
Total current liabilities	<u>140,789,564</u>	<u>90,786,794</u>
NET ASSETS:		
Without donor restrictions	58,666,358	54,585,599
With donor restrictions	<u>318,650</u>	<u>303,986</u>
Total net assets	<u>58,985,008</u>	<u>54,889,585</u>
Total liabilities and net assets	<u>\$ 199,774,572</u>	<u>\$ 145,676,379</u>

The accompanying notes are an integral part of these consolidated financial statements.

JSI Research and Training Institute, Inc.
CONSOLIDATED STATEMENTS OF ACTIVITIES
Years ended September 30, 2020 and 2019

	<u>2020</u>	<u>2019</u>
Net assets without donor restrictions		
Public support and revenue		
Grants and contracts:		
Global Fund	\$ 375,120,414	\$ 570,358,986
U.S. Government	151,964,600	196,939,720
Commonwealth of Massachusetts	4,808,744	5,739,415
Other grants and contracts	85,693,370	101,715,710
Program income	47,603	280,588
Contributions	293,006	265,399
In-kind project contributions	3,079,352	9,678,628
Inherent contribution	-	778,482
Interest income	430,032	852,026
	<u>621,437,121</u>	<u>886,608,954</u>
Expenses		
Program services:		
International programs	553,307,084	818,431,255
Domestic programs	27,079,411	27,263,690
	<u>580,386,495</u>	<u>845,694,945</u>
Supporting services		
Management and general	36,680,902	36,428,678
Fundraising	153,799	2,806,595
	<u>36,834,701</u>	<u>39,235,273</u>
Other Expenses		
Unallowable	135,166	288,094
	<u>135,166</u>	<u>288,094</u>
Total expenses	<u>617,356,362</u>	<u>885,218,312</u>
Increase in net assets without donor restrictions	4,080,759	1,390,642
Increase in net assets with donor restrictions	14,664	46,777
Change in net assets	4,095,423	1,437,419
Net assets at beginning of year	54,889,585	53,452,166
Net assets at end of year	<u>\$ 58,985,008</u>	<u>\$ 54,889,585</u>

The accompanying notes are an integral part of these consolidated financial statements.

JSI Research and Training Institute, Inc.

CONSOLIDATED STATEMENT OF FUNCTIONAL EXPENSES

Year ended September 30, 2020

	Program Services			Supporting Services		Total Expenses
	International Programs	Domestic Programs	Total	Management and General	Fundraising	
Commodities	\$ 346,014,906	\$ -	\$ 346,014,906	\$ -	\$ -	\$ 346,014,906
Freight costs	30,675,639	-	30,675,639	-	-	30,675,639
Salaries	23,366,288	13,225,452	36,591,740	11,325,821	78,701	47,996,262
Consultants	14,904,005	5,683,627	20,587,632	1,969,844	11,900	22,569,376
Cooperating national salaries	44,511,647	86,959	44,598,606	576,982	-	45,175,588
Travel	4,626,451	635,447	5,261,898	516,566	470	5,778,934
Allowance and training	3,785,928	37,980	3,823,908	112,359	-	3,936,267
Subgrants	17,121,298	499,449	17,620,747	29,086	27,073	17,676,906
Subgrants/subcontracts	22,639,383	4,466,833	27,106,216	417	-	27,106,633
Equipment, material and supplies	2,450,232	131,867	2,582,099	135,642	119	2,717,860
Other costs	39,252,289	2,311,797	41,564,086	21,234,136	35,536	62,833,758
Information technology	48,191	-	48,191	560,710	-	608,901
Non-commodity	631,430	-	631,430	-	-	631,430
Quality assurance	200,293	-	200,293	-	-	200,293
In-kind project expenses	3,079,104	-	3,079,104	-	-	3,079,104
Depreciation	-	-	-	219,339	-	219,339
Total expense	\$ 553,307,084	\$ 27,079,411	\$ 580,386,495	\$ 36,680,902	\$ 153,799	\$ 617,221,196

The accompanying notes are an integral part of this consolidated financial statement.

JSI Research and Training Institute, Inc.

CONSOLIDATED STATEMENT OF FUNCTIONAL EXPENSES

Year ended September 30, 2019

	Program Services			Supporting Services		Total Expenses
	International Programs	Domestic Programs	Total	Management and General	Fundraising	
Commodities	\$ 544,556,844	\$ -	\$ 544,556,844	\$ 1,421	\$ 1,471	\$ 544,559,736
Freight costs	39,652,513	-	39,652,513	-	-	39,652,513
Salaries	24,532,253	12,172,719	36,704,972	11,085,659	2,353,165	50,143,796
Consultants	14,119,065	5,791,456	19,910,521	2,090,816	379,622	22,380,959
Cooperating national salaries	49,761,390	244,621	50,006,011	658,261	-	50,664,272
Travel	9,468,547	1,256,109	10,724,656	940,323	22,704	11,687,683
Allowance and training	7,052,172	46,360	7,098,532	236,650	250	7,335,432
Subgrants/subcontracts	83,262,033	5,191,198	88,453,231	-	22,267	88,475,498
Equipment, material and supplies	4,555,167	231,216	4,786,383	300,443	-	5,086,826
Other costs	31,154,814	2,330,011	33,484,825	20,713,133	24,233	54,222,191
Information technology	146,193	-	146,193	387,941	2,883	537,017
Non-commodity	277,348	-	277,348	-	-	277,348
Quality assurance	184,863	-	184,863	(548)	-	184,315
Incidence	29,423	-	29,423	1,382	-	30,805
In-kind project expenses	9,678,630	-	9,678,630	-	-	9,678,630
Depreciation	-	-	-	13,197	-	13,197
Total expense	\$ 818,431,255	\$ 27,263,690	\$ 845,694,945	\$ 36,428,678	\$ 2,806,595	\$ 884,930,218

The accompanying notes are an integral part of this consolidated financial statement.

JSI Research and Training Institute, Inc.
CONSOLIDATED STATEMENTS OF CASH FLOWS
Years ended September 30, 2020 and 2019

	<u>2020</u>	<u>2019</u>
Cash flows from operating activities:		
Increase in net assets	\$ 4,095,423	\$ 1,437,419
Adjustments to reconcile decrease in net assets to net cash used in operating activities:		
Depreciation	219,339	19,685
(Increase) decrease in operating assets:		
Receivables for program work	(63,983,175)	(26,553,124)
Field advances - program	(3,833,304)	500,547
Employee advances	180,035	(79,414)
Prepaid expenses	(342,657)	(766,262)
Other assets	(227,985)	(22,609)
Increase (decrease) in operating liabilities:		
Accounts payable and payroll withholdings	28,042,562	28,512,414
Accrued vacation	748,967	(210,087)
Advances for program work	20,136,841	(18,507,594)
Net cash used in operating activities	<u>(14,963,954)</u>	<u>(15,669,025)</u>
Cash flows from investing activities:		
Acquisition of property and equipment	(3,305,579)	(52,342)
Inherent contribution net of cash acquired	-	37,427,968
Net cash (used in) provided by investing activities	<u>(3,305,579)</u>	<u>37,375,626</u>
Cash flows from financing activities:		
Proceeds from Paycheck Protection Program loan	1,074,400	-
Net cash provided by investing activities	<u>1,074,400</u>	<u>-</u>
(DECREASE) INCREASE IN CASH AND CASH EQUIVALENTS	(17,195,133)	21,706,601
Cash and cash equivalents at beginning of year	98,563,248	76,856,647
Cash and cash equivalents at end of year	\$ 81,368,115	\$ 98,563,248

The accompanying notes are an integral part of these consolidated financial statements

JSI Research and Training Institute, Inc. and Affiliates

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

September 30, 2020 and 2019

NOTE A - ORGANIZATION AND NATURE OF ACTIVITIES

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

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

World Education, Inc. was founded in 1951 and incorporated in the state of New Jersey. Working in partnership with community, national, and international agencies in Asia, Africa, and the United States, it provides professional assistance in the design and implementation of non-formal adult education programs. These programs integrate functional education with relevant problem-solving aspects of individual growth and national development such as health, nutrition, family planning, childcare, refugee education, agricultural practices, literacy, and income generation. World Education, Inc's financial data is consolidated utilizing its fiscal year-end financial statements, as of and for the years ended June 30, 2020, and 2019, respectively.

The Partnership for Supply Chain Management (PfSCM) was incorporated on February 14, 2005, under the laws of Massachusetts. PfSCM began operations on October 1, 2005 as a non-profit organization established by JSI Research and Training Institute, Inc. and Management Sciences for Health, Inc. On October 11, 2018, Management Sciences for Health, Inc. discontinued their relationship with PfSCM and JSI Research and Training Institute, Inc. became the sole member of PfSCM.

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

NOTE B - CHANGE IN CONTROL

As previously referred to in Note A, the Organization achieved a controlling interest in PfSCM during fiscal year 2019. The net assets of PfSCM as of October 11, 2018, totaling \$778,482, were contributed to the Organization and were recognized in the accompanying consolidated statements of activities as an inherent contribution. Details of the transaction are as follows:

Cash and cash equivalents	\$ 38,206,450
Accounts receivable	2,608,518
Other assets	774,153
Liabilities	<u>(40,810,639)</u>
	<u>\$ 778,482</u>

JSI Research and Training Institute, Inc. and Affiliates

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS - CONTINUED

September 30, 2020 and 2019

NOTE C - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Principles of Consolidation

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

Basis of Accounting

The consolidated financial statements of the Organization have been prepared utilizing the accrual basis of accounting and include the accounts of JSI Research and Training Institute, Inc. and its affiliates in conformity with accounting principles generally accepted in the United States of America (U.S. GAAP). Net assets, revenues, and expenses are classified based on the existence or absence of donor-imposed restrictions. Accordingly, the net assets of the Organization and the changes thereof are classified and reported as follows:

Net assets without donor restrictions - Net assets that are not subject to donor-imposed restrictions.

Net assets with donor restrictions - Contributions, grants, and income whose use by the Organization has been limited by donors or grantors to a specific time period or purpose.

Use of Estimates

The preparation of consolidated financial statements in conformity with U.S. GAAP requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Cash and Cash Equivalents

The Organization considers all monies in banks and highly liquid investments with maturity dates of three months or less to be cash equivalents. The carrying value of cash and cash equivalents approximates fair value because of the short maturities of those financial instruments. Total cash held in foreign accounts was \$3,420,690, and \$3,483,206 at September 30, 2020 and 2019, respectively.

Property and Equipment

Property and equipment owned by the organization are reported on the basis of cost less accumulated depreciation. Acquisitions of property and equipment in excess of \$5,000 are capitalized. Depreciation is computed using the straight-line method calculated to extinguish the book value of the respective assets over their estimated useful lives (5 - 7 years) of the related assets. Property and equipment purchased with grant funds where ownership rests with the donor is expensed at the time of purchase and is returned to the donor or disposed of in accordance with the terms of the grant and/or donor permissions at the conclusion of the grant period.

JSI Research and Training Institute, Inc. and Affiliates

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS - CONTINUED

September 30, 2020 and 2019

Recent Adopted Accounting Pronouncements

In fiscal year 2020, the Organization adopted ASU 2018-08, *Clarifying the Scope and Accounting Guidance for Contributions Received and Contributions Made* (Topic 958). The FASB issued this update to clarify and improve the scope and accounting guidance for contributions received and made. The amendments of this update should assist entities in (1) evaluating whether transactions should be accounted for as contributions (nonreciprocal transactions) within the scope of Topic 958, *Not-for-Profit Entities*, or as exchange transactions subject to other guidance and (2) determining whether a contribution is conditional. The Organization applied the standard using a modified prospective approach as of October 1, 2019. This guidance did not have a material impact on the Organization's consolidated financial statements and related disclosures.

In addition, in fiscal year 2020, the Organization adopted ASU 2014-09, *Revenue from Contracts with Customers*, which outlines a single comprehensive revenue model for entities to use in accounting for revenue arising from contracts with customers. The guidance supersedes most current revenue recognition guidance, including industry-specific guidance, and ensures that entities appropriately reflect the consideration to which they expect to be entitled in exchange for goods and services, by allocating transaction price to identified performance obligations, and recognizing that revenue as performance obligations are satisfied. The Organization applied the standard using the modified retrospective transition method. This guidance did not have a material impact on the Organization's consolidated financial statements and related disclosures.

