



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

BUREAU OF BEHAVIORAL HEALTH

Nicholas A. Toumpas
 Commissioner

105 PLEASANT STREET, CONCORD, NH 03301
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Nancy L. Rollins
 Associate Commissioner

May 16, 2013

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

*Sole Source
 100% Federal Funds*

Requested Action

Authorize the Department of Health and Human Services, Division of Community Based Care Services, Bureau of Behavioral Health, to enter into a **sole source amendment** with Trustees of Dartmouth College, 11 Rope Ferry Road, Number 6210, Hanover, New Hampshire 03755-1404 (vendor code 177157-B013) to provide project management and evaluation services in support of the New Hampshire Healthy Choices Healthy Changes Program to improve the cardiac and metabolic health of individuals with serious mental illness by increasing the price limitation by \$1,170,370 from \$1,326,521 to an amount not to exceed \$2,496,891, and by extending the completion date to June 30, 2014, effective July 1, 2013, or date of Governor and Council approval, whichever is later. Funds are anticipated to be available in the following account in State Fiscal Year 2014 based upon the availability and continued appropriation of funds in the future operating budget:

05-95-92-920010-2087 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS:
 BEHAVIORAL HEALTH DIV OF, DIV OF BEHAVIORAL HEALTH, MIPCD GRANT

<u>Fiscal Year</u>	<u>Class/Object</u>	<u>Class Title</u>	<u>Current Modified Budget</u>	<u>Increase (Decrease) Amount</u>	<u>Revised Modified Budget</u>
2012	102-500731	Contracts for Program Services	\$ 182,704	\$ 0	\$ 182,704
2013	102-500731	Contracts for Program Services	\$ 584,573	\$ 0	\$ 584,573
2014	102-500731	Contracts for Program Services	\$ 0	\$ 793,116	\$ 793,116
Subtotal			\$ 767,277	\$ 793,116	\$ 1,560,393

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<u>Fiscal Year</u>	<u>Class/Object</u>	<u>Class Title</u>	<u>Current Modified Budget</u>	<u>Increase (Decrease) Amount</u>	<u>Revised Modified Budget</u>
2012	502-500891	Payments to Providers	\$ 168,108	\$ 0	\$ 168,108
2013	502-500891	Payments to Providers	\$ 391,136	\$ 0	\$ 391,136
2014	502-500891	Payments to Providers	\$ 0	\$ 377,254	\$ 377,254
Subtotal			\$ 559,244	\$ 377,254	\$ 936,498

Total **\$1,326,521** **\$1,170,370** **\$2,496,891**

Explanation

This agreement is identified as sole source because the vendor was designated as the key evaluator in the Medicaid Incentives for the Prevention of Chronic Diseases grant application to the Centers for Medicare and Medicaid Services, which provides 100% funding for the Healthy Choices Healthy Changes Program. Dartmouth's vast experience working with the State of New Hampshire's mental health system to develop programs that address the psychosocial and health needs of the consumers served by the system made a critical contribution to the grant awarded to the state. Dartmouth agreed to waive all indirect charges to the State relative to this project.

The purpose of this request is to continue funding a statewide program designed to reduce the risk of cardiovascular disease in individuals with mental illness to be served by the ten community mental health centers in New Hampshire. The program will be entering its third year of five in State Fiscal Year 2014. This agreement with Dartmouth funds members of the Dartmouth Center for Aging Research, who collaborated with the Bureau of Behavioral Health to design the program and write the grant application, and who will participate in its implementation and direct its evaluation.

Medicaid beneficiaries with serious mental illness account for the highest per person costs among the dually eligible (individuals eligible for both Medicaid and Medicare), largely due to health care expenditures associated with high rates of cardiovascular disease, diabetes, chronic lung disease, and obesity. The major risk factors for these conditions are lack of exercise, smoking, poor diet, and effects of anti-psychotic medications that cause weight gain, high cholesterol and diabetes. Although people with mental illness are a subset of Medicaid recipients, the cost of providing health care to this group is disproportionately high. For example, the combined per capita expenditures for dually eligible individuals with schizophrenia are over two and one-half (for younger adults) to four times (for older adults) greater than for dually eligible beneficiaries without a major psychiatric disorder. Fortunately, the health conditions associated with these high costs and early mortality are preventable.

The Centers for Medicare and Medicaid Services issued a request for proposals to fund Medicaid Incentives for the Prevention of Chronic Diseases. At the request of State Representative Neal Kurk and Nancy Rollins, Associate Commissioner of the Department of Health and Human Services, the Bureau of Behavioral Health partnered with researchers at Dartmouth to create the NH Healthy Choices Healthy Changes Program. This health promotion program provides incentives for exercise, improved nutrition, and smoking cessation for clients at the ten community mental health centers across the state. The State of New Hampshire was one of only ten states in the nation selected by the Centers for Medicare and Medicaid Services for funding - amounting to approximately \$10 million over five years.

Statewide, over the course of five years, the program will enroll 1,600 Medicaid beneficiaries into the Supported Fitness and Weight Management programs, and 2,000 beneficiaries in the Supported Smoking Cessation programs. The vendor will evaluate the impact of this program on improving health behaviors and outcomes. Savings in Medicaid health care costs will also be evaluated. The funds included in this agreement will pay for the expenses of project management and evaluation staff, equipment including computers and i-Pads, travel expenses, Weight Watchers memberships, monetary rewards, and incentives that will be earned by the program participants for completion of evaluations and engagement in healthy lifestyle behaviors.

If this request is not approved by the Governor and Council, it is likely that the grant would need to be returned to The Centers for Medicare and Medicaid Services. The Project Officers at The Centers for Medicare and Medicaid Services who are responsible for managing the grant to the state of NH have been working with key staff at Dartmouth since the award was made in September 2011 and expect the project to be evaluated by Dartmouth as described in the proposal. It would be impossible for another vendor to assume the role played by Dartmouth in pre-planning, implementation, and evaluation of the NH Healthy Choices Healthy Changes Program according to the timeline that The Centers for Medicare and Medicaid Services expects.

May 16, 2013

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This contract will be judged to be satisfactorily honored if the Dartmouth staff who are funded to participate in the implementation and evaluation have hired, trained, and provided ongoing supervision to the staff required to support the NH Healthy Choices Healthy Changes Program, if the project timelines are followed as specified in the Program protocol, if the project activities are occurring as specified in the Program protocol, if the reporting requirements to The Centers for Medicare and Medicaid Services are made, and if the data analyses that were planned for the project are performed.

The Dartmouth Center for Aging Research team members have been designing and evaluating models and programs to promote fitness and health in people with serious mental illness, including at several of the NH Community Mental Health Centers for the past ten years. They are well suited to partner with the Bureau of Behavioral Health to implement the Healthy Choices Healthy Changes Program and to direct the evaluation of the program. Of importance, there is no requirement for matching funds from the state, and because this is a Medicaid demonstration project, there is no requirement for sustainability through state funds at the close of the grant period.

Area served: statewide.

Source of funds: 100% Federal Funds.

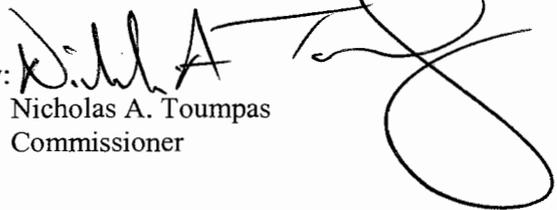
In the event that the Federal Funds become no longer available, General Funds shall not be requested to support this program.

Respectfully submitted,



Nancy L. Rollins,
Associate Commissioner

Approved by:



Nicholas A. Toumpas
Commissioner

NLR/dew/sl
Enclosures

Amendment to Agreement

This Amendment to Agreement (hereinafter called the "Amendment") is dated this (day of the month) day of **May, 2013**, between the State of New Hampshire, Division of Community Based Care Services, Bureau of Behavioral Health of the Department of Health and Human Services (hereinafter called "BBH") and **Trustees of Dartmouth College**, a non-profit corporation organized under the laws of the State of New Hampshire with a place of business at 11 Rope Ferry Road, Number 6210, Hanover, New Hampshire 03755-1404 (hereinafter referred to as the "Contractor").