Revenue Recognition

Grants and Contracts

The majority of the Organization's revenues are derived from contracts, cooperative agreements, and grants with The Global Fund to Fight AIDS Tuberculosis and Malaria (the Global Fund), and U.S. government agencies, primarily USAID and the United States Department of Health and Human Services. Revenues are recognized when the Organization incurs qualifying expenditures that are reimbursable under the terms of the contracts, agreements or grants, or in accordance with the grantor's restrictions.

The Organization recognizes revenue from external organizations for services provided under exchange and non-exchange grants and contracts. Unconditional grants, contracts, and contributions are recognized as revenue in the period received in the appropriate net asset category, based on the existence or absence of donor imposed restrictions. If donor imposed restrictions are present, the associated revenue is reported as an increase in net assets with restriction and are reclassified to net assets without donor restrictions when the restrictions are met. Grants and contracts revenues whose restrictions are met in the same reporting period are reported as net assets without donor restriction.

Revenues from non-exchange transactions may be subject to conditions in the form of both a barrier to entitlement and a refund of amounts paid (and a release from obligation to make future payments). The Organization recognizes revenue earned from conditional non-exchange grants and contracts as these conditions are satisfied. At September 30, 2020, the Organization had \$212,245,310 of conditional grants and contracts not recognized as revenue in the consolidated statements of activities.

Revenues from exchange transactions are recognized as the Organization satisfies performance obligations, which in some cases, mirrors the timing of when related costs are incurred. There were no grants and contracts, for which the contractual performance obligations have not yet been made or the right to recognize revenue is dependent on future events at September 30, 2020.

JSI Research and Training Institute, Inc. and Affiliates

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS - CONTINUED

September 30, 2020 and 2019

Contributions

Unrestricted and restricted contributions are recognized as revenue at the date the pledge is made or the gift is received, whichever is earlier.

Contributions received are recorded as revenue without donor restrictions, or with donor restrictions depending on the existence and/or nature of any donor restrictions. Contributions are reported as restricted support and are then released to without donor restrictions upon expiration of the time and/or purpose of the restriction. Restricted support, whose restrictions are met in the same reporting period, is shown as support without restrictions.

Donated Materials and Services

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

Income Taxes

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

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

JSI Research and Training Institute, Inc., World Education, Inc. and PfSCM file separate unconsolidated tax returns. JSI Research and Training Institute, Inc. and PfSCM file tax returns based on a September 30 year end and World Education, Inc. files its tax return based on a June 30 year end.

Functional Allocation of Expenses

The costs of providing the various programs and other activities have been summarized on a functional basis in the consolidated statements of activities. Accordingly, certain costs have been allocated among the programs and supporting services benefited. Each functional classification includes all expenses related to the underlying operations by natural classification. Natural expenses attributable to more than one functional expense category are allocated using a variety of cost allocation techniques.

Foreign Currency Transactions

Expenses of international operations are measured generally using local currency. Expenses are translated to USD using the first in, first out method of exchange based on the bank rate assigned at transfer. As a result, foreign currency transaction gains and losses are negligible and are included as direct program expenses.

JSI Research and Training Institute, Inc. and Affiliates

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS - CONTINUED

September 30, 2020 and 2019

Receivables for Program Work

Receivables for program work are stated at the amount management expects to collect from outstanding balances. Management provides for probable uncollectable amounts through a provision for bad debt expense and an adjustment to a valuation allowance based on its assessment of the current status of individual accounts. Balances that are still outstanding after management has used reasonable collection efforts are written off through a charge to the valuation allowance and a credit to accounts receivable. The allowance for doubtful accounts at September 30, 2020 and 2019 was \$0. Included in receivables for program work is \$62,496,812 and \$38,093,960 of amounts billed and \$46,616,751 and \$7,036,428 of amounts unbilled.

Recent Accounting Pronouncements

In February 2016, the FASB issued ASU 2016-02, *Leases*, which requires a lessee to recognize a right-of-use asset and lease liability, initially measured at the present value of the lease payments, in its balance sheet/statement of financial position. The guidance also expands the required quantitative and qualitative disclosures surrounding leases. The ASU is effective for fiscal year 2023 for the Organization. The Organization is evaluating the impact of the new guidance on its consolidated financial statements.

NOTE D - CONCENTRATION OF CREDIT RISK

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

NOTE E - PROPERTY AND EQUIPMENT AND ACCUMULATED DEPRECIATION

Property and equipment and accumulated depreciation account balances as of September 30:

	2020		
	Cost	Accumulated Depreciation	Net
Furniture and equipment	\$ 592,816	\$ 580,766	\$ 12,050
Leasehold improvements	3,468,069	323,017	3,145,052
	<u>\$ 4,060,885</u>	<u>\$ 903,783</u>	<u>\$ 3,157,102</u>
	2019		
	Cost	Accumulated Depreciation	Net
Furniture and equipment	\$ 709,627	\$ 654,090	\$ 55,537
Leasehold improvements	45,680	30,355	15,325
	<u>\$ 755,307</u>	<u>\$ 684,445</u>	<u>\$ 70,862</u>

JSI Research and Training Institute, Inc. and Affiliates
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS - CONTINUED

September 30, 2020 and 2019

Depreciation expense was \$219,339 and \$13,197 for the years ended September 30, 2020 and 2019, respectively.

NOTE F - ADVANCES FOR PROGRAM WORK

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

	2020	2019
Other - non-governmental		
Bill and Melinda Gates Foundation	\$ 13,725,112	\$ 13,272,043
Various Donors	17,575,439	10,225,618
Global Fund	17,146,528	4,048,677
Doris Duke Charitable Foundation	1,411,799	2,175,699
	\$ 49,858,878	\$ 29,722,037

Advances for program work represent refundable advances of cash related from non-governmental organizations. They are reported as advances because there is typically a barrier placed by the granting organization, as well as a right of return if the funds are not used in accordance with the terms of the arrangement with the funding organization. Once the barriers are overcome and there is no longer a right of return, revenue is recognized.

NOTE G - DEBT

Citizens Bank

World Education, Inc. has a revolving line of credit with a bank with a borrowing limit of up to \$500,000. The revolving line of credit was most recently renewed on October 16, 2020. The loan is payable on demand. Interest is charged by utilizing a fluctuating rate based on the LIBOR (Advantage) rate plus 2.50%. The line of credit remains in effect until May 31, 2021 and annually thereafter is contingent upon performance. The loan is collateralized by a first priority interest in all the assets of World Education, Inc. No funds were borrowed during 2020 or 2019 and as a result, as of June 30, 2020 and 2019, the outstanding balance is \$0 and no interest was incurred on this loan during the years ended June 30, 2020 or 2019.

John Snow, Inc.

World Education, Inc. has an unsecured revolving line of credit with John Snow, Inc. (a related party) with a borrowing limit of up to \$1,000,000. The loan was renewed on July 1, 2019. Interest is charged by utilizing a fluctuating rate based on the current prime rate plus 0.25%. The loan is payable on demand and, in any event, on or prior to June 30, 2022. The loan is not collateralized. No funds were borrowed during the year and as a result, as of June 30, 2020, the outstanding balance is \$0. No interest was incurred on this loan during the year ended June 30, 2020.

Loan Payable - Paycheck Protection Act

In April, 2020, World Education, Inc. (WEI) was granted a loan (the Loan) in the aggregate amount of \$1,074,400, pursuant to the Paycheck Protection Program (the PPP) under Division A, Title I of the CARES Act.

JSI Research and Training Institute, Inc. and Affiliates

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS - CONTINUED

September 30, 2020 and 2019

The Loan, which was in the form of a Note dated April 23, 2020, matures on April 23, 2022 and bears interest at a rate of 1.00% per annum, payable monthly commencing in February 2020. The Note may be prepaid by WEI at any time prior to maturity with no prepayment penalties. Funds from the Loan may only be used for certain costs, such as payroll costs and occupancy expenses. Under the terms of the PPP, certain amounts of the Loan may be forgiven if they are used for qualifying expenses as described in the CARES Act.

NOTE H - CONTINGENCIES

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

JSI Research and Training Institute, Inc. is a co-borrower (with a related party) of a demand loan with no balance due at September 30, 2020.

Provisional indirect cost rates are negotiated with the USAID on an annual basis. As of September 30, 2020, actual indirect cost rates have been approved by USAID for JSI Research and Training Institute, Inc. through December 31, 2015 and World Education, Inc. through June 30, 2018. Based on favorable past experience, management believes the effects of changes to the overhead rates, if any, would not be material to the consolidated financial statements.

The outbreak of COVID-19 has caused disruption in operations of businesses domestically and globally. In response the Organization implemented cost savings and other measures to reduce operating expenses and ensure adequate liquidity. Due to the uncertainty of the continued spread of the virus and economic outlook, there may be short-term and long-term implications for operations of the Organization.

NOTE I - NET ASSETS WITH DONOR RESTRICTIONS

During the years ended June 30, 2020 and 2019, the Organization received \$14,664 and \$46,777, respectively, of donor restricted donations. The donations are restricted for use in specific programs and/or projects that are specified by the donor.

NOTE J - RELATED PARTY TRANSACTIONS

John Snow, Inc.

JSI Research and Training Institute, Inc. (R&T) and John Snow, Inc. (JSI, Inc.) (a non-exempt corporation) purchase consulting services from each other. The President and Director of R&T is the sole stockholder of JSI, Inc. The two companies bill each other at the same rates that they bill federal and state governments.

During the years ended September 30, 2020 and 2019, JSI, Inc. billed R&T \$23,817,932 and \$28,335,233 for consulting services (technical support), respectively. These amounts are reflected under program services - consulting totaling \$16,704,012 and \$15,311,055 and program services - other costs totaling \$7,113,920 and \$13,024,177, respectively, on the consolidated statements of functional expenses. In addition, during the years ended September 30, 2020 and 2019, R&T performed consulting services (technical support) for JSI, Inc. totaling \$8,772,841 and \$7,658,189, respectively.

As of September 30, 2020 the R&T was owed \$605,509 from JSI. As of September 30, 2019, the Organization owed JSI \$896,503.

JSI Research and Training Institute, Inc. and Affiliates

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS - CONTINUED

September 30, 2020 and 2019

The two companies also share facilities and pool various overhead expenses. For the years ended September 30, 2020 and 2019, R&T incurred \$22,899,284 and \$23,073,571 of overhead expenses (supporting services), of which \$9,481,343 and \$9,292,686 was its share of JSI, Inc. incurred costs.

R&T is a co-borrower with JSI, Inc. on a commercial demand loan-revolving line of credit with an expiration date of May 31, 2021 which allows for borrowings up to \$6,500,000. The loan is collateralized by a security agreement with a first position lien on all corporate assets of R&T and JSI, Inc. including assignment of promissory notes and security documents between the two companies. Interest is charged by utilizing a fluctuating rate based on LIBOR (Advantage) plus 2.00% payable monthly in arrears, which at September 30, 2020 and 2019 was 2.17% and 3.826%, respectively. At September 30, 2020 and 2019, there was no outstanding balance on this loan.

World Education, Inc. has an agreement with John Snow, Inc. whereby John Snow, Inc. will provide administrative and technical support as requested from time to time by WEI, on arms-length terms as agreed by WEI and JSI. Transactions between World Education, Inc. and John Snow, Inc. for the years ended September 30, 2020 and 2019 are summarized as follows:

	2020	2019
Administrative and technical support	\$ 1,616,316	\$ 1,561,799
Other direct charges (including rent of \$1,067,591 and \$871,877)	1,477,010	1,375,414
	<u>\$ 3,093,326</u>	<u>\$ 2,937,213</u>

The agreement is on a year-to-year basis and can be terminated by either party upon 90 days written notice to the other.

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

Other

The Organization has an agreement with a related company to purchase services. Transactions with this company were charged to sub-contracts expense and are as follows for the years ended September 30, 2020 and 2019:

	2020	2019
The Manoff Group, Inc. (a non-exempt corporation; 40% owned by John Snow, Inc.)	\$ 1,027,077	\$ 686,384
	<u>\$ 1,027,077</u>	<u>\$ 686,384</u>

NOTE K - RETIREMENT PLANS

R&T has a defined contribution profit sharing/401(k) plan covering substantially all of its employees. R&T contributes an amount equal to 7% of the employee's monthly earnings, funded with each month's payroll. In addition, employees receive a 100% match on the first 2% of contributions made to the plan. Employees who are contributing less than 2% of their pay to their retirement account are automatically be enrolled at 2% either at the time of hire, or annually in July. Pension expense was \$2,492,737 and \$2,458,753 for the years ended September 30, 2020 and 2019, respectively.