WHEREAS, pursuant to an Agreement dated **January 17, 2012**, the Contractor has agreed to provide certain services upon the terms and conditions specified in the Agreement, in consideration of payment by BBH of certain sums specified therein; and

WHEREAS, pursuant to Paragraph 17. of the Agreement, the Agreement may be amended, waived or discharged only by an instrument in writing signed by the parties thereto and only after approval of such amendment, waiver, or discharge by the Governor and Executive Council of the State of New Hampshire;

WHEREAS, BBH and the Contractor have agreed to amend the Agreement in certain respects;

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

1. Amendment and Modification of Agreement.

1.1. The Agreement is hereby amended as follows:

By deleting in Block 1.7 of the General Provisions the date June 30, 2013 and substituting therefore the date June 30, 2014.

By deleting in Block 1.8 of the General Provisions \$1,326,521 and substituting therefore the number \$2,496,891.

2. Amendment and Modification to Exhibit A, Scope of Work.

2.1. Replace Exhibit A with the following:

Contractor Initials: WA
Date: 5/28/13

EXHIBIT A ~ Amendment #1

SCOPE OF SERVICES

The Contractor, Trustees of Dartmouth College - Dartmouth Center for Aging Research, is a collaborator and will direct the evaluation of a 5-year grant awarded to the NH Bureau of Behavioral Health by the Centers for Medicare and Medicaid Services to implement the NH Healthy Choices Healthy Changes Program.

The Commencement Date of this Agreement shall be the Effective Date, that is July 1, 2013, or date of Governor and Council of the State of New Hampshire approval, whichever is later.

I. HEALTHY CHOICES HEALTHY CHANGES PROGRAM (HCHC)

- A. HCHC is an incentive program to reward exercise, improved nutrition, and smoking cessation, with mentoring, to reduce risk of cardiovascular disease in clients of the NH Community Mental Health Center (CMHC) system.
- B. HCHC will build upon and benefit from the existing infrastructure of the "In SHAPE" health promotion program established in 2004 for people with serious mental illness.
- C. HCHC will offer four (4) "Supported Weight Management" programs as follows:
 - 1. Gym Membership;
 - 2. In SHAPE (includes gym membership and mentor);
 - 3. Weight Watchers; and
 - 4. In SHAPE and Weight Watchers.
- D. HCHC will offer a program for regular smokers who agree to learn more about the dangers of smoking "The Electronic Decision Support System: EDSS"; and three (3) "Supported Smoking Cessation" programs across the entire state as follows:
 - 1. Prescriber Referral and Telephone Cognitive Behavior Therapy;
 - 2. Prescriber Referral and Facilitated Use of Quit line; and
 - 3. Prescriber Referral.
- E. The Contractor will pay HCHC program participants who are randomly assigned to receive nominal monetary rewards for engagement in healthy lifestyle behaviors
- F. The Contractor will be responsible for implementation and delivery of the HCHC program, in addition to directing the evaluation of the program and on pre-implementation planning and ensuring that the HCHC program and protocols are appropriately followed by the project sites (all 10 NH regional CMHCs). The team includes:
 - 1. Steve Bartels, Director of the Dartmouth Center for Aging Research;
 - 2. Sarah Pratt, PhD, HCHC Project Director, who will work closely with the HCHC Project PIs;
 - 3. Kelly Capuchino, Medicaid Policy Analyst for BBH; and
 - 4. Donna Walker, Administrator III for BBH.

Contractor Initials: KA
Date: 5/28/13

- G. The HCHC Project Director will supervise all other members of the Dartmouth team including:
1. Kelly Aschbrenner, PhD;
 2. Meghan Santos, LICSW;
 3. Laura Barre, MD, Project Manager;
 4. Gail Williams, Project Manager;
 5. Rosemarie Wolfe, MA, Statistician; and
 6. Tricia Miller, Cognitive Behavioral Specialist and Smoking Cessation Therapist.
- H. The Contractor will hire:
1. Incentives Counselors across the state who will:
 - a) Administer the program at the CMHCs;
 - b) Promote access to the HCHC program;
 - c) Consenting and evaluating participants; and
 - d) Tracking use of incentives,
 2. A Project Coordinator who will supervise the Incentives Counselors.
- I. The HCHC Project Director and the (2) two Project Managers will provide the In SHAPE trainings that will occur as part of the project, as well as, weekly supervision to all HCHC project In SHAPE Health Mentors (fitness trainers).
- J. The Contractor will work with HCHC implementation leaders at the project sites to ensure that the project is progressing as required by the grant.
- K. The Contractor will also oversee recruitment and enrollment of a total of 1,600 CMHC clients eligible for Medicaid in the Supported Weight Management programs, and 2,000 CMHC clients eligible for Medicaid in the smoking education and cessation programs (across the 10 CMHCs over the four year enrollment period of the grant).
- L. The Contractor will be responsible for arranging for the Weight Watchers memberships as required by the grant.
- M. The Incentives Counselors will each establish a petty cash account at Dartmouth from which to draw the cash rewards that half of the HCHC program participants will be eligible to receive (based on randomization).
- N. The HCHC Project Director will work with BBH to collect the information needed for required reporting to CMS from the CMHC sites and will assist with the preparation of reports to CMS.
- O. The HCHC Project Director, will participate on regularly scheduled calls and webinars as required by CMS and will attend annual meetings of the grantees from the 10 states funded by CMS.

3. Amendment and Modification to Exhibit B, Methods of Payment.

3.1. Amend Paragraph 3. to read, "The State shall make payments based on submitted and State-approved invoices throughout the term of the Contract. Payments for State Fiscal Year (SFY) 2014 shall not exceed \$2,496,891. All work must be concluded by June 30, 2014. The final invoice is due once all reports have been submitted. All invoices must be submitted by September 30, 2014."

3.2. Amend Paragraph 4. to read: "All expenditures shall be consistent with the award renewal by The Centers for Medicare and Medicaid Services. Any expenditure that exceeds the approved budgets shall be solely the financial responsibility of the Contractor."

3.3. Amend Paragraph 7. as follows:

3.3.1. After "Federal Funds" and "Amount:", replace \$1,326,521 with \$2,496,891.

3.4. Add Paragraph 8. as follows:

8. Effective Date of Amendment: The Effective Date of this action is July 1, 2013, or date of Governor and Council approval, through June 30, 2014.

3.5. Add Paragraph 9. as follows:

9. Continuance of Agreement: Except as specifically amended and modified by the terms and conditions of this Agreement, the Agreement and the obligations of the parties there under shall remain in full force and effect in accordance with the terms and conditions set forth therein.

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

The Bureau of Behavioral Health

Trustees of Dartmouth College

By: Nancy L. Rollins
Nancy L. Rollins
Associate Commissioner

By: Heather A. Arnold
Heather A. Arnold, M.Ed.
Assistant Director

STATE OF NEW HAMPSHIRE
COUNTY OF

The forgoing instrument was acknowledged before me this 28th day of May, 2013, by

Janet Shepler

[Signature]
Notary Public / Justice of the Peace
Commission Expires: 10/26/16

Approved as to form, execution and substance:



OFFICE OF THE ATTORNEY GENERAL

By: Jeanne P. Herrick
Attorney Jeanne P. Herrick
Date: 4 June 2013

Contractor Initials: HA
Date: 5/28/13



BOARD OF TRUSTEES

CERTIFICATE

I, Marcia J. Kelly, hereby certify that I am Assistant Clerk of Trustees of Dartmouth College, a corporation created by Royal Charter and existing under the laws of the State of New Hampshire; that, as Assistant Clerk, I have custody of the records of meetings of the Board of Trustees of said corporation; and that at a meeting of said Board duly called and held on the 9th day of April, 2011 at which a quorum was present and acting throughout, the following vote was adopted:

VOTED: To approve the Signature and Requisition Authority Policy, effective July 1, 2011 or such earlier date as the Executive Vice President/Chief Financial Officer shall determine. The provisions of the Signature and Requisition Authority Policy shall take precedence over any previous inconsistent vote of the Board of Trustees.