JSI Research and Training Institute, Inc. and Affiliates
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS - CONTINUED

September 30, 2020 and 2019

WEI had a defined contribution tax sheltered annuity plan covering substantially all of its employees. WEI contributes an amount equal to 7% of the employee's monthly earnings, funded with each month's payroll. Additional voluntary contributions may be made by the employees. Participants of the plan are fully and immediately vested when contributions are made. Pension costs incurred by World Education, Inc. were \$374,449 and \$360,907 for the years ended June 30, 2020 and 2019, respectively.

NOTE L - COMMITMENTS

Operating Leases

The JSI Research and Training Institute, Inc. leases space for general offices under operating leases expiring from 2019 through 2026. The leases contain renewal options for periods of up to five years.

During the years ended September 30, 2020 and 2019, rent expense under long-term lease obligations were \$568,227 and \$505,419, respectively. Future obligations over the primary terms of the Company's long-term leases as of September 30, 2020 are:

2021	\$ 434,419
2022	450,718
2023	396,612
2024	155,324
2025	160,680
Thereafter	<u>166,036</u>
	<u>\$ 1,763,789</u>

World Education, Inc. leases space for general offices on a year-to-year basis. Rent expense for the years ended September 30, 2020 and 2019 was \$1,081,972 and \$953,108, respectively.

NOTE M - CONCENTRATION OF FUNDING

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

The Organization received 10% or more of its revenues and support from the following sources for the years ended September 30, 2020 and 2019:

For the year ended September 30, 2020:

	<u>Revenue</u>	<u>% of Total Income</u>
The Global Fund (PfSCM)	\$ 375,120,414	60%
U.S. Agency for International Development (R&T and WEI)	\$ 134,311,303	22%

For the year ended September 30, 2019:

	<u>Revenue</u>	<u>% of Total Income</u>
The Global Fund (PfSCM)	\$ 570,358,986	64%
U.S. Agency for International Development (R&T and WEI)	\$ 165,608,943	19%

JSI Research and Training Institute, Inc. and Affiliates
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS - CONTINUED
September 30, 2020 and 2019

The JSI Research and Training Institute, Inc. and World Education, Inc. received \$134,311,303 and \$165,608,943 from U.S. Agency for International Development as of September 30, 2020 and 2019, which represents 57.1% and 55.9% of total income, respectively.

NOTE N - LIQUIDITY AND AVAILABILITY OF RESOURCES

The Organization maintains a policy of structuring its financial assets to be available as its general expenditures, liabilities and other obligations come due. Given the project-based nature of the Organization's work, the annual budget is structured to break even and ensure that there are sufficient inflows to cover budgeted outflows each year. Any use of the Organization's reserve, which is minimal, is subject to management's review and approval.

The following reflects the Organization's financial assets as of September 30, reduced by amounts not available for general use within one year due to contractual or donor-imposed restrictions.

	<u>2020</u>	<u>2019</u>
Cash and cash equivalents	\$ 81,368,115	\$ 98,563,248
Receivables for program Work	<u>109,113,563</u>	<u>45,130,388</u>
Total financial assets available within one year	190,481,678	143,693,636
Less contractually restricted and donor restricted assets	<u>49,858,878</u>	<u>29,722,037</u>
Total financial assets available to management for general expenditures within one year	<u>\$ 140,622,800</u>	<u>\$ 113,971,599</u>

The Organization also has two committed lines of credit totaling \$8 million, which it could draw upon in the event of an unanticipated liquidity need.

NOTE O - SUBSEQUENT EVENTS

The Organization has evaluated subsequent events through June 28, 2021, the date on which the consolidated financial statements were available to be issued. During this period, there were no subsequent events that require adjustment to the consolidated financial statements.



JSI Research & Training Institute, Inc.
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Wharton School at University of Pennsylvania

AMANDA L. LAWYER

EDUCATION

STATE UNIVERSITY AT ALBANY SCHOOL OF PUBLIC HEALTH, ALBANY, NEW YORK
Masters of Public Health in Epidemiology, 2015

HARTWICK COLLEGE, ONEONTA, NEW YORK
Bachelor of Arts in Biology, cum laude, 2013
Beta Beta Beta Honor Society of Biology

HOMELAND SECURITY EXERCISE AND EVALUATION PROGRAM, CONCORD, NH
Homeland Security Exercise and Evaluation Program Training Course, 2015

EXPERIENCE

JSI

Consultant, August 2015 to present

U.S. Department of Health and Human Services, Health Resources and Services Administration, Bureau of Primary Health Care (BPHC) Uniform Data System, Project Manager. Contracted by BPHC to implement the Uniform Data System (UDS) that collects information annually from over 1,400 federally qualified health centers (FQHCs) nationwide. The data collected describes the clinical, financial and operational parameters of FQHCs and informs BPHC decision-making along with enlightening health centers of their yearly relative performance. Primary responsibilities include overall project management, with an oversight of all Training and Technical Assistance activities and one on one grantee support specific to data reporting and collection through the UDS help line. Other responsibilities include content-development of year-end infographics for 330 and LAL programs, collaboration with HRSA and HRSA stakeholders to conceive, develop and test proposed reporting changes, conduct 1:1 analysis and review of health center data reports, webinar and in-person trainer for reporting requirements, on-site Technical Assistance Visits; and virtual data collection technical assistance.

National Association of Community Health Centers (NACHC) Needs Assessment, Lead Analyst. Contracted by NACHC for project management and needs assessment development, evaluation, and data analysis to support nationally coordinated training and technical assistance services for Federally Qualified Health Centers. Primary responsibilities include leading the design and update of the needs assessment including content-expertise in re-organization of topic areas relevant to health center programs. Additional responsibilities include supporting the programming of the tool, analysis, and presentation of findings to NACHC.

NH Home Visiting Program Supports and Services. Contracted by NH Department of Health and Human Services to conduct annual needs assessment. Responsible for developing and implementing statewide needs assessment, with a focus on both qualitative and quantitative data to inform statewide Maternal, Infant, and Early Childhood Home Visiting (MIECHV) strategic planning.

Dartmouth Toxic Metals Superfund Research Program, Project Director. Contracted by Dartmouth College Community Engagement Core to provide technical assistance to their grant program priority areas. Serve as Project Director managing project logistics, budget, deliverables, and tasks and serve as primary point of contact for client. Project entails development of strategic plan, creation, implementation, and analysis of confirmatory questionnaire based on Mental Model's work, promotion and measurement of success for Vermont's Fish Advisory Mobile Application, and contract management/final reporting.

Substance Use and Pregnancy Formative Evaluation Research Project, Project Manager. Contracted by Vermont Department of Health, Division of Alcohol and Drug Abuse in partnership with the Division of Maternal and Child



Health to conduct formative evaluation for VDH to provide information, insight and recommendations on future communications, messaging and outreach strategies related to substance use (alcohol, tobacco, marijuana, and opioids) during pregnancy. Serve as project manager ensuring all project deliverables are completed and submitted in a timely fashion as well as leading the environmental scan, supporting evaluation planning and survey instrument design.

Vermont Rocking Horse Circle of Support Curriculum Evaluation and Re-Design, Project Manager. Contracted by Vermont Department of Health, Division of Alcohol and Drug Abuse Programs to perform an evaluation of the current Rocking Horse Circle of Support Curriculum, a program focused on supporting pregnant and parenting individuals, develop revised curriculum, train new and existing Rocking Horse facilitators, and identify improvements for state oversight. Serve a project manager, ensuring all project deliverables are completed and submitted in a timely fashion.

U.S. Department of Health and Human Services, Health Resources and Services Administration, Center of Excellence for Behavioral Health Integration. Bureau of Primary Health Care Community of Practice Facilitator. The HRSA Center of Excellence for Behavioral Health TA (COE for BHTA) is a centralized training and technical assistance center to support HRSA-funded safety net providers and programs to integrate mental health and substance use services in primary care and community settings.

U.S. Department of Health and Human Services, Maternal and Child Health Bureau, Health Resources and Services Administration, Supporting Healthy Start Performance Project. Provided technical assistance and training to 100 Healthy Start grantees to achieve program goals and benchmarks. The HS EPIC Center helped strengthen staff skills, implement evidence-based practices in maternal and child health, facilitates grantee to grantee sharing of lessons learned, and work to build relationships with community partners. Primary responsibilities included coordination of technical assistance and training and help desk management for data reporting and collection, development of Healthy Start data dictionary and assist with development and definitions of performance measures for national, program-wide measures.

Vermont Local Opinion Leaders Survey, Project Manager. Contracted by the State of Vermont Department of Health to revise the survey for the 2017 LOLS to address current program priorities, including state and local tobacco, alcohol, and marijuana policy initiatives, and enhance the sampling frame to capture additional opinions from additional local opinion leaders in Vermont.

Delaware Maternal and Child Health Epidemiology. Contracted by Delaware State Health Department to provide training, technical assistance, and epidemiologic insight around their Title V Needs Assessment. TA focuses on domain development, strategic organization, evidence based strategies applicable to the state, and development of a Facilitator's Guide to assist the process in moving forward appropriately over the next few years. Also contracted to provide GIS mapping development and descriptive language around maternal and child health gaps around the state.

PRIOR EXPERIENCE

NYS Department of Health, Public Health Information Group, Albany, New York
Student Research Assistant, January 2015 to May 2015

NYS Department of Health, Bureau of Immunization, Albany, New York
Student Research Assistant, May 2014 to August 2014

COMPUTER SKILLS

Proficient in:

Microsoft Office: Word, Excel, PowerPoint, and Access
Online tools: Google Drive, SurveyMonkey, SurveyGizmo
Social media tools: Facebook, Twitter, LinkedIn



ALYSSA CARLISLE

EDUCATION

UNIVERSITY OF NEW HAMPSHIRE
Bachelors of Arts, Psychology, 2016

EXPERIENCE

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

Project Associate, August 2018 to present

JSI provides consultation to health care organizations in the areas of quality and performance measurement, health services delivery, public health, strategic planning, and program evaluation. Clients include government agencies, public and private health care providers. Since 1978, JSI has provided consulting, research, and training services for agencies and organizations seeking to improve the health of individuals, communities, and nations.

Selected projects:

NH Home Visiting Program Supports and Services

Provided support to the NH Home Visiting Program and its sub-recipient agencies implementing the Healthy Families America (HFA) model, funded by the federal Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV). Assisted with the facilitation of statewide training events for the HFA home visitors including conducting an annual needs assessment, identifying subject-matter expert trainers, and engaging in continuous dialogue with agencies to most effectively provide training and technical assistance resources. Assisted with the implementation of continuous quality improvement (CQI) for NH Home Visiting Program agencies, including the provision of CQI coaching for agency teams and organization of monthly training webinars on CQI topics.

NH Act Early Needs Assessment

Analyzed qualitative survey data submitted by developmental screening partners and stakeholders, as it relates to challenges families face in accessing developmental screening during COVID-19. Supplemented qualitative data with data pulled via a systemic review of other recently completed needs assessments and strategic plans to support families with children under the age of five.

NH Children's Resiliency Retreat Program

Provides data collection and evaluation services to the Children's Resiliency Retreat Program to guide their efforts to become classified as an effective evidence-based program by the NH Service to Science Panel. JSI is using a participatory process to revise the Program's logic model, identify evaluation goals and objectives, and revise and develop data collection tools to effectively measure program outcomes.

NH Council for Youth with Chronic Conditions (CYCC) Needs Assessment

Provides data collection and analysis services to the NH CYCC's needs assessment project to assess the successes and challenges youth with chronic physical health conditions and their families face in everyday life. Completed secondary data review and developed and administered a statewide survey for caregivers and young adults. Will complete analysis of survey data and compile a report of the results. Assisting with the process of conducting focus groups and will analyze qualitative data.

U.S. Department of Health and Human Services, Health Resources and Services Administration, Bureau of Primary Health Care (BPHC) Uniform Data System

Assists with the implementation of the Uniform Data System (UDS) that collects information annually from over 1,500 federally qualified health centers (FQHCs) nationwide. Provides technical assistance to health centers completing the UDS by providing technical assistance and creating technical assistance resources. Provides support in UDS annual report review process and data analysis projects.



Substance Abuse and Mental Health Services Administration (SAMHSA), Medication Assisted Treatment - Prescription Drug and Opioid Addiction (MAT-PDOA) Program in New Hampshire

Provided evaluation services for the MAT-PDOA program through the NH Center for Excellence. The evaluation included a mixed-methods approach with the collection of quantitative and qualitative data from provider teams and clients. Worked with state-level agency as well as community-based organizations. Completed quantitative and qualitative data entry, analysis, presentation, and assisted with the development of an evaluation summary.

AHRQ ECHO National Nursing Home COVID-19 Action Network

Cohort Coordinator for the 2021 ECHO Nursing Home COVID-19 Action Network. Provided technical assistance to nursing homes in ME and NH participating in the action network and assisted in the facilitation of ECHO sessions.

Wyoming Department of Health, Public Health Division, Office of Rural Health (ORH)

Assists with the Health Professional Shortage Area (HPSA) Analysis and Designation project for the state of Wyoming. Creates new and updates for existing shortage designation applications. Conducts collection and analysis of statewide primary care, mental health, and dental health survey data and completes data updates in SDMS system. Works with providers and members of the local service area to obtain and validate information for designations.

HRSA Health Information Technology, Evaluation, and Quality (HITEQ) Center

Provides support to the HITEQ Center to support federally qualified health centers and health center partners (PCAs, HCCNs) to use electronic health records (EHRs) and other health IT to collect accurate clinical data and leverage data to support positive health outcomes for all patients. Assists with HITEQ Center resources and manages all consultant and subcontractor contracts.

PRIOR EXPERIENCE

Dartmouth-Hitchcock Medical Center, Lebanon, NH

Research Assistant-Psychiatry Department, 2016-2018

Assisted with the management and organization of a research study testing a smartphone application (app), designed to help individuals with severe mental illness in the workplace. Completed usability testing of smartphone app and maintained app specification document. Assisted with IRB submissions and annual reviews, organized and conducted group and individual orientations to the study, provided technical assistance to study participants, and carried out interviews with study participants and agency staff at community sites. Performed quantitative and qualitative data analysis of survey and interview data using SPSS and Dedoose software. Assisted with the writing and editing of research papers.

PUBLICATIONS/PRESENTATIONS

Nicholson, J., Wright, S. M., Carlisle, A. M., Sweeney, M. A., & McLugo, G. J. (2018). The WorkingWell mobile phone app for individuals with serious mental illnesses: Proof-of-concept, mixed-methods feasibility study. *JMIR mental health*, 5(4), e11383.

Nicholson, J., Wright, S. M., & Carlisle, A. M. (2018). Pre-post, mixed-methods feasibility study of the WorkingWell mobile support tool for individuals with serious mental illness in the USA: A pilot study protocol. *BMJ Open*, 8 (2). doi: 10.1136/bmjopen-2017-019936.

“*What Trial Were You Watching?*”: *Understanding Public Opinion about Sexual Assault using Online News Sources*”
Developed and presented orally at The Haslerud Undergraduate Research Conference 2016 (University of New Hampshire, Durham, NH 2016)

Developed poster and presented at the International Family Violence Research Conference (Portsmouth, NH 2016)

COMPUTER SKILLS

Proficient in:

Microsoft Office Suite

Online Tools: Google Drive, Qualtrics, Alchemer, SurveyMonkey, Dedoose, Mailchimp

Data Analysis Software: SPSS



ADRIANA LOPERA, MPH

EDUCATION

BOSTON UNIVERSITY, BOSTON, MASSACHUSETTS
Master of Public Health, Maternal and Child Health, 2017
Maternal and Child Health Diversity Leadership Scholar

COLUMBIA UNIVERSITY, NEW YORK, NEW YORK
Bachelor of Arts, Latin American and Caribbean Studies, 2010

EXPERIENCE

JSI d/b/a Community Health Institute, Bow, New Hampshire
Consultant, April 2019 to present

HIGHLIGHTS OF RELEVANT PROJECTS

NH Youths with Chronic Health Conditions Needs Assessment, November 2021 to present

Directing a qualitative needs assessment to understand the needs of families with child(ren) with a chronic physical health condition. Data collection activities include a statewide survey, focus groups, Photovoices project, and key informant interviews.

Reproductive Health National Training Center, October 2021 to present

Providing technical assistance and developing learning products for the HHS Office of Population Affairs' Teen Pregnancy Prevention grantees.

New Hampshire Center for Excellence Addressing Alcohol and other Drugs, April 2019 to present

A statewide training and technical assistance center serving professionals across the substance misuse continuum of care. Activities include:

- **NH Governor's Commission on Alcohol and Other Drugs, December 2019 to present.** Serving as a Program Manager for technical support to the Governor's Commission on Alcohol and Other Drugs and its eight task forces. Project manager of the Commission's 2022-2024 strategic planning process which includes data collection activities such as a statewide survey, key informant interviews, focus groups, and a public listening session.
- **NH Charitable Foundation Perinatal Substance Exposure Task Force Support, April 2019 to present.** Providing consultation and technical support to the Perinatal Substance Exposure Task Force of the NH Governor's Commission on Alcohol and other Drugs with expanded focus funded by the NH Charitable Foundation. This includes providing support for related work groups on doula services, insurance, and plans of safe care as well as supporting other training needs and written resources as requested.
- **Recovery Friendly Workplace Technical Assistance, June 2019-October 2020.** Project manager for grant that included consulting, training, and technical assistance to the Recovery Friendly Workplace Initiative and Community of Practice.

NH Medicaid to School Technical Assistance March 2021 to present. Providing technical assistance and serving as a liaison between the NH Medicaid Office and schools billing for in-school health services to Medicaid.

Preschool Development Grant Needs Assessments (United Way Greater Seacoast September 2020 to June 2021, Lower Grafton Council for Young Children and Families, March 2021 to December 2021)

Implemented a multi-modal needs assessment to inform community organizations' Preschool Development Grant work. Supporting quantitative and qualitative related needs assessment activities including focus groups and a review of secondary data for towns and cities in the organization's footprint to support improved service delivery for families with young children. Provided strategic planning and coalition building support.

PRIOR EXPERIENCE

Betsy Lehman Center for Patient Safety., Boston, Massachusetts

Program Manager, 07/2017 to 03/2019

Supported and co-facilitated an expert panel of providers and patients on improving safety in emergency medicine. Organized a partnership with the Perinatal-Neonatal Quality Improvement Collaborative of Massachusetts with the goal of improving hospital labor and delivery care for women.

Boston Medical Center, Boston, Massachusetts

Project Coordinator, 09/2015-07/2017

Managed a statewide quality improvement collaborate of 10, Level 3 neonatal intensive care units. This included providing technical assistance to each team, conducting related qualitative research, and organizing educational conferences and webinars.

Massachusetts General Hospital, Disparities Solutions Center, Boston, Massachusetts

Research Assistant, 2013-2015

Logistical and program support for year-long national healthcare equity leadership program which included being main point of contact with participants from a variety of healthcare settings and planning conference logistics and curriculum materials.

Peace Corps, Costa Rica

Rural Community Development Volunteer, 2011-2013

Coordinated government agencies and facilitated community meetings and work plans to support the creation of a community development association with over 100 founding members. Provided project management and design training to a women's community group and secured grant funding and technical assistance from local government representatives for a community greenhouse.

PUBLICATIONS

Parker, M. G., Gupta, M., Melvin, P., Burnham, L. A., Lopera, A. M., Moses, J. M., ... & Belfort, M. B. (2019). Racial and ethnic disparities in the use of mother's milk feeding for very low birth weight infants in Massachusetts. *The Journal of Pediatrics*, 204, 134-141.

Parker, M. G., Lopera, A. M., Kalluri, N. S., & Kistin, C. J. (2018). "I Felt Like I Was a Part of Trying to Keep My Baby Alive": Perspectives of Hispanic and Non-Hispanic Black Mothers in Providing Milk for Their Very Preterm Infants. *Breastfeeding Medicine*, 13(10), 657-665.

Parker, M. G., Burnham, L. A., Melvin, P., Singh, R., Lopera, A. M., Belfort, M. B., ... & Gupta, M. (2019). Addressing disparities in mother's milk for VLBW infants through statewide quality improvement. *Pediatrics*, 144(1), e20183809.

SKILLS

Languages: Spanish-fluent

RELEVANT TRAININGS

NH Recovery Coach Academy- August 2020.

REBECCA MILNER

EDUCATION

DARTMOUTH COLLEGE, HANOVER, NH
Bachelor of Arts in Anthropology modified with Global Health, June 2021
Magna cum Laude

EXPERIENCE

JSI, Boston, Massachusetts
Project Associate, July 2021-present

New York State Family Planning Training Center

Project Associate on the New York State Department of Health-funded New York State Family Planning Training Center. As the New York State Family Planning Training Center, JSI Research & Training Institute, Inc. promotes quality reproductive health services through the provision of training, technical assistance and expertise to agencies funded by the New York State Department of Health (NYSDOH) Comprehensive Family Planning and Reproductive Health Program (FPP). The overarching goal of the FPP is to improve the intendedness of pregnancy and improve birth outcomes for high-need women and families while reducing racial, ethnic and economic disparities in those outcomes. As a member of this team, Ms. Milner communicates regularly with family planning providers, conducts project-relevant research and data analysis, facilitates webinars and learning collaboratives for providers, and assists with general project coordination and administration.

CAREWare Massachusetts Data System

Project Associate on a team providing technical support to HIV/AIDS care providers who use the CAREWare data system. Ms. Milner assists with training providers on data reporting requirements (including RWHAP service categories), managing a helpdesk for provider questions, communicating regularly with the Massachusetts Department of Public Health and providing technical, logistical, and general project management support.

Dartmouth College, Hanover, NH

Research Assistant, COVID-19 and Reproductive Effects Study, May 2020-June 2021

Research assistant on a multi-year study investigating clinical and non-clinical effects of the COVID-19 pandemic on childbirth outcomes and experiences. Conducted extensive literature reviews to assess research on maternity care preferences, maternal stress and postpartum experiences and healthcare policy and insurance implications due to the pandemic. Wrote and designed a study summary pamphlet to be disseminated to study participants and a policy brief to be sent to policy decision makers nationwide. Coded response surveys from over 2000 women nationwide for further data analysis and led teams on various study goals, including website design, participant outreach, and dissemination of maternity care resources.

Close Concerns, San Francisco, CA

Dartmouth Fellow, September 2019-December 2019

Wrote and published articles focused on scientific breakthroughs, market dynamics, and policies in the diabetes and obesity space for Closer Look, a subscription-based news service for 10,000+ healthcare providers, researchers, scientists and pharmaceutical executives. Interviewed leaders in the healthcare field, researched therapies, technology, clinical trials, & healthcare policy, and reported on large conferences and other gatherings of thought leaders. Attended and reported on policy generation and implementation meetings at the San Francisco Department of Public Health.

PUBLICATIONS

Gildner, T.E., Uwizye, G., Milner, R.L. et al. Associations between postpartum depression and assistance with household tasks and childcare during the COVID-19 pandemic: evidence from American mothers. *BMC Pregnancy Childbirth* 21, 828 (2021). <https://doi.org/10.1186/s12884-021-04300-8>

COMPUTER SKILLS

Proficient in:

Microsoft Office: Word, Excel, and PowerPoint

Online tools: Google Drive, Slack, SurveyMonkey, Canva

Social media tools: Facebook, Instagram, Twitter, LinkedIn

LANGUAGE SKILLS

Fluent in French.

AMY DANIELS

EDUCATION

BOSTON COLLEGE
Master of Social Work

UNIVERSITY OF NEW HAMPSHIRE
Bachelor of Social Work

EXPERIENCE

JSI, Bow, New Hampshire
Senior Consultant, 2014 - present

Associate Director, JSI Northern New England. *October 2019 – present.* Support effective, equitable management of the New Hampshire, Vermont, and remote offices affiliated with JSI Northern New England. Actively participate on the Executive Leadership Team and seek input from the Advisory Team to ensure JSI NNE produces high quality work and highly satisfied staff.