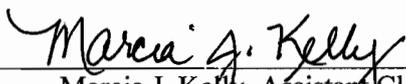
I further certify that said vote remains in full force and effect as of the date hereof and are not contrary to any provision of the Charter of said corporation.

I further certify that attached hereto is a true and correct copy of the Introduction and the Sponsored Activities Administration and Intellectual Property Transactions section (Appendix G) of the said Signature and Requisition Authority Policy.

I further certify that the following persons were appointed to the positions opposite their respective names and continue to serve in said positions as of the dates shown:

Jill Mortali	Director, Office of Sponsored Projects	September 15, 2008
Martin N. Wybourne	Vice Provost for Research	July 1, 2004
Christine Bothe	Associate Director, Office of Sponsored Projects	December 1, 2011
Kathryn Page	Associate Director, Office of Sponsored Projects	July 1, 2001
Heather A. Arnold	Assistant Director, Office of Sponsored Projects	December 1, 2011

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the seal of the corporation this 28 day of May, 2013



Marcia J. Kelly, Assistant Clerk
Trustees of Dartmouth College

Appendix G: Sponsored Activities Administration and Intellectual Property Transactions

<p>Grants (including sub-grants) for external support for research (applications and agreements)</p>	<p><u>Over \$5,000,000</u> Director, OSP, or Vice Provost for Research</p> <p><u>Up to \$5,000,000</u> Director, Associate Director, or Assistant Director, OSP</p> <p><u>Up to \$2,000,000</u> Director, Associate Director, Assistant Director, Senior Grants Officer, or Grants Officer, OSP</p>
<p>Contracts (including sub-contracts) for external support for research (applications and agreements)</p>	<p><u>Over \$1,000,000</u> Director, OSP, or Vice Provost for Research</p> <p><u>Up to \$1,000,000</u> Director or Associate Director, OSP</p> <p><u>Up to \$500,000</u> Director, Associate Director, Assistant Director, or Senior Grants Officer, OSP</p>
<p>Agreements with federal agencies for reimbursement of facilities and administrative costs</p>	<ul style="list-style-type: none"> • Director, OSP, or Vice Provost for Research; and • EVP/CFO or VPF jointly
<p>Purchases of goods and services with grant or contract funds</p> <p><i>Titles (e.g., "COO," "Director of Budget & Fiscal Affairs") refer to the designated position in the school or department that is the recipient of the grant or contract as recorded in the Office of Sponsored Projects.</i></p> <p><i>When a grant or contract has more than one PI, each PI is authorized to exercise the authority under this Policy with respect to the portion of the project for which he or she is responsible.</i></p>	<p>In addition to the delegations set forth below, authorized staff members, and research team members designated in writing by the PI, may make purchases through any procurement mechanism up to the dollar amount permitted under the Procurement Card System, or such lower dollar amount as may be set by the PI:</p> <p><u>Up to \$5,000</u> Any regular employee with purchasing responsibility for the grant</p> <p><u>Up to \$25,000</u></p> <ul style="list-style-type: none"> • PI, Laboratory Manager, or Grant Manager, or PI designee; and • OSP <p><u>Up to \$100,000</u></p> <ul style="list-style-type: none"> • PI; or • Dean's designee with permission of PI (PI and COO, jointly, may delegate authority up to \$100,000 in writing to other staff members); -and- • OSP

	<p><u>Up to \$250,000</u></p> <ul style="list-style-type: none"> • PI; and • Dean's Designee jointly; -and- • OSP <p><u>Over \$250,000</u></p> <ul style="list-style-type: none"> • PI and Dean or Dean's designee, jointly; and • OSP <p><u>Additional Approvals:</u></p> <ul style="list-style-type: none"> • Approval by the General Counsel or Associate General Counsel is also required for transactions over \$500,000
Agreements relating to the transfer of materials used in scientific research	Director or Assistant Director, Technology Transfer Office; in their absence, Director or Associate Director, OSP
Agreements for licenses and options of inventions/patents owned by Dartmouth pursuant to Dartmouth's Patent Policy	Director, Technology Transfer Office (in accordance with Dartmouth Patent Policy)
Agreements for licenses and options of works of authorship/copyrights owned by Dartmouth pursuant to Dartmouth's Copyright Policy	<p>Dean of Libraries with respect to works administered by the Libraries</p> <p>Director, Technology Transfer Office with respect to software</p> <p>General Counsel or Associate General Counsel with respect to all other works</p> <p>* All in accordance with Dartmouth Copyright Policy *</p>
Authority to execute documents pertaining to the registration and protection of intellectual property, including but not limited to powers of attorney, assignments, small entity forms and certifications required by the United States Patent and Trademark Office of patent authorities of foreign countries	Director, Technology Transfer Office
Authority to sign confidentiality and non-disclosure agreements in connection with the licensing (outgoing and incoming) and marketing of intellectual property	Director or Assistant Director, Technology Transfer Office

Engagement of attorneys to represent Dartmouth in connection with the evaluation of inventions and the filing and prosecution of patents	Director, Technology Transfer Office, in consultation with the Office of the General Counsel
State and federal trademark registrations; licenses for the use of College-owned trademarks	General Counsel or Trademark Administrator



KPMG LLP
Suite 400
356 Mountain View Drive
Colchester, VT 05446

Independent Auditors' Report

The Board of Trustees
Dartmouth College:

We have audited the accompanying statement of financial position of Dartmouth College (Dartmouth) as of June 30, 2012, and the related statements of activities, operating expenses, and cash flows for the year then ended. These financial statements are the responsibility of Dartmouth's management. Our responsibility is to express an opinion on these financial statements based on our audit. The prior year summarized comparative information has been derived from Dartmouth's 2011 financial statements and, in our report dated November 7, 2011, because we were unable to examine evidence regarding the fair value of certain unrecognized trust interests, we expressed a qualified opinion on those financial statements.

Except as discussed in the following paragraph, we conducted our audit in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes consideration of internal control over financial reporting as a basis for designing audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Dartmouth's internal control over financial reporting. Accordingly, we express no such opinion. An audit also includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements, assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audit provides a reasonable basis for our opinion.

As described in note L, assets and changes in net assets do not include Dartmouth's interests in certain third-party charitable trusts for which current fair values are not available. Accordingly, we were unable to apply adequate procedures to satisfy ourselves as to such fair values, and the effects of this departure from U.S. generally accepted accounting principles on Dartmouth's financial position and changes in net assets cannot be determined.

In our opinion, except for the effects of such adjustments deemed necessary had we examined evidence regarding the fair value of the unrecognized trust interests discussed in the preceding paragraph, the financial statements referred to above present fairly, in all material respects, the financial position of Dartmouth College as of June 30, 2012, and the changes in its net assets and its cash flows for the year then ended in conformity with U.S. generally accepted accounting principles.



In accordance with *Government Auditing Standards*, we have also issued our report dated November 10, 2012 on our consideration of Dartmouth's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* and should be considered in assessing the results of our audit.