Center for Excellence on Addiction. Project Director. *January 2016 – present.* Direct a large team and multiple projects in consultation, training, technical assistance, communications, data analysis and evaluation for alcohol and other drug misuse prevention, substance use disorder treatment, recovery support services, continuum of care development, and integration of behavioral health into primary care including needs assessment, system capacity assessment, strategic planning, SBIRT and MAT implementation, and policy recommendation. Specifically:

- Leading a large team of consultants to achieve diverse deliverables throughout the alcohol and other drug continuum of care
- Providing strategic planning, consultation, technical assistance, and training
- Leading evaluation and data services delivery
- Developing and disseminating written guidance on best practices
- Consultation specific to evidence informed programs, policies and practices to address the opioid epidemic and the increasing negative consequences of stimulant use

NH Medicaid to Schools Training and Technical Assistance Center. *March 2021 - present.* Developing training and support for school districts to maximize resource recovery for health services and expand access to behavioral health services.

NH State Youth Treatment Initiative. *March 2018 to September 2021.* Providing subject matter expertise, strategic planning, grant writing, and systems development technical assistance to the NH Department of Behavioral Health initiative to plan a comprehensive system of care for youth and young adults with substance use disorders.

New Hampshire Opioid Litigation Project, *July 2020-October 2020*
Retained to identify and collect data from numerous programs addressing opioid use in New Hampshire.

HRSA Behavioral Health Center for Excellence. *October 2019 – December 2020.* Providing subject matter expertise and technical assistance to HRSA grantees throughout the United States.

NHCF Youth SBIRT Initiative. Development of written guidance, website, and supportive implementation materials. Providing training and technical assistance on-site, through a learning collaborative, and at national conferences throughout the US. Nationally recognized SBIRT expertise.

Fostering Effective Integration Evaluation. Providing insight and recommendations for priorities for future funding for primary care and behavioral health integration support for the Blue Cross Blue Shield Foundation of Massachusetts



through site visits, literature review, and comprehensive reporting.

Massachusetts Health Policy Commission. Consultation with policymakers to improve substance use disorder prevention, treatment and recovery support services. Including capacity and barriers assessment and recommendations to address the opioid crisis and increase access to treatment for opioid use disorder.

New Futures, Concord, NH

Policy Director, 2010-2014

Responsible for advocacy to maximize the implementation of the Affordable Care Act in New Hampshire. Supported the development of the NH substance use disorder services array through Medicaid expansion and parity in the federally facilitated Marketplace.

Child and Family Services of New Hampshire (Waypoint), Manchester, NH

Youth and Young Adult Programs Director, 1992-2010

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

- alcohol and other drug prevention programs;
- comprehensive youth/young adult substance use disorder outpatient and intensive outpatient services;
- runaway and homeless youth prevention and emergency response; and
- homeless street outreach programs in communities throughout NH.

Including federal, state, local, and charitable grant writing and contract management; development and oversight of \$1.5 million annual budget and management and supervision of 20+ staff members.

Southern New Hampshire University, Manchester, NH

Sociology Adjunct Professor, 2017 – 2018

Develop and delivered Bachelor's level classes including Introduction to Sociology, and the Sociology of Social Problems.

Hesser College, Concord and Manchester, NH.

Psychology/Sociology Adjunct Professor, 2008-2012

Developed and delivered Bachelor's classes including Intro to Sociology, Intro to Psychology, and Intro to Human Behavior.

Direct Human Services positions, various locations, NH, 1988-1992

LICENSE/CERTIFICATIONS

LICENSED INDEPENDENT CLINICAL SOCIAL WORKER (LICSW) NH# 1311

CERTIFIED PREVENTION SPECIALIST-IC & RC

CURRENT PROFESSIONAL MEMBERSHIPS

American Public Health Association

Endowment for Health Race and Equity Workgroup

National Association for Addiction Professionals

NH Alcohol and other Drug Provider's Association

NH Alcohol and Drug Abuse Counselors Association

NH Telehealth Alliance

RECENT PUBLICATIONS

NATIONAL COUNCIL ON BEHAVIORAL HEALTH PRACTICE TRANSFORMATION TEAM MEMBER. IMPROVING ADOLESCENT HEALTH: FACILITATING CHANGE FOR EXCELLENCE IN SBIRT (2020).

LaFave, L.R., Bradley, M., Murray, A.R., Pepin, A.L., Sprangers, K.S. & Thies K.M. (2018). Lessons learned from implementing screening, brief intervention, and referral to treatment for youth and young adults in primary care settings. Integrative Pediatrics and Child Care, 1(1), 8-13.



YVONNE HAMBY, M.P.H.

EDUCATION

UNIVERSITY OF SOUTH FLORIDA, TAMPA, FLORIDA
MPH, MATERNAL AND CHILD HEALTH, 1996

Recipient of the Centers of Excellence in MCH Education, Science and Practice (formerly the National MCH Traineeship)

GEORGIA STATE UNIVERSITY, ATLANTA, GEORGIA
BA, Sociology, 1989
Sociology Honors Award

EXPERIENCE

JSI, Denver, Colorado

Project Director, 1999 to present

Quality-oriented professional with 22+ years of experience and a proven knowledge of research methodology, wellness programs, and public health administration. Areas of expertise are program evaluation, research, and quality improvement of health services delivery for under-served populations. Skilled in quantitative and qualitative research and evaluation design, analysis, and implementation. I have served on a variety of projects where I have provided oversight to all project related activities. I designed the research protocols, as well as oversaw the primary and secondary data collection methods and analysis. The research activities have included quantitative data collection across varied public data sources and qualitative data collection among a diverse group of stakeholders. Below are a sample of key evaluation/quality improvement projects I have led:

- **Treating Addiction in Rural Areas ECHO**, HRSA funded project as multi-year learning opportunity for organizations providing substance use disorder treatment services. It is a team-based ECHO learning community.
- **Evaluation of Clinics Pathway Approach (CPA) Grantee Work**, Episcopal Health Foundation contracted with JSI to conduct the evaluation of this 5-year project, looking at current clinic capacity strengths and needs, improvements implemented by the clinics, and strategies utilized, as well as facilitators and barriers to conducting population health management successfully.
- **Comprehensive Reproductive Health Needs Assessment and Planning**, Mississippi Department of Health, Family Planning Program contracted with JSI to conduct a comprehensive landscape assessment and strategic planning for reproductive health needs and services across the state.
- **Wyoming Breast and Cervical Cancer Early Detection Program Evaluation**, JSI was contracted to conduct an evaluation of the Wyoming Cancer Program to determine the reach and impact of the program as well as areas of improvement.
- **New Hampshire Maternal, Infant, and Early Childhood Home Visiting Home Program**. Responsible for the development and implementation of a continuous quality improvement (QI) plans for three local agencies implementing the Healthy Families America model, funded by the federal Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV). Providing QI coaching and training to three QI teams.
- **Spirit within Project**, JSI was contracted by Denver Indian Health and Family Services to conduct a comprehensive evaluation of the Spirit within Program. SWP was a federally funded grant which focused on delivering health messages and programs to the community about incorporating traditional foods and nutrition and physical activity in daily activities.
- **Supporting Healthy Start Performance Project-Healthy Start Collaborative Improvement and Innovative Network**, Health Resources & Services Administration, Maternal Child Health Bureau contracted with JSI to provide facilitation and leadership development to the HS CoLIN.
- **Colorado Department of Public Health and Environment Medicaid Tobacco Cessation Project**, JSI was contracted by CDPHE to evaluate the training and technical assistance project addressing tobacco cessation interventions. As part of the evaluation, JSI conducted comparative data analysis. This entailed developing a uniform data set of tobacco use and changes in use across participating organizations.
- **Infertility Prevention Project-Health Care Reform Assessment**, Centers for Disease Control and Prevention, Division of STD Prevention (DSTDP) contracted JSI to conduct an impact assessment of the ACA on STD services. The assessment used the Health Impact Assessment model to address the role of the Infertility Prevention Project (IPP) in a reformed health care environment. The HIA provided insight and direction to key areas of interest to the DSTDP, including strengthening the IPP infrastructure, improving and leveraging partnerships, maintaining the IPP's



role in communicating best practices in screening and treatment of Chlamydia and Gonorrhea, addressing service area gaps through key concepts, such as the medical home, and describing anticipated changes in data collection and reporting practices as private and public health systems institute electronic health records.

PUBLISHED ABSTRACTS | PRESENTATIONS

- Co-Author, Hamby, Y., Smith, G., Barron, C., Teig, E. *The Future of the Infertility Prevention Project (IPP): Partnership Opportunities and Recommendations in Light of Passage of the Patient Protection and Affordable Care Act*. The National STD Conference, 2012. Presented as an oral presentation.
- Co-Author, Hamby, Y., Smith, G., Barron, C., Teig, E. *The Future of the Infertility Prevention Project (IPP): Using the Impact Assessment Methodology to Understand Change on a Local Level*. The National STD Conference, 2012. Presented as a poster presentation.
- Co-Author, Hamby, Y. and McCrimmon, M. *Sexual and Reproductive Health Quality Improvement System (SRQIS)*. The National STD Conference, 2012. Presented as a showcase poster presentation.
- Co-Author, Hamby, Y., *Client-Centered Quality: Clients' Perspectives to Receiving Care*. 2010 National Family Planning Clinical Conference. Presented as a poster presentation.
- Author, Hamby, Y., *Region VIII RQIP Overview*. 2010 OPA National Regional Training Centers Meeting. Presented as an oral presentation.
- Author, Hamby, Y., *Racial/Ethnic Differences in Service Utilization Patterns and Mobility of Female Clients in the Region VIII*.

JOURNAL ARTICLES | BOOK AND MONOGRAPH CHAPTERS

- Co-Author, Dicker, L., Mosure, D., Kay, R., Shelby, L., Cheek, J., and Hamby, Y., *An Ongoing Burden: Chlamydial Infections among Young American Indian Women*. Maternal and Child Health Journal, Rochat, R and Tucker, M. December 2007.
- Hamby, Y., *Regional Quality Indicators Project-Journey into Quality Assurance Mapping Our Way to Success*. Contraception Volume 76, Issue 3. September 2007.
- Contributing investigator, Newton-Ward, M., Privette, A., Hamby, Y., and Newman, R. *Improving Service and Communication North Carolina Family Planning Program*, case study in Social Marketing: Improving the Quality of Life. Kotler P.

SELECTED CONSULTATIONS

- Participant for CDC, STD Prevention Program Funding Announcement Consultation
- Participant for Title X Guidelines Review Technical Panel for Family Planning Service Provision: Innovative Practice – Quality Improvement/Assurance
- Participant for the CDC Consultation to Identify, Characterize, and Assess the Barriers to Adoption and Implementation of Laws and Policies that Authorize the Practice of EPT

COMPUTER SKILLS

Qualitative Research Methods, Atlas.ti
SPSS 15.0, quantitative statistical analysis package
Web Ex and Zoom (virtual meeting software)
G-suite Google applications
Microsoft suite (Word, Excel, Publisher, PowerPoint)

CERTIFICATES | AWARDS | HONORS

Social Marketing and Qualitative Research Summer Institute
Colorado Medical Institution Review Board, Expedited Review
CITI Program Human Research Group and Social & Behavioral Research
Technology of Participation Strategic Planning, Institute of Cultural Affairs
Nominated for the White House Champion of Change for Public Health and Prevention
Nominated for the annual CDC & ATDSR Honor Award
Nominated for the Darroch Award for Excellence in Sexual and Reproductive Health Research



KATHERINE ROBERT

EDUCATION

UNIVERSITY OF NEW HAMPSHIRE, DURHAM, NEW HAMPSHIRE

Master of Public Administration, 2009

Bachelor of Arts in Political Science, 2006

EXPERIENCE

JSI, Bow, New Hampshire

Regional Director, August 2019 to present

Responsible for overall functionality and performance of JSI Northern New England team and office operations; ensures alignment of JSI NNE activities with the JSI Health Services Division priorities and vision; provides supervision and support to staff in order to promote morale and work quality.

Consultant, December 2007 to present

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

HIGHLIGHTS OF RELEVANT PROJECTS

Public Health Professional Support Services July 2013 to present Provide fiscal and administrative coordination to the contract task leads. Serve as the primary point of contact for DHHS contracts and finance groups, and liaise with the JSI accounting department.

State Health Assessment and Improvement Plan August 2019 to present Partner with the University of New Hampshire to facilitate and support the State Health Assessment and Improvement Plan Advisory Council and community engagement subcommittee. Create logo and graphic materials, lead the plan's vision development, and serve as primary lead for community engagement through quantitative and qualitative data collection methods.

Lower Grafton County Council for Young Families, United Way of the Greater Seacoast, and SAU21 Preschool Development Grant Needs Assessment Projects (three separate projects) September 2020 to present In all three regions, implement a multi-modal needs assessment to inform each respective early childhood coalition's regional Preschool Development Grant work. Needs assessment activities for each project included a review of secondary data for towns and cities in the UWGS footprint to support improved service delivery for families with young children. Leveraged work by groups conducting parallel needs assessments to collect primary data from families, conduct key informant interviews with local agency leaders, and conduct focus groups with families. Project deliverables include community profiles, an inventory of local programs and supports, and high-level recommendations for where partners may focus coordination and planning.

NH Home Visiting Program Supports and Services July 2015 to September 2021 Act as statewide training coordinator for the NH Home Visiting Program and its sub-recipient agencies implementing the Healthy Families America model. Conduct annual needs assessment, identify subject-matter expert trainers, and engage in continuous dialogue with agencies to most effectively provide training and technical assistance resources. Develop and implement a statewide needs assessment, and provide consultation to the NH Home Visiting Task Force. Oversight of additional scopes of work include implementation of continuous quality improvement plan for local implementing agencies, marketing and multi-media campaign development, and post-partum visit utilization pilot research project.

Lakes Region Community Health Needs Assessment September 2020 to January 2021 Complete a Community Health Needs Assessment on behalf of the LRGHealthcare. Central NH VNA & Hospice, HealthFirst Family Care Center, and the Partnership for Public Health. Assessment activities include the development, administration and analysis of a community leader survey and a general community resident survey; preparation of a discussion guide for community discussion groups, orientation of discussion facilitators and synthesis of discussion notes; the collection of population health statistics from secondary data sources; and the completion of a final needs assessment report with a

presentation of key findings to project partners.

Act Early Needs Assessment *September 2020 to July 2021* Analyze qualitative survey data submitted by developmental screening partners and stakeholders, as it relates to challenges families face in accessing developmental screening during COVID. Supplement qualitative data with data culled via a systemic review of other recently completed needs assessments and strategic plans to support families with children under the age of five.

Watch Me Grow Steering Committee Strategic Facilitation *May 2020 to June 2021* Provide strategic facilitation support to the Watch Me Grow Steering Committee. Identify technical assistance needs, and coordinate with partners in order to support the Committee in furthering its goals and objectives around increasing early identification of developmental screening and improving access to supportive care and services. Support development and implementation of centralized access point pilot project to support a more integrated statewide system for developmental screening.

NH Maternal, Infant, and Early Childhood Home Visiting Needs Assessment *July 2017 to October 2018* Provide project direction and oversight to a statewide needs assessment required by HRSA's Maternal and Child Health Bureau to identify communities with concentrated risk, assess the quality and capacity of existing home visiting offerings, and to understand the state's capacity for providing substance use disorder treatment and counseling services to families in need. The multi-modal needs assessment utilized a systematic data review, community survey, focus groups, a PhotoVoice project, and the oversight of the NH Home Visiting Task Force to develop its findings and recommendations.

Environmental Health Integration Team Strategic Facilitation *March 2019 to August 2019* Provide expert facilitation and strategic planning support to the newly created Environmental Health Integration Team, an initiative of the Division of Public Health Services. Develop agenda and activities to elicit team input on development of purpose statement, and goals, and facilitation of workgroups in developing strategies aligning with identified goals.

Healthy Start EPIC Center *December 2014 to May 2019* Provide technical assistance and training to Healthy Start grantees to ensure program effectiveness in achieving the goals to reduce infant mortality and health disparities, and improve perinatal health outcomes. This project focused on providing comprehensive and innovative capacity building assistance to community-based grantees, measuring project success by the degree to which grantees achieve core competencies essential for effective implementation of the Healthy Start model and institutionalize a culture of QI and evaluation based on a foundation of documented program effectiveness. Primary responsibilities include coordination of technical assistance.

Southern New Hampshire University *Member, Public Health Advisory Council, 2018-present*
Advise SNHU to support its Council of Education for Public Health Accreditation application process.

NH Health & Equity Partnership *Diversity and Cultural Competence trainer, April 2018 – present*
Participated in a train the trainer session to qualify in offering diversity and cultural competence trainings for wide range of organizations.

Rivier University *Adjunct Faculty, September 2016-January 2018*
Developed the curriculum for and instructs the online capstone for the undergraduate Public Health program.

PROFESSIONAL ASSOCIATIONS

- YWCA New Hampshire *Board of Directors, 2020 - 2021*
- NH Public Health Association, Past President, 2012-2018
- NH Home Visiting Task Force *Member, 2015 – 2019*
- American Public Health Association *Member, 2013 – Present*
- NH Public Health Services Improvement Council *Member, 2016-present*

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

LISA M. BRYSON

EDUCATION

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

EXPERIENCE

CHI/JSI, Bow, New Hampshire

Senior Graphic Designer, November 2013 to present

Lead the design, format and layout of health communication campaigns, reports and literature. JSI is a Public health consulting firm working with clients in the public and private sectors. Since 1978, JSI has provided consulting, research and training services for agencies and organizations seeking to improve the health of individuals, communities and nations.

Current Projects:

Health Resources and Services Administration, Bureau of Primary Health Care (BPHC)

Design of materials and infographics for the Uniform Data System (UDS) which also includes some collateral design for BPHC Section 330-funded awardees, look-alikes, and Bureau of Health Workforce programs across the country.

Rhode Island Underage Drinking-Hosting Law

Create ongoing collateral to inform a campaign related to underage drinking habits and the provision of alcohol to underage persons by older friends and family members. This campaign aims to increase awareness about the Rhode Island (RI) Social Hosting law through social media and partner engagement awareness strategies, in the 20 RI towns with highest alcohol consumption.

Doorways-NH

This statewide campaign promotes the nine Doorway locations, providing single points of entry for people seeking help for substance use, whether they need treatment, support, or resources for prevention and awareness. The regional Doorways ensure that help is always less than an hour away. In addition, 24/7 access to services is also available by dialing 211.

The Partnership @drugfreeNH

Serve as Graphic Designer to create various substance use disorder resources. The Partnership @drugfree NH exists to advance and amplify effective evidence-based prevention messaging and strategies by providing current, accurate, and actionable substance misuse prevention materials.

New Hampshire Tick Free NH Campaign Graphic Designer

Serve as Graphic Designer to develop a logo and complimentary marketing campaign materials for a private funder via the NH Charitable Foundation in order to reduce tick encounters and cases of Lyme disease in NH. This project identifies priority audiences affected by tick bites, best-practice outreach strategies, partner communication channels for grass-roots interventions, and effective educational outreach materials to advance the understanding of the health risks of tick encounter, and how to prevent tick bites and Lyme disease.

Past Projects:

NH Center for Excellence Addressing Alcohol and other Drugs

Graphic Designer for the NH Center for Excellence Addressing Alcohol and other Drugs, a state-wide technical assistance and resource center for the implementation of evidence-based interventions in substance abuse services. JSI provides technical assistance in the selection and implementation of evidence-based practices in prevention of, treatment of, and recovery from alcohol and other drug disorders.

Wisconsin Human Trafficking Awareness and Prevention Campaign Graphic Designer

Served as Graphic Designer to create a Human Trafficking Awareness and Prevention Campaign (Campaign) to inform the public that sex trafficking of Wisconsin youth under the age of 18 is an issue in urban, suburban, rural and tribal communities throughout WI. This Campaign will strive to bring awareness to the indicators that a youth is being sex trafficked or may be at risk of being sex trafficked; disseminate information about the risk factors that may make youth more vulnerable to being trafficked; and, implement an effective statewide media/social marketing campaign that reduces demand and prevents sex trafficking of youth in Wisconsin.



National Healthy Start Branding and Communications Graphic Designer

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

HONORS AND AWARDS

- *Tick Free NH - Grass-Roots Lyme Disease Prevention in New Hampshire (2017) Berreth Award - Bronze Medal, Corporate Health Marketing. National Public Health Information Coalition.*
- *Anyone.Anytime.NH™ Campaign (2017) Berreth Award – Honorable Mention, Corporate Health Marketing. National Public Health Information Coalition.*
- *Anyone.Anytime.NH™ Campaign (2016). U.S. Department of Health and Human Services, Office of the Surgeon General, Facing Addiction in America: The Surgeon General's Report on Alcohol, Drugs, and Health. Washington, DC: HHS, November 2016*

COMMUNICATION SKILLS

Branding
Logo Development
Mood Boards
Creative Development
Visual Data Representation
Infographics
Print Production

COMPUTER SKILLS

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

OTHER CREATIVE SKILLS

Photography
Color Matching
Drawing



MEGAN HILTNER

EDUCATION

BOSTON UNIVERSITY, SCHOOL OF PUBLIC HEALTH, BOSTON, MASSACHUSETTS
M.P.H., Maternal and Child Health, 2005
Community Scholars Recipient

COLORADO STATE UNIVERSITY, COLLEGE OF LIBERAL ARTS, FORT COLLINS, COLORADO
B.A., Speech Communication, Communication Theory Concentration, 1999
President's Leadership Program 1998-1999

CERTIFICATES

Technology of Participation Strategic Planning, The Institute of Cultural Affairs
Conflict Coaching, Common Ground Mediation
Adult Learning Theory Certificate, Association for Talent Development
Certified Lactation Counselor, Academy of Lactation Policy and Practice

EXPERIENCE

JSI, Denver, Colorado

Direction and Project Management, 2008 to present

Department of Health and Human Services, Office of Population Affairs, Reproductive Health National Training Center: Liaison for 20 federally funded Title X and adolescent health programs. Manage a team of eight providing training and technical assistance to 93 national grantees. Design special projects to build capacity of grantees, such as job aids on virtual engagement; trauma informed care e-learning modules, podcasts on contracting with qualified health plans; and facilitation of Chlamydia Screening learning collaboratives.

U.S. Department of Health and Human Services, Health Resources and Services Administration, Bureau of Primary Health Care (BPHC) Uniform Data System, Trainer. Facilitate state-wide virtual training for FQHCs implementing the Uniform Data System (UDS). The data collected describes the clinical, financial and operational parameters of FQHCs and informs BPHC decision-making along with enlightening health centers of their yearly relative performance.

JSI Innovation Center: Oversee the start-up of an innovation center within the Health Services Division. Manage a team of consultants who disseminate new ideas across the organization, consult on human-centered design and leverage the expertise of a health-focused start-up community to co-create and continuously learn from one another.

Denver Regional Council of Governments, Accountable Health Communities: Facilitated two interdisciplinary workgroups, one focused on food security and another on domestic violence that co-created projects to address the social needs along with the clinical needs of community members. Conducted a partnership impact evaluation to capture the effects of the partnership.

Comprehensive Reproductive Health Needs Assessment and Planning, Mississippi Department of Health, Family Planning Program: Project management, research team member and facilitator for comprehensive statewide needs assessment and strategic planning for reproductive health needs and services across the state.

Feasibility Study-Early Childhood Mental Health Consultant Hub: Conducted a feasibility study that captured the demand, operational and technical characteristics of an accelerator model of a hub for early childhood mental health consultants. The findings were summarized into a Leancanvas format and strategic recommendations were provided to the stakeholder committee and funders.

Supporting Healthy Start Performance Project, Maternal and Child Health Bureau (MCHB), Health Resources and Services Administration: Training Lead for 100 Healthy Start grantees in achieving their performance measures. Responsible for planning and facilitating virtual and face-to-face training on topics specific to improving perinatal health outcomes using a Collective Impact approach. TA coordination for 10 Healthy Start grantees in New York, Massachusetts, and Connecticut.

Synthesis Report of Group Prenatal/Postpartum Care Models and Implementation, Clinica Tepeyac: Project direction for literature review and compilation of a report that included evidence-based, culturally-appropriate models of group prenatal and postpartum care for local FQHC. Conducted phase II/Implementation of recommendations, which involved the development of a roadmap for key milestones prenatal and postpartum patients, development of a prenatal packet of information on breastfeeding and a training guide for clinicians to conduct the training in English and Spanish.