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

KPMG LLP

November 10, 2012

Dartmouth College

Statement of Financial Position

As of June 30, 2012, with comparative information as of June 30, 2011
(in thousands)

	2012	2011
Assets		
Cash and cash equivalents	\$ 306,241	\$ 319,584
Receivables and other assets, net	183,828	167,190
Investment related receivables	38,539	164,824
Pledges receivable, net	142,776	173,487
Investments held by bond trustees	151	22,834
Investments, at fair value	4,375,764	4,175,756
Land, buildings, equipment, and construction in progress, net	927,694	863,627
Total assets	5,974,993	5,887,302
Liabilities		
Accounts payable and other liabilities	74,423	87,249
Investment related payables	100,176	292,863
Deferred revenues and deposits	38,121	34,282
Liability for split-interest agreements	41,705	46,801
Pension and other employment related obligations	315,980	267,823
Bonds, mortgages, and notes payable, net	1,128,875	946,768
Interest rate swap liabilities, at fair value	216,306	89,403
Conditional asset retirement obligations	21,665	22,629
Government advances for student loans	20,192	20,024
Total liabilities	1,957,443	1,807,842
Total Net Assets	\$ 4,017,550	\$ 4,079,460
Net Assets		
Unrestricted	\$ 1,006,070	\$ 1,109,344
Temporarily restricted	1,991,249	1,996,557
Permanently restricted	1,020,231	973,559
Total Net Assets	\$ 4,017,550	\$ 4,079,460

See accompanying notes to the financial statements.

Dartmouth College

Statement of Activities

For the year ended June 30, 2012, with summarized financial information for the year ended June 30, 2011

(in thousands)

	Unrestricted	Temporarily Restricted	Permanently Restricted	Total	
				2012	2011
Endowment Activities					
Gifts	\$ 8	\$ 858	\$ 48,831	\$ 49,697	\$ 40,338
Net investment return	46,784	149,929	586	197,299	541,549
Distributed for spending	(44,142)	(138,714)	-	(182,856)	(174,899)
Other changes	(1,249)	1,913	2,369	3,033	4,057
Amounts transferred from other funds, net	(599)	2,015	4,389	5,805	4,059
Change in net assets from endowment activities	802	16,001	56,175	72,978	415,104
Operating Activities					
Revenues					
Tuition and fees	284,540	-	-	284,540	266,674
Student scholarships	(116,388)	-	-	(116,388)	(114,533)
Net tuition and fees	168,152	-	-	168,152	152,141
Sponsored research grants and contracts	173,554	-	-	173,554	179,811
Dartmouth College Fund and other gifts	71,008	13,154	-	84,162	77,880
Distributed endowment investment return	176,055	5,109	-	181,164	173,247
Other operating income	126,694	14	-	126,708	118,126
Auxiliaries	60,207	-	-	60,207	61,559
Net assets released from restrictions	8,022	(8,022)	-	-	-
Total revenues	783,692	10,255	-	793,947	762,764
Expenses					
Academic and student programs	495,958	-	-	495,958	460,848
Sponsored programs	125,013	-	-	125,013	127,430
General institutional services	87,189	-	-	87,189	84,072
Auxiliaries	67,628	-	-	67,628	65,991
Total expenses	775,788	-	-	775,788	738,341
Change in net assets from operating activities	7,904	10,255	-	18,159	24,423
Non-operating Activities					
Gifts	-	28,702	-	28,702	19,043
Other non-operating changes, net	22,463	1,907	-	24,370	34,652
Distributed endowment investment return	367	1,325	-	1,692	1,652
Decrease in outstanding pledges	-	(19,379)	(11,332)	(30,711)	(39,231)
Pension and postretirement benefit related changes					
other than net periodic benefit costs	(40,806)	-	-	(40,806)	78,458
Disposals and non-capitalized expenditures	(2,697)	(1,699)	-	(4,396)	(8,192)
Unrealized gain (loss) related to					
interest rate swap agreements	(126,903)	-	-	(126,903)	27,771
Net assets released from restrictions	34,496	(34,496)	-	-	-
Amounts transferred to endowment, net	1,100	(7,690)	785	(5,805)	(4,059)
Net change in split-interest agreements	-	(234)	1,044	810	8,201
Change in net assets from non-operating activities	(111,980)	(31,564)	(9,503)	(153,047)	118,295
Change in net assets	(103,274)	(5,308)	46,672	(61,910)	557,822
Net Assets, beginning of year	1,109,344	1,996,557	973,559	4,079,460	3,521,638
Net Assets, end of year	\$ 1,006,070	\$ 1,991,249	\$ 1,020,231	\$ 4,017,550	\$ 4,079,460

See accompanying notes to the financial statements.

Dartmouth College

Statement of Operating Expenses

For the year ended June 30, 2012, with summarized financial information for the year ended June 30, 2011
(in thousands)

	General Institutional Services					Total Expenses		
	Academic & Student Programs	Sponsored Programs	Administrative Support	Facilities Operation & Maintenance	Development	Auxiliaries	2012	2011
Salaries and wages	\$ 202,229	\$ 55,098	\$ 24,003	\$ 16,214	\$ 16,022	\$ 13,290	\$ 326,856	\$ 309,317
Employee benefits	72,432	16,428	8,395	5,548	5,539	4,595	112,937	125,600
Fellowships and student support	9,419	4,297	-	-	-	-	13,716	12,470
Materials, equipment, and supplies	32,955	11,368	5,409	1,370	1,632	14,920	67,654	67,734
Purchased services	43,515	34,331	6,496	2,216	6,874	6,923	100,355	90,889
Utilities, taxes, and occupancy	-	-	-	38,635	-	6,139	44,774	43,616
Depreciation	36,484	-	2,743	5,886	57	7,119	52,289	44,760
Lodging, travel, and similar costs	20,571	3,289	1,247	226	1,838	226	27,397	22,705
Interest and amortization	-	-	-	22,805	-	-	22,805	16,524
Other expenses	5,216	202	1,004	121	317	145	7,005	4,726
Facilities operation & maintenance	422,821	125,013	49,297	93,021	32,279	53,357	775,788	\$ 738,341
	73,137	-	5,498	(93,021)	115	14,271	-	
Total expenses for FY12	\$ 495,958	\$ 125,013	\$ 54,795	\$ -	\$ 32,394	\$ 67,628	\$ 775,788	
Total expenses for FY11	\$ 460,848	\$ 127,430	\$ 51,968	\$ -	\$ 32,104	\$ 65,991		\$ 738,341

See accompanying notes to the financial statements.

Dartmouth College

Statement of Cash Flows

For the year ended June 30, 2012, with comparative information for the year ended June 30, 2011
(in thousands)

	2012	2011
Cash flows from operating activities		
Total change in net assets	(\$ 61,910)	\$ 557,822
Adjustments to reconcile total change in net assets to net cash used by operating activities:		
Depreciation and amortization	53,191	45,095
Change in estimated value of interest rate swap agreements	126,903	(27,771)
Change in estimated pension and post-retirement benefit obligation	51,705	(57,052)
Change in pledges receivable, net	30,711	39,231
Other non-cash transactions	1,361	919
Contributions, investment income, and other changes restricted for long-term investment	(70,569)	(60,838)
Net realized and unrealized gains	(225,284)	(580,383)
Changes in operating assets and liabilities:		
Receivables and other assets, net	(22,358)	951
Accounts payable and other liabilities	(13,790)	16,872
Deferred revenues and deposits	3,839	2,828
Employment related obligations	(3,548)	(1,582)
Net cash used by operating activities	(129,749)	(63,908)
Cash flows from investing activities		
Student loans granted	(8,571)	(17,333)
Student loans repaid	13,820	13,691
Purchases of land, buildings, and equipment	(117,952)	(134,270)
Proceeds from the sale of land, buildings, and equipment	18,434	6,555
Net change in split-interest agreements	(5,096)	1,737
Net change in unsettled trades	(66,402)	65,905
Purchases of investments	(7,867,688)	(8,037,740)
Sales and maturities of investments	7,874,530	8,057,963
Net cash used by investing activities	(158,925)	(43,492)
Cash flows from financing activities		
Proceeds from issuance of debt	244,275	10,650
Repayment of debt	(62,364)	(8,990)
Change in investments held by bond trustee	22,683	63,632
Contributions, investment income, and other changes restricted for long-term investment in:		
Facilities	16,225	14,113
Endowment, life income, and similar funds	54,344	46,725
Changes in government advances for student loans	168	151
Net cash provided by financing activities	275,331	126,281
Net change in cash and cash equivalents	(13,343)	18,881
Cash and cash equivalents, beginning of year	319,584	300,703
Cash and cash equivalents, end of year	\$ 306,241	\$ 319,584

See accompanying notes to the financial statements.



Dartmouth College

Office of Sponsored Projects
11 Rope Ferry Road #6210
Hanover, NH 03755-1404

TELEPHONE: (603) 646-3007

FAX: (603) 646-3670

EMAIL: sponsored.projects@dartmouth.edu

Dartmouth College Mission

Dartmouth College educates the most promising students and prepares them for a lifetime of learning and of responsible leadership, through a faculty dedicated to teaching and the creation of knowledge.

Since its founding in 1769 to educate Native students, English youth, and others, Dartmouth has provided an intimate and inspirational setting where talented faculty, students, and staff - diverse in background but united in purpose - contribute to the strength of an exciting academic community that cuts easily across disciplines.

Dartmouth is committed to providing the best undergraduate liberal arts experience and to providing outstanding graduate programs in the Geisel School of Medicine (founded 1797), the Thayer School of Engineering (1867), the Tuck School of Business (1900), and the graduate programs in the Arts and Sciences. Together they constitute an exceptional and rich learning environment. Dartmouth faculty and student research contributes substantially to the expansion of human understanding.

The College provides a comprehensive out-of-classroom experience, including service opportunities, engagement in the arts, and competitive athletic, recreational, and outdoor programs. Pioneering programs in computation and international education are hallmarks of the College. Dartmouth graduates are marked by an understanding of the importance of teamwork, a capacity for leadership, and their keen enjoyment of a vibrant community. Their loyalty to Dartmouth and to each other is legendary and is a sustaining quality of the College.

CURRICULUM VITAE

DATE PREPARED: November 12, 2009

NAME: **Stephen James Bartels, MD, MS**

OFFICE ADDRESS: Dartmouth Centers for Health and Aging
35 Centerra Parkway, Suite 300
Lebanon, NH 03766
Tel: 603-653-0885
sbartels@dartmouth.edu

EDUCATION:

1995-1997	Dartmouth Medical School Hanover, NH	Masters in Clinical Evaluative Sciences: Health Services Evaluation, Clinical Outcomes Research, and Health Policy.
1976-1980	University of Virginia Medical School Charlottesville, VA	Doctor of Medicine
1971-1976	Amherst College Amherst, MA	Bachelor of Arts

POSTDOCTORAL TRAINING:

1983-1984	Inpatient Psychiatry	Cambridge Hospital Harvard Medical School
1981-1983	Adult Psychiatry	Cambridge Hospital Harvard Medical School
1980-1981	Internship	Cambridge Hospital Harvard Medical School
Summer 1997	Fellow	AAGP/NIMH Summer Research Institute in Geriatric Psychiatry, UCSD

LICENSURE AND CERTIFICATION:

American Board of Psychiatry and Neurology Certifications:
2001 Recertification in Geriatric Psychiatry
1991 Added Qualification in Geriatric Psychiatry
1987 Board Certification in Psychiatry and Neurology

ACADEMIC APPOINTMENTS:

Current:	Professor of Psychiatry, Dartmouth Medical School Professor of Community & Family Medicine, Dartmouth Medical School
July 93-June 04	Associate Professor of Psychiatry, Dartmouth Medical School
May 87-July 93	Assistant Professor of Psychiatry, Dartmouth Medical School
Sept. 84-June 86	Instructor in Psychiatry and Director of Inpatient Psychiatry, Cambridge Hospital, Harvard Medical School

HOSPITAL APPOINTMENTS:

April-	Courtesy Staff	Dartmouth-Hitchcock Medical Center
May 87-Dec. 04	Active Staff	Valley Regional Hospital, Claremont, NH
Sept. 84-June 86	Active Staff	Cambridge Hospital, Cambridge, MA

OTHER PROFESSIONAL POSITIONS:

2008-Current	Director Director	Dartmouth Centers for Health and Aging Center for Aging Research at The Dartmouth Institute for Health Care Policy and Clinical Practice
2007-Current	Director Medical Director	Northern New England Geriatric Education Center New Hampshire Bureau of Elderly and Adult Services

2005-2007	Chairperson	Geriatric Strategic Planning Initiative, Dartmouth-Hitchcock Medical Center & Dartmouth Medical School
2000-2006	Medical Director	New Hampshire Bureau of Behavioral Health
1991-1994	Medical Director	West Central Community Mental Health Services
May 87-July 90	Medical Director	Valley Regional Hospital Geropsychiatric Unit
July 86-Jan. 90	Staff Psychiatrist	West Central Community Mental Health Services
Sept. 84-June 86	Director, Inpatient Psychiatry	Cambridge Hospital, Harvard Medical School

MAJOR COMMITTEE ASSIGNMENTS AND CONSULTATIONS:

National:

2001-2009	NIMH Interventions Research Review Committee	Reviewer	NIMH
2006-Current	Geriatric Depression Evidence-based Practice Resource Kit Initiative	Task Leader	CMHS-NRI
2005-2007	Steering Committee		Annapolis Coalition on Behavioral Workforce Education
2005	White House Conference on Aging	Health Policy Delegate	
2004-Current	Older Americans Substance Abuse and Mental Health Technical Assistance Center	Scientific Co-Director	CMHS
2002-2005	Board of Directors	Chair	Geriatric Mental Health Foundation
2002-2004	President's New Freedom Commission on Mental Health	Expert consultant and writer	President's Report for the Subcommittee on Older Adults
2001-Current	Executive Committee of Institute Directors		UCSD/AAGP/NIMH Summer Research Institute in Geriatric Psychiatry
2001-2003	Consensus Panel on Treatment of Depression and Behavioral Symptoms of Dementia in Nursing Homes	Co-Chair	AGS-AAGP
2001-2003	Workgroup on Health Policy for Mental Health Services in Nursing Homes	Co-Chair	AGS-AAGP

Regional:

2001-2005	New Hampshire Pharmacy and Therapeutics Committee		State of New Hampshire
1998-1999	Steering Committee, 12-site SAMHSA-VA study of Aging, Mental Health, and Substance Abuse in Primary Care	Chair	SAMHSA-VA
1998-Current	Long-term Care Advisory Committee		NH Dept. of Health and Human Services

Institutional:

	Research Committee, Dept. of Psychiatry		Dartmouth Medical School
	Hitchcock Foundation Research Proposal Review Committee		Dartmouth-Hitchcock Medical Center

MEMBERSHIP, OFFICE & COMMITTEE ASSIGNMENTS IN PROFESSIONAL SOCIETIES:

2007-Current	American Geriatrics Society	Member
1996-Current	American Association for Geriatric Psychiatry	Member
1986-1996	American Psychiatric Association	Member
1988-1996	New Hampshire Psychiatric Association	Member
2005-Current	Geriatric Mental Health Foundation	Board of Directors

2002-2005	Geriatric Mental Health Foundation	Founding Chair
2001-2002	American Association for Geriatric Psychiatry	President
2000-2001	American Association for Geriatric Psychiatry	President-elect
1999-2000	American Association for Geriatric Psychiatry	Treasurer
1996-present	American Association of Geriatric Psychiatry	Board of Directors
2004-present	Advanced Research Institute (ARI)	Steering Committee
2000-present	Summer Research Institute (SRI) in Geriatric Psychiatry	Steering Committee
1996-present	American Association for Geriatric Psychiatry	Public Policy Committee
1996-present	American Association for Geriatric Psychiatry	Research Committee
1997-1998	National Association of State Mental Health Program Directors (NASMHPD)	President's Advisory Council on Behavioral Health Outcomes
1997-1998	Alzheimer's Association	Medicare Reform Advisory Committee

EDITORIAL BOARDS:

Psychiatric Services
 Special Issue Guest Editor
 Psychiatric Clinics of North America
 Psychosocial Rehabilitation Journal
 Journal of Dual Diagnosis
 American Journal of Geriatric Psychiatry

AWARDS AND HONORS:

2010	National Alliance for the Mentally Ill 2010 New Hampshire NAMI Psychiatrist of the Year
2005	Mental Health and Aging Award, American Society on Aging, 2005 Annual Meeting of the American Society on Aging and the National Coalition on Aging, Philadelphia
2004	2004 Visiting Professor, University of Hawaii, John A. Burns School of Medicine, March 2004
2003	American Psychiatric Association Health Services Research Senior Career Award, American Psychiatric Institute for Research and Education, May 21st, 2003, Annual meeting of the American Psychiatric Association, San Francisco
2003	2003 Annual Dr. Ewald Busse Lecture in Geriatric Psychiatry, March 27, 2003, Duke University School of Medicine
2002-2012	K24 Mid-Career Investigator Award in Patient-Oriented Research Interventions and Services for Older Adults with SMI (NIMH K24 MH66282): 5 year Mid-Career Academic Award focusing on interventions and services research in older adults with SMI and mentoring of early career investigators in geriatric mental health services research
2001-2003	NARSAD Independent Investigator Award Use and Cost of Mental Health Services and General Medical Care in Older Adults with Schizophrenia and Affective Illness: The Impact Of Medical Comorbidity and Long-Term Care
1994-1999	Geriatric Clinical Mental Health Academic Award (NIMH KO7MH01052-01A1) 5-year career development award providing for the development of research and clinical expertise in severe mental disorders in the elderly, with a specific focus on clinical outcomes, and services

JOURNAL REFEREE ACTIVITIES:

American Journal of Geriatric Psychiatry
 Psychiatric Services
 American Journal of Psychiatry
 Archives of General Psychiatry

MAJOR RESEARCH INTERESTS:

Geriatric mental health services and interventions research, mental health and aging health policy, integration of mental health services in primary care, quality improvement and outcome measurement for geriatric mental health services, mental health services in long-term care, prevention of alcohol and medication misuse in older adults, utilization and costs of mental health services and treatments for older persons, rehabilitation and health management for persons with serious mental illness and medical comorbidity, evidence-base practices in geriatric psychiatry, informed shared decision making.

RESEARCH FUNDING:

Past:

1. Cognition and Outcome in the Elderly with Schizophrenia

- NIMH, K07 MH01052
\$694,029
9/1/93-5/31/99
Bartels, Stephen J. (PI)
2. Two-year follow-up study of elderly with severe mental illness in the community
The Center for Late Life Psychosis. UCSD, San Diego
\$10,000
1996-1997
Bartels, Stephen J. (PI)
 3. The New Hampshire Elder Mental Health Outcomes Project
State of New Hampshire
\$200,000
7/1/96-6/30/98
Bartels, Stephen J. (PI)
 4. Mental Health Services for Persons with Severe Mental Illness
NIMH, R24 MH56147
\$2,451,384
1996-2002
Drake, Robert E., (Co-Investigator: Bartels SJ)
 5. Service Needs of Older Adults with Mental Illness
The Washington Institute for Mental Illness Research and Training
\$150,298
2/1/1998-3/31/2000
Bartels, Stephen J. (PI)
 6. Managed care outcomes for elderly with depression
John D. and Catherine T. MacArthur Foundation
\$12,000
1997-2000
Bartels, Stephen J. (PI)
 7. Costs of Mental Health and Health Care Services Among Dually Eligible with Severe Mental Illness Eligibility
Database Analysis
Robert Wood Johnson Foundation
\$142,135
6/1/1998-6/30/2000 and 10/1/2000-7/31/2001
Clark, Robin E. (Bartels, Stephen J.: Co-PI)
 8. Measuring Outcomes for Elderly with Mental Disorders
State of New Hampshire-Health Care Transition Fund
\$100,000
1/1/99-6/30/00
Bartels, Stephen J. (PI)
 9. Improving Home and Community-based Mental Health Care for Older Persons
The Robert Wood Johnson Foundation
\$299,486
9/1/98-12/31/00
Bartels, Stephen J. (PI)
 10. Collaborative Mental Health Care for Elderly in Primary Care
Substance Abuse and Mental Health Administration
\$1,443,981
9/30/98-8/31/03
Bartels, Stephen J. (PI)
 11. Public Financing and Treatment for Co-Occurring Mental Illness and Substance Abuse Disorders
The Robert Wood Johnson Foundation
\$99,989
9/1/01-12/31/02
Clark, Robin E. (Bartels, Stephen J.: Co-PI)
 12. Use and Cost of Mental Health Services and General Medical Care in Older Adults with Schizophrenia and Affective Illness
NARSAD
\$99,244

- 9/15/01-3/15/04
Bartels, Stephen J. (PI)
13. Prevention of Substance and Medication Misuse Among Older Adults in Senior Housing
SAMHSA/CSAP, KD1 SP09291
\$1,038,364
7/1/01-6/30/04
Bartels, Stephen J. (PI)
14. Community Wrap: Transitioning Older Adults from Nursing Facilities to the Community
CMS
\$770,000
2001-2005
Ringelstein T; (Coinvestigators: Bartels, SJ, Miles KM)
15. Problem Solving Treatment for Primary Care Depression
NIMH, R01 MH62322
\$2,099,425
4/1/02-3/31/07
Oxman, Thomas E. (Bartels SJ, Co-investigator)
16. Rehabilitation and Health Care in Elderly with SMI
NIMH, R01 MH62324
\$3,674,594
9/30/01-6/30/07
Bartels, Stephen J. (PI)
17. Interventions and Services for Older Adults with SMI
NIMH, K24 MH66282
\$594,754
9/1/02-8/31/07
Bartels, Stephen J. (PI)
18. NH-Dartmouth Behavioral Health Policy Institute
State of New Hampshire
\$1,600,000
9/1/03-9/1/07
Bartels, Stephen J. (PI)
19. Home Care Connections: Integrating Long Term Supports and Affordable Housing
CMS
\$899,954
Bimbo, Linda: Institute for Disability (PI)
Bartels, Stephen J. and Miles Keith M. (Evaluators)
20. Evaluation of a Pilot Health Promotion Intervention for Persons with Mental Illness
New Hampshire Endowment for Health
\$132,324
10/01/04-09/30/09
Bartels, Stephen J. (PI)
21. Integrated Illness Management and Recovery
NIMH/SAMHSA R34 MH074786
\$574,062
9/01/05-10/01/08
Riera, Eric: Representative of State of New Hampshire (PI)
Bartels, Stephen J, Research Director (Co-PI)

Present:

1. Training Geriatric Mental Health Services Researchers
NIMH T32 MH 073553
\$1,965,575
9/01/05-6/30/15
Bartels, Stephen J. (PI)
2. Promoting Health and Functioning in Persons with SMI
CDC - R01 DD000140-01
\$969,624
9/1/06-8/31/09
Bartels, Stephen J. (PI)

3. Northern New England Geriatric Education Center
HRSA- D311 HP 0 8813
\$392,657
9/1/07 – 8/31/10
Bartels, Stephen J. (PI)
4. The Ideal Geriatric Medical Home Learning Laboratory
HRSA – D54HP00006
\$1,014,468
9/1/08 – 8/31/11
Zubkoff M, Co-PI, Director: Bartels, Stephen J.
5. Health Promotion and Fitness for Younger and Older Adults with SMI
NIMH R01 MH078052
\$3,416,000
6/1/07-5/1/12
Bartels, Stephen J. (PI)
6. Interventions and Services for Older Adults with SMI
NIMH 2K24MH066282
\$966,400
9/01/2007-08/31/2012
Bartels, Stephen J. (PI)
7. Adapting a Health Promotion Intervention for High-Risk Adults: Pilot Project
CDC
\$1,286,051
9/01/2007-08/31/2012
Bartels, Stephen J. (PI)
8. Reducing Disparities in Health for Vulnerable Populations in NH & VT
CDC
\$2,595,600
9/30/2009-9/29/2014
Fisher, Elliot, Co-PI, Research Director: Bartels, Stephen J.
9. Statewide Intervention to Reduce Early Mortality in Person with Mental Illness
NIMH 1R01MH089811-01
\$2,561,830
11/01/2009-10/31/2014
Bartels, Stephen J. (PI)
10. Minority Supplement: Daniel Jimenez PhD
NIMH R01 MH078052
\$468,121
9/1/09-5/1/12
Bartels, Stephen J. (PI)
11. Education, Training, and Primary Care Redesign for Early Identification and Management of Alzheimer's Disease and Related Dementias
AOA A1-0910/State of New Hampshire
\$108,667
9/01/2009-2/28/2011
Bartels, Stephen J. (PI)