New Hampshire Maternal, Infant, and Early Childhood Home Visiting Home Program: Responsible for the development and implementation of a continuous quality improvement (QI) plans for three local agencies implementing the Healthy Families America model, funded by the federal Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV). Providing QI coaching and training to three QI teams.

Department of Health and Human Services, Office of Adolescent Pregnancy Programs (OAPP) and Office of Adolescent Health (OAH), Training and Technical Assistance to Grantees: Assessed, identified and evaluated relevant training needs for grantees. Recommended content experts for training in the field of adolescent pregnancy prevention and effective interventions for pregnant and parenting adolescents and their families. Provided logistical support for technical assistance workshops and webinars for grantees. Developed content for online e-learning training modules. Drafted website updates relevant to training and technical assistance activities. Worked closely with Federal Project Officers on all aspects of the project.

Department of Health and Human Services, Office on Women's Health (OWH) – Improving Women's Health Throughout the Life Span: General Support to the Regional Offices on Women's Health: Directed a national request for application procurement project to fund community-level activities and events that motivated healthy changes in women and girls. Developed a standardized electronic process to disseminate RFAs; receive, track and review applications; notify applicants of their funding status; and track awardees' progress through final reporting.

Department of Health and Human Services, Region V Office on Women's Health – Women and Girls Reentry Project Conducted a literature review to assess the components of best practice models for women and girls reentry. Conducted key informant interviews and site visits with promising programs resulting in the creation of a framework with recommendations for what works in reentry programming. Assembled an advisory panel of experts to review the framework and provided guidance on moving the recommendations forward. Oversight and management of a team of six staff who provided technical assistance and evaluation guidance to pilot programs related to collaboration strategies, gender-responsive services, trauma-informed approaches for program enhancement.

Cicatelli Associates, Inc., New York, New York
Clinical Division Manager, 2006–2008

Coordinated approximately 250 on-site HIV/AIDS clinical trainings for more than 3,000 area providers annually. Tasks included project budgeting and feasibility projections, annual needs assessment, scheduling and logistics, development of training design, faculty selection, training material review, program evaluation, and reporting. Managed CAJ's national Accreditation Council of Continuing Medical Education certification program and New York State Nurses Association certification approved program.

CalOptima, Orange, California
Community Program Specialist, 2005–2006

Advocated for Medi-Cal-Medicare beneficiaries in accessing quality health care services. Represented CalOptima and the Community Liaison Program resource at community meetings. Implemented quality improvement measures among customer service team to improve CalOptima's quality improvement efforts.

JSI, Boston, Massachusetts
Project Associate, 2001–2005

Supported on projects for clients at the federal, state, local, and non-profit levels.

SELECT PRESENTATIONS

Hiltner, M. *Engaging Your Community: A Toolkit for Partnership, Collaboration and Action.* HITEQ Learning Collab, June 2021

Hiltner, M. *Chlamydia Screening Learning Collaborative.* Title X Learning Collaborative. June 2017-January 2018

Hiltner, M. *Quality Improvement Peer Learning Network.* Healthy Start Virtual Learning Series. March 2016 – January 2017

Hiltner, M. *Collective Impact Peer Learning Network.* Healthy Start Virtual Learning Series. February – December 2015

Hiltner, M. *Healthy Start and Collective Impact: Getting to the Common Agenda.* Healthy Start Regional Meeting. April 2015

REKHA SREEDHARA, MPH

EDUCATION

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

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

EXPERIENCE

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

Associate Director, JSI Northern New England, October 2019 to present

Supports effective, equitable management of the New Hampshire, Vermont, and remote offices affiliated with JSI Northern New England. Actively participates on the Executive Leadership Team and seeks input from the Advisory Team to ensure JSI NNE produces high quality work and highly satisfied staff.

Center for Excellence on Addiction, May 2010 to present

Co-directs a training and technical assistance center serving professionals across the substance misuse continuum of care. Work includes leading state-level initiatives to support provider- and system-level change across the substance misuse continuum of care which has included: conducting multi-system assessments and strategic planning, facilitating NH's strategy to initiate and expand medications for the treatment of opioid use disorder; co-authoring NH's strategic plan to address OUD and other substance use disorders throughout NH; developing and coordinating learning collaboratives, Communities of Practice and Project ECHOs; leading activities to comply with federal and state requirements related to Plans of Safe Care; and developing and maintaining a statewide online treatment and recovery support services directory.

HRSA Telehealth Technology-Enabled Learning Program, Treating Addiction in Rural Areas ECHO, September 2021 to present

Develops ECHO opportunities for professionals in NH, ME, VT who deliver substance use treatment, co-occurring behavioral health treatment and recovery support services in an effort to strengthen the rural behavioral health care workforce to address current and emerging patient needs, improve the quality of SUD care in rural areas, and achieve health equity for rural residents and historically disadvantaged groups.

NH Medicaid to Schools Training and Technical Assistance Center, March 2021 to present

Develops training and support for school districts to maximize resource recovery for health services and expand access to behavioral health services.

NH Charitable Foundation Perinatal Substance Use Disorder Project, January 2018 to present

Serves as lead consultant contracted to provide technical assistance related to pregnant and parenting initiatives and to support activities of the Perinatal Substance Exposure Task Force of the NH Governor's Commission on Alcohol and other Drugs. Efforts include leading activities to comply with federal and state requirements related to Plans of Safe Care.

New Hampshire Opioid Litigation Project, July 2020-October 2020

Retained to identify and collect data for programs addressing opioid use in New Hampshire.

HRSA Behavioral Health Technical Assistance Center of Excellence, October 2019 to December 2020

Provided subject matter expertise and technical assistance to HRSA grantees throughout the United States.



State Youth Treatment Implementation Grant, March 2018 to September 2021

Provided subject matter expertise to the NH Department of Behavioral Health federally funded initiative to implement a comprehensive system of care for youth and young adults with substance use disorders.

San Mateo County Needs Assessment, October 2018 to January 2019

Provided subject matter expertise to the California San Mateo County Health Care for the Homeless/Farmworker Health program. Activities included survey development, development of focus group and key informant interview questions and protocol and content development of patient educational materials.

Northern Penobscot County Integration Initiative Substance Use Services Needs Assessment and SWOT Analysis, February 2018 to July 2018

Served as lead subject matter expert to support needs assessment and SWOT analysis focused on substance use disorder services in Maine.

State Youth Treatment Planning Grant, April 2017 to September 2017

Contracted by the NH Department of Behavioral Health to conduct an assessment to inform NH's plan to develop a comprehensive system of care for youth and young adults.

Harbor Homes, Inc., October 2014 to September 2017

Contracted to evaluate Substance Abuse and Mental Health Services Administration (SAMHSA)-funded Services in Supportive Housing Program.

Massachusetts Health Policy Commission, April 2015 to August 2015

Contracted to support the development of an opioid policy in MA to include long-term reduction of incidence of opioid misuse and improve access to opioid use disorder treatment and recovery support services through conducting a comprehensive literature review, key informant interviews, geo-spatial mapping, and policy review.

PRIOR EXPERIENCE

Community Healthlink, Inc., Worcester, Massachusetts

Quality Assurance Coordinator, 02/2010 to 04/2010

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

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

Oversight of programming for a residential substance use disorder treatment program for women and infants, provided supervision for Assistant Coordinator, 6 full-time counselors, 8-10 per diem relief counselors, and 1-2 interns per year, facilitated evidence-based groups, oversight of medications, oversight of quality assurance procedures and adherence to state licensing and site visit regulations, managed referrals, budget, and census, and oversight of comprehensive case management services for 28 residents with substance use and mental health disorders.

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

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

Family Health Center of Worcester, Worcester, Massachusetts

Patient Accounts Clerk, 1999-2006

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

PROFESSIONAL ACTIVITIES

Member of NH Alcohol and Drug Abuse Counselors Association / NH Training Institute on Addictive Disorders

Member of NH Providers Association



Member of the NH Telehealth Alliance

Practicum Preceptor for MPH Candidate at the Johns Hopkins Bloomberg School of Public Health, 2019-2020

Trained as a New Hampshire Recovery Coach, July 2020

Member of National Association for Addiction Professionals



ERIN SHIGEKAWA, MPH

EDUCATION

University of Michigan, School of Public Health
Master of Public Health in Health Management and Policy, 2013

University of North Carolina at Chapel Hill, Gillings School of Global Public Health
Bachelor of Science in Public Health in Health Policy and Management, Spanish Minor, 2010

EXPERIENCE

JSI, Berkeley, California
Consultant, September 2018 to present

Delta Center California | California Health Care Foundation

Planning and facilitating a state-wide policy roundtable of eight primary care and behavioral health associations; identifying opportunities for collective action and developing a shared policy agenda to better serve populations with serious mental illness and substance use disorder, particularly related to telehealth and workforce issues. Delta Center California convenes leaders to accelerate care improvement and behavioral health integration through policy and practice change.

Equity in Multi-Sector Collaboratives | Georgia Health Policy Center and Robert Wood Johnson Foundation

Conducted qualitative research on multi-sector collaboratives' approach to equity, including operationalizing equity into processes and measuring equity in outcomes. Led qualitative interviews with national thought leaders and collaborative site leaders, and synthesized findings into a book chapter.

Alameda County Whole Person Care Strategic Planning | Alameda County Health Care Services Agency

Designing a sustainability plan for Alameda County's Whole Person Care pilot focused on integrating primary care, behavioral health, and housing for Medi-Cal-eligible users of multiple systems. Researching, conducting interviews, and authoring findings about the impact of various pilot efforts, such as Social Health Information Exchange, training and technical assistance.

California Accountable Communities for Health Initiative (CACHI)

Tracking relevant policy opportunities and providing technical assistance for a statewide network of Accountable Communities for Health. Providing tailored support to individual ACHs related to their specific local contexts, state and federal funding opportunities, and policy opportunities to address the social determinants of health through Medicaid.

Domestic Violence Prevention Research Landscape Analysis | Blue Shield of California Foundation

Conducted landscape scan of the opportunities and challenges in domestic violence prevention research for a state-level philanthropic foundation. Led key informant interviews, a literature scan, and the development of recommendations.

African American Health Equity Initiative – Breast Cancer Landscape Analysis | Susan G. Komen

Conducted literature review of research related to breast cancer disparities and inequities among African American women. Led review of relevant federal, state and local policies that may impact breast cancer, including policies related to insurance access, coverage of preventive services and Medicaid in multiple states. Synthesized information to support qualitative focus groups, interviews and tailored reports for 12 metropolitan areas across the country.

Building the Evidence for Systems Strategies to Address Childhood Adversity | Genentech Corporate Giving

Researched and synthesized current best practices in childhood adversity prevention and mitigation with a focus on community-clinical linkages for children age 0-5 and their families. Conducted literature review to assess the state of the evidence. Engaged experts in the field through key informant interviews to inform literature review and evidence synthesis.

Exploring the Value of Prevention | Blue Shield of California Foundation

Provided assistance to community health collaboratives in California to estimate the impacts of prevention-focused health



programs. Tested approaches to program valuation on multiple topics, including a perinatal substance use screening program and a PrEP navigator program to reduce the risk of new HIV infections. Tailored communication of results to relevant audiences. Developed guide to disseminate prevention valuation strategies for community health collaboratives.

California Health Benefits Review Program (University of California, Berkeley) Berkeley, California

Principal Policy Analyst, December 2015 – August 2018

Responded to California State Legislature requests to estimate impacts of introduced health insurance legislation in three areas: medical effectiveness, public health impact and cost impacts. Led analytic teams of faculty, staff and actuaries through bill analysis process under rapid timelines. Relevant bill topics and areas include maternal mental health screening and treatment, contraception, telehealth, substance use treatment delivered via telehealth, lead exposure prevention, and asthma preventive triggers. Led execution of various events, including annual meetings, team retreats and legislative briefings.

Center for Healthcare Research and Transformation Ann Arbor, Michigan

Health Policy Fellow, July 2013 – July 2015

Led quality improvement projects for partner organizations (Michigan Medicine and Blue Cross Blue Shield of Michigan) related to coding, documentation and risk adjustment, behavioral economics in health care, and Accountable Care Organizations. Researched and wrote briefs related to healthcare reform and health insurance trends. Provided technical assistance and tailored reports to national health care workforce grantees. Coordinated workgroup focused on dental care and community dental needs.