Pending:

1. Dartmouth Center for Clinical and Translational Science
NIH
7/1/2011-6/28/2016
Green, A (PI)
(Bartels: Research Training and Education Component Director)
2. A Personalized and intelligent telehealth system for management of server mental illness
NSF
7/1/2011-7/1/2016
\$1,240,327
Srinivasan Soundar (CoPI) , Bartels, Stephen J. (CoPI)
3. New Hampshire Medicaid Wellness Incentive Program (WIP)

Centers for Medicare & Medicaid Services
 (Subcontract from NH Department of Health and Human Services)
 08/01/11-12/31/15
 \$9,992,291 (\$428,589)
 Erik Riera (co-PI), Doris Lotz, (co-PI), Bartels, Stephen J. (Site PI)

TEACHING EXPERIENCE/CURRENT TEACHING RESPONSIBILITIES:

Dartmouth Medical School:

Sept 2007- Director and Lecturer, Dartmouth Northern New England Geriatric Education Center
 June 2007- Course Co-Director, Weekly year-long Graduate Tutorial on Research Methodology and Grant Application Development, Dartmouth Institute for Health Policy and Clinical Practice
 2003-present Faculty, Center for Evaluative Clinical Sciences, Dartmouth Medical School
 1990-Current Lecturer: fourth year medical student clinical pharmacology and therapeutics
 Lecturer: first year medical student Scientific Basis of Medicine

Dartmouth-Hitchcock Medical Center:

1990-Current Associate Director, Geriatric Psychiatry Residency Program
 Geriatric Resident Supervisor
 Lecturer, Geriatric Psychiatry Resident Seminar

National:

2003-present Faculty and Steering Committee, NIMH Advanced Research Institute (ARI) in Geriatric Mental Health
 2000-present Faculty and Steering Committee: NIMH Sumer Research Institute (SRI) on Geriatric Psychiatry

SELECTED INVITED PRESENTATIONS:

National:

January, 1991	Issues in State Programming for People with Dual Diagnosis	National Association of State Mental Health Program Directors	Santa Fe, NM
January, 1991	Organic Mental Disorder	Cambridge Hospital, Harvard Medical School	Cambridge, MA
1991	Active and Remitted Alcoholism in Schizophrenia (Presentation), Substance Abuse Among the Severely Mentally Ill (Symposium Co-Chair)	Dept. of Psychiatry American Psychiatric Association	New Orleans, LA
1992	A 7-year Follow-up Study of Severely Mentally Ill Substance Abusers (Presentation); Dual Diagnosis: Subgroups and longitudinal outcome (Symposium Chair); Programming for Mentally Ill Substance Abusers (Workshop participant)	American Psychiatric Association	Washington, DC
November, 1994	Linking Level of Care to Level of Need: Toward developing a model	American Evaluation Association	Boston, MA
August, 1995	Preadmission Screening and Annual Nursing Home Resident Review	Aging Division of the National Association of State Mental Health Program Directors	Portland, ME
November, 1996	Community Mental Health Service Use by Older Adults with Severe Mental Illness	Geriatric Society of America	Atlanta, GA
June, 1996	Aging Issues in an Era of Managed Care: Depression in the Elderly	Women in Government Legislative Round Table	Jackson Hole, Wyoming
May, 1996	Heterogeneity of outcome in older adults with Schizophrenia (Presentation); Schizophrenia and aging (Symposium Co-chair)	American Psychiatric Association	New York, NY
August, 1996	Mental Health Outcome	Aging Division of the	Memphis, TN

	Measurement and Implications for Elderly with Mental Illness	National Association of State Mental Health Program Directors	
January, 1997	Mental Health Services for Alzheimer's Disease: Current trends in reimbursement, public policy, and the future under managed care	American Association of Geriatric Psychiatry, The Alzheimer's Association, American Geriatrics Society	Washington DC
March, 1997	Mental Health Services and Elderly Primary Care Patients in HMOs: Results from the managed care outcomes project	American Association of Geriatric Psychiatry	Orlando, FL
March, 1997	Mental Health Service Use by Elderly with Bipolar Disorder and Major Depression	American Association of Geriatric Psychiatry	Orlando, FL
March, 1997	Outcomes and Quality Improvement of Mental Health Services for the Elderly	American Association of Geriatric Psychiatry	Orlando, FL
April, 1997	Cognition and Mental Health Service Use in Elderly with Schizophrenia	Conference on Cognition in Schizophrenia	Mount Sinai, NY
May, 1997	Community Service Needs of Severe and Persistent Mentally Ill Elderly	American Psychiatric Association	San Diego, CA
August, 1997	Measuring Outcomes in Older Adults with Mental Illness	Division of the National Association of State Mental Health Program Directors	Salt Lake City, UT
September, 1997	Initiative on Alzheimer's Disease and Related Dementias	American Association for Geriatric Psychiatry	Boston, MA
November, 1997	Mental Health Services for Older Persons under Medicare: The challenge of managing care vs. managing costs	Geriatric Society of America	Cincinnati, OH
March, 1998	Factors Associated with Mental Health Services Use among Elderly with Severe Mental Illness: A two year prospective study	American Association for Geriatric Psychiatry	San Diego, CA
March, 1998	Mental Health Long-term Care and the Elderly: The emerging challenge of severe and persistent mental disorders in an era of managed care	American Association for Geriatric Psychiatry	San Diego, CA
1998	Outcomes and Guided Service Planning for Older Adults with Mental Disorders	National Association of State Mental Health Program Directors	Charleston, SC
March, 1999	Predictors of Mental Health Service Costs for Elderly with Schizophrenia	American Association for Geriatric Psychiatry	New Orleans, LA
July, 1999	Mental Health Services for Aging Americans: Bridging the gap between research and public health	National Association of State Mental Health Program Directors	Pittsburgh, PA
March, 2000	Geriatric Psychiatry and Perspectives from the Field of Health Services Research in the Year 2000: Who are we? What is the need? What are the future opportunities?" (Symposium Chair)	American Association for Geriatric Psychiatry	Miami, FL
March, 2000	Inappropriate Placement of Older Adults with Schizophrenia in Nursing Homes	American Association for Geriatric Psychiatry	Miami, FL
March, 2000	Health Service Use by Older Medical Outpatients with Psychiatric Comorbidity and Cost-containment Strategies in HMOs (Chair)	American Association for Geriatric Psychiatry	Miami, FL