U.S. Department of State Fulbright Scholar Program Taipei and Zhunan, Taiwan

Fulbright Scholar, September 2010 – June 2011

Awarded a research grant to study chronic kidney disease disparities at two host institutions (the National Health Research Institutes and the National Yang Ming University). Conducted literature review of chronic kidney disease disparities, and studied risk factors for increased risk of chronic kidney disease based on cohort data of patient medical histories.

SELECTED PUBLICATIONS

- L.A. Lewei, D. Casteel, E. Shigekawa, M. Soulsby Weyrich, D. Roby, S. McMenamin. Telemedicine-delivered treatment interventions for substance use disorders: A systematic review. *Journal of Substance Abuse Treatment*. June 2019; 101:38–49
- E. Shigekawa, M. Fix, G. Corbett, D. Roby, J. Coffman. *The Current State of Telehealth Evidence: A Rapid Review*. *Health Affairs*. December 2018; 37(12): 1975–1982.
- S. McMenamin, S. Hiller, E. Shigekawa, T. Melander, R. Shimkhada. *Consideration of a Universal Lead Screening Requirement: A California Case Study*. *American Journal of Public Health*. March 2018;108(3):355-357.
- S. McMenamin, S. Charles, N. Tabatabaeepour, E. Shigekawa, G. Corbett. *Implications of dispensing self-administered hormonal contraceptives in a 1-year supply: A California case study*. *Contraception*. May 2017; 95(5):449-451.
- M. Udow-Phillips, K. Lausch, E. Shigekawa, R. Hirth, J. Ayanian. *The Medicaid Expansion Experience in Michigan*. *Health Affairs Blog*. August 2015.

SELECTED PRESENTATIONS AND POSTERS

- E. Shigekawa, J. Cantor, L. James. Engaging Health Care Organizations in Violence Prevention: Potential Strategies and Funding Sources. *The National Conference on Health and Domestic Violence*. April 28, 2021.
- J. Cantor, E. Shigekawa. Strategies for Building and Leading Impactful Collaboratives. *Breaking Barriers Symposium*. November 12, 2020.
- E. Shigekawa, J. Cantor. Childhood Adversity & Resilience: Interventions, Alignment and Promoting Cross-Sector Responses. *National Network of Public Health Institutes (2020 Conference cancelled due to pandemic)*.
- R. Shimkhada, E. Shigekawa, N. Ponce. *Legislative Efforts to Address Health Disparities, Health Equity and Social Determinants of Health in California, 1999-2017*. *AcademyHealth Annual Research Meeting*. June 3, 2019.
- E. Shigekawa. *The Current State of Telehealth Evidence: A Rapid Review*. *Health Affairs Briefing: Telehealth*. Washington, DC. December 4, 2018.
- S. McMenamin, S. Hiller, E. Shigekawa (presenting author), R. Shimkhada. *Exploring a Universal Lead Screening Requirement: A California Case Study*. *AcademyHealth State Health Research and Policy Interest Group*. Seattle, WA. June 23, 2018.

ERIN R. SINGER

EDUCATION

BOSTON COLLEGE, BOSTON, MASSACHUSETTS
Doctor of Philosophy, Social Work, 2015

PORTLAND STATE UNIVERSITY, PORTLAND, OREGON
Master of Social Work, 2006

SKIDMORE COLLEGE, SARATOGA SPRINGS, NEW YORK
Bachelor of Science, Social Work, 2002

EXPERIENCE

JSI Research & Training Institute, Burlington, Vermont
Data and Evaluation Consultant, 2019 to present

Selected projects:

Massachusetts Health Policy Commission's (HPC) Cost Effective, Coordinated Care for Caregivers and Substance Exposed Newborns (C4SEN) Investment Program, Project Director

JSI supports the evaluation of HPC's C4SEN program funded in five hospitals throughout MA. JSI is responsible for administering the patient experience survey, conducting patient interviews, analyzing data, and reporting results throughout the 2.5 year project period.

New Hampshire's Opioid-Impacted Family Support Program (Building Futures Together), Project Director

JSI is subcontracting with the University of New Hampshire to lead the evaluation of their newly developed, HRSA-funded apprenticeship program to train paraprofessionals in community health centers, family resource centers, and schools to provide intensive, specialized enhanced care coordination on behalf of children, youth, and their caregivers impacted by parental substance misuse.

Delaware DHSS, Delaware Family Health Epidemiology & Evaluation Support Services, Lead Statistician

JSI manages multiple sub-projects ranging from evaluation design, implementation, data analysis, systems design and strategic planning for that State's maternal and child health (MCH) programmatic efforts. Responsible for epidemiology, analytic, and evaluation services for the Department of Family Health Systems & Management. Recent project exploring tobacco use and cessation during pregnancy using Pregnancy Risk Assessment Monitoring System (PRAMS) data.

Partnership for Thriving Youth, Data & Evaluation Consultant

JSI is subcontracting with The Opportunity Alliance to lead evaluation of their SAMHSA-funded PFS grant to reduce youth substance misuse and its related problems in Cumberland County, ME. Responsibilities include: evaluation planning and technical assistance; developing interview guides and conducting interviews, qualitative data analysis, and statistical analysis of MIYHS data (Maine Integrated Youth Health Survey).

New Hampshire Center for Excellence Addressing Alcohol and other Drugs, Data & Evaluation Consultant

State-wide technical assistance and resource center for the implementation of evidence-based interventions in alcohol and other drug prevention, intervention, treatment and recovery services. Responsible for survey administration and data analysis of 2019 NH Young Adult Assessment, a large statewide survey (n=2,694) to better understand root causes of substance use and mental health challenges among NH's young adults.

Vermont Dept. of Health, Health Promotion Disease Prevention Master Evaluation Capacity Contract

Vermont Tobacco Control Program Evaluation & Technical Assistance

JSI was contracted by the Vermont Department of Health, Division of Health Promotion Disease Prevention to provide comprehensive evaluation services to programs. Scope of services range from designing and implementing formative, process and outcome evaluations; conducting surveys, focus groups, and interviews; analyzing primary and secondary data; and presenting findings in accessible ways to inform programs.

HRSA Behavioral Health Center for Excellence Training Center, Rapid Cycle Improvement (RCI) Team

JSI was contracted by HRSA to develop and manage a Center of Excellence (COE) for behavioral health to support the integration of behavioral health services, including opioid and substance use disorder into primary care. The Rapid Cycle



Improvement (RCI) process assessed changes in integrated behavioral health knowledge, attitudes, behavior and practice as a result of TTA activities and utilized an RCI strategy to implement improvements to continuously enhance TTA and COE performance and processes.

Vermont Department of Health, Burlington, Vermont

Public Health Analyst III, Research, Evaluation & Epidemiology Division; 2015 – 2019

Epidemiologist for the Vermont Tobacco Control Program. Conducted statistical analyses of tobacco-related data using health surveillance datasets (e.g., YRBS, BRFSS); prepared reports and assisted with data presentations regarding tobacco burden and prevention in Vermont; responded to internal and external data requests; and managed development, data collection, analysis and reporting for biennial statewide tobacco health survey.

Human Services Research Institute, Portland, Oregon

Research Analyst II, Evaluation of the Ohio Title IV-E Waiver Child Welfare Demonstration Project; 2008 – 2010

Worked with community partners to apply and measure fidelity to an evidence-based practice model (Family Team Meetings). Managed data collection activities across multiple sites and matched program data with state-level data to measure child welfare outcomes.

SELECT PUBLICATIONS

- Villanti, A.C., Vallencourt, C.P., West, J.C., Peasley-Miklus, C., LePine, S.E., McCluskey, C., Klemperer, E., Logan, A., Patton, B., Erickson, N., Hicks, J., Horton, K., Livingston, S., Roemhildt, M., Singer, E., Trutor, M., Williams, R. (2020). Recruiting and retaining youth and young adults in online longitudinal research: Lessons from a randomized trial of participant compensation in the PACE Vermont Study. *Journal of Medical Internet Research*, 22(7), e18446.
- Williams, R.K., Brookes, R.L., Singer, E.R. (2020). A framework for effective promotion of a Medicaid tobacco cessation benefit. *Health Promotion Practice*, 21(4), 624-632.
- Hokanson, K., Golden, K.E., Singer, E., Cosner Berzin, S. (2020). 'Not independent enough': Exploring the tension between independence and interdependence among former youth in foster care who are emerging adults. *Child Welfare Journal*, 97(5), 143-159.
- Hokanson, K., Neville, S.E., Teixeira, S., Singer, E., Cosner Berzin, S. (2020). 'There are a lot of good things that come out of it at the end': Voices of resilience in youth formerly in foster care during emerging adulthood. *Child Welfare Journal*, 97(6), 237-253.
- Porta, C.M., Singer, E., Mehus, C., Gower, Saewyc, E., A., Fredcove, W., Eisenberg, M. (2017). LGBTQ youth's views on gay-straight alliances: Building community, providing gateways, and representing safety and support. *Journal of School Health*, 87(7), 489-497.
- Singer, E.R., Berzin, S.C. (2015). Early adult identification among youth with foster care experience: Is emerging adulthood lost? *Journal of Public Child Welfare*, 9(1), 65-87.
- Berzin, S.C., Singer, E., Hokanson, K. (2014). Emerging versus emancipating: The transition to adulthood for youth in foster care. *Journal of Adolescent Research*, 29(3), 1- 23.
- Singer, E. Berzin, S.C. & Hokanson, K. (2013). Voices of former foster youth: Supportive relationships in the transition to adulthood. *Children and Youth Services Review*, 35, 2110-2117.

SELECT PRESENTATIONS & POSTERS

- American Evaluation Association Annual Conference, October 2020. Presentation: Survey Methods as an Opportunity for Analytic Integration in Mixed Methods Evaluation.
- National Conference on Tobacco or Health, Minneapolis, MN, August 2019. Presentation: A Story of Risk and Resilience: Examining Ten-Year Trends in Smoking-Related Sexual Identity Disparities among Youth.
- National Conference on Tobacco or Health, Minneapolis, MN, August 2019. Presentation: Evaluating Vermont's Medicaid Cessation Benefit Initiative: Defining Measures & Data Sources, Monitoring Data, & Communicating Findings.
- Society for Nicotine and Tobacco Research Annual Conference, San Francisco, CA, February 2019. Poster: Cessation as a Multi-Dimensional Concept: Strategy Combinations among Smokers Who Quit on Their Own
- Society for Research on Adolescence Biennial Meeting, Baltimore, MD, March 2016. Presentation: Resilience among Sexual Minority Youth: The Role of Natural Mentors in Improving Mental Health and Substance Abuse Outcomes
- Society for Research on Adolescence Biennial Meeting, Baltimore, MD, March 2016. Poster: LGBTQ Youth's Views on Gay-Straight Alliances: Building Community, Providing Gateways, and Representing Safety and Support
- Society for Social Work Research Annual Conference, New Orleans, LA, January 2015. Poster: Voices of Former Foster Youth: Utilization of Supportive Relationships in the Transition to Adulthood

**JSI RESEARCH AND TRAINING INSTITUTE, INC. (JSI) d/b/a COMMUNITY HEALTH
INSTITUTE (CHI)**Key Personnel

Name	Job Title	Salary Amount Paid from this Contract (SFY23)	Total Salary for Budget Period
K. Robert	Project Director	\$50,802	\$138,020
B. Milner	Project Coordinator	\$23,057	\$56,779
A. Lopera	Training Liasion	\$21,995	\$89,765
Y. Hamby	CQI Lead	\$38,832	\$143,840
M. Hiltner	CQI Coach	\$25,888	\$151,410
A. Lawyer	CQI Coach	\$16,087	\$94,091
A. Carlisle	CQI Coach	\$17,781	\$68,135
E. Singer	Sr. Research Analyst	\$26,530	\$101,661
E. Shikegawa	Research Analyst	\$4,368	\$101,120
R. Sreedhara	Technical Advisor	\$4,380	\$121,669
A. Daniels	Technical Advisor	\$4,671	\$129,780
L. Bryson	Graphic Designer	\$5,529	\$76,787