November, 2000	Primary Care Research in Substance Abuse and Mental Health for the Elderly: A Multi-site Comparison of Integrated and Referral Mental Health Care for Older Persons	American Public Health Association	Boston, MA
November, 2000	Primary Care Research in Substance Abuse and Mental Health for the Elderly	Gerontological Association of America	Washington, DC
November, 2000	Bridging Science Mental Health Policy for Older Americans: We know treatment works ...so why are we failing?	Gerontological Association of America	Washington, DC
February, 2000	Beyond Nursing Homes and Hospitals: Taking geriatric psychiatry into the mainstream	American Association for Geriatric Psychiatry	San Francisco, CA
February, 2000	Rehabilitation and Health Care Management of Older Persons with Severe Mental Illness	American Association for Geriatric Psychiatry	San Francisco, CA
February, 2000	Mental Disorders of Aging: The public health crisis of the millennium?"	American Association for Geriatric Psychiatry	San Francisco, CA
March 8, 2001	Recommendations for FY 2002 Appropriations for Late-Life Mental Health Research and Services	Testimony before the Subcommittee on Labor, Health and Human Services, Education & Related Agencies of the House Committee on Appropriations, Congressional Record	Washington, DC
May 30, 2001	Antipsychotic Prescribing Practices in Routine Practice Settings and the Research Questions They Herald	NCDEU	Phoenix, AZ
April 4, 2001	Medicare Mental Health Modernization Act of 2001	National Press Briefing-US Capitol	Washington, DC
June 5, 2001	Addressing the Unmet Needs of America's Elderly: A briefing on mental health and aging	Congressional Briefing	US Capitol Building, Washington, DC
May 20, 2002	Health Policy Implications of (PRISMe) and the Promise of Research on Mental Health and Substance Abuse Treatment of Older Persons in Primary Care	American Psychiatric Association	Philadelphia, PA
February 23-27, 2002	Presidential Plenary	American Association for Geriatric Psychiatry	Orlando, FL
February 23-27, 2002	Integration of Geriatric Mental Health Services in Primary Care: Early results from the PROSPECT, IMPACT, PIC, and PRISME Studies	American Association for Geriatric Psychiatry	Orlando, FL
February 23-27, 2002	Medicaid and Medicare Costs of Severe Mental Illness in Older Adults	American Association for Geriatric Psychiatry	Orlando, FL
February 23-27, 2002	Funding for Geriatric Mental Health Research, Services, and Policy: What does the future hold?"	American Association for Geriatric Psychiatry	Orlando, FL
February 23-27, 2002	Acute Stress Response: Psychological impact of trauma on older adults	American Association for Geriatric Psychiatry	Orlando, FL
March 5, 2002	Integrating Mental Health Services for Older Adults in Primary Care	American Society on Aging and the National Coalition on Aging	Denver, CO
June 13, 2002	Increasing Use of Psychiatric Medication Combination Treatment	NCDEU	Phoenix, AZ

	of Geriatric Mental Disorders: 1995-1999		
June 28, 2002	Mental Disorders and Aging: A public health crisis in the new millennium?	National Alliance for the Mentally Ill	Chicago, IL
August 12, 2002	Caregiving and the Mental Health System	Johnson & Johnson/ Rosalynn Carter Institute Caregivers Program	Washington, DC
August 26, 2002	Implementing Evidence-based Practices in Geriatric Mental Health Care	National Association of State Mental Health Program Directors	Charleston, SC
September 27, 2002	An Agenda for Geriatric Mental Health Services Research	American Association for Geriatric Psychiatry	Pittsburgh, PA
October 2, 2002	Mental Disorders and Aging: An emerging public health crisis in the new millennium?	President's New Freedom Commission on Mental Health,	Washington, DC
October 17, 2002	Prevention of Alcohol and Medication Misuse among Older Adults in Senior Housing	Annual Peter Lamy Center Conference	University of Maryland, Bethesda, MD
September 25, 2002	Future Directions and Career Opportunities in Geriatric Mental Health Services Research	Penn State Gerontology Center	Pittsburgh, Pa
September 30, 2002	Barriers to Mental Health Treatment for Alzheimer's Disease: Funding, reimbursement and public policy	A Collaboration of Care: Constructive Dialogues on Dementia	Chicago, IL
November 15, 2002	Creating an Effective Mental Health System for Older Persons	The Donahue Seminar	Oklahoma City, OK
October 11, 2002	Evidence-based Practices in Geriatric Mental Health Care	Creating a Functional Market Place For Prescription Drugs	Portland, OR
May 21, 2003	Health Services Research Senior Career Award Lecture	American Psychiatric Association	San Francisco, CA
March 1-4, 2003	Do integrated services improve mental health treatment for older adults with depression and other disorders in primary care? Findings from the PRISMe study.	American Association for Geriatric Psychiatry	Honolulu, HI
March 1-4, 2003	Integrated Mental Health Services for Elderly in Primary Care - Results from the PROSPECT, IMPACT, and PRISMe Studies	American Association for Geriatric Psychiatry	Honolulu, HI
March 27, 2003	Integration of Mental Health and Primary Care for Older Adults with Mental Illness: Research findings and public policy implications for the future of psychiatric services	The Annual Dr. Ewald Busse Lecture in Geriatric Psychiatry	Duke University School of Medicine Durham, NC
February 21-24, 2004	The AAGP-AGS Consensus Initiative on Improving the Quality of Mental Health care in U.S. Nursing Homes: Management of depression and behavioral symptoms associated with dementia (symposium chair).	American Association for Geriatric Psychiatry	Baltimore, MD
February, 2005	Fixing the Broken Mental Health System for Older Adults: Findings from research on integrated services and evidence based practices	American Society on Aging	San Francisco, CA
2005	Evidence-based Models and Integrated Dementia Care Management	American Association for Geriatric Psychiatry	San Diego, CA, 2005
2006	Trends in Medication Combination	American Association for	San Juan, PR

	Therapy of Geriatric Mental Disorders: 1995-2003	Geriatric Psychiatry	
2007	Technology in Mentored Geriatric Mental Health Research	American Association for Geriatric Psychiatry	New Orleans, LA
2007	The AAGP Clinical Practice Pay for Performance Initiative	American Association for Geriatric Psychiatry	New Orleans, LA
2008	Health Promotion and Integrated Health Care for Younger and Older Adults with Serious Mental Illness	American Association for Geriatric Psychiatry	Orlando, FL
March 5-8, 2009	Treating Addiction in Older Adults: The emergence of a new generation	American Association for Geriatric Psychiatry	Honolulu, HI
April 13-15, 2009	Older Adults Targeted Capacity Expansion	National Association of State Mental Health Program Directors	Annapolis, MD
May 13-14, 2009	Interventions and Health Care Promotions in Younger and Older Adults with Serious Mental Illness	Thresholds Institute	Chicago, IL
July 18-19, 2009	In-SHAPE: Improving the Health Status of People with Mental Illness	National Association of State Mental Health Program Directors	St. Louis, MO
September 15, 2009	Caring for an Aging America	Eldercare Workforce Alliance	Washington, DC
October 15-16, 2009	Overview of Evidence-Based Models of Mental Health Care and Implementation Resource Materials	Western Psychiatric Institute and Clinic/GEC	Philadelphia, PA
October 19-20, 2009	Targeted Capacity Expansion Grants: Lessons Learned	Iowa Department of Human Services, NASMHPD-OPD, NAPP	Des Moines, IA
<u>International:</u>			
1988	Treatment of the Suicidal Schizophrenic Patient	World Psychiatric Association	University of Calgary, Alberta, Canada
1989	Depression, Hopelessness, and Suicidality in Schizophrenia: The neglected impact of Substance Abuse	VIII World Congress of Psychiatry	Athens, Greece
1992	Longitudinal Outcome of Severely Mentally Ill Substance Abusers	Addictive Behavior: Determinants for Long-term Course	Zurich, Switzerland

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4. Bartels SJ, Miles KM: Level of care and mental health service needs of elderly with serious mental illness. Proceedings: Seventh Annual National Conference on State Mental Health Agency Services Research & Program Evaluation, pp. 118-131, 1997
5. Bartels SJ, Horn S, Sharkey P: Health service use by medically ill patients with psychiatric comorbidity and HMO characteristics (abstract). International Journal of Psychiatry in Medicine, 28(4): 379-380, 1998.
6. Bartels SJ. Effective mental health services in long-term care: What do we know? (abstract). American Journal of Geriatric Psychiatry, 10(2), 22-23, 2002.
7. Bartels SJ. Funding for geriatric mental health research, services, and policy: What does the future hold? (abstract). American Journal of Geriatric Psychiatry, 10 (2), 12-12, 2002.
8. Bartels SJ, Clark R, Peacock W. Mental health, long-term care general health care costs of schizophrenia in the elderly: A comparison with other medical and mental disorders and the impact of medical comorbidity (abstract). American Journal of Geriatric Psychiatry, 10 (2), 3-4, 2002.

9. Bartels SJ, Finkel SI, Norquist G. Integration of geriatric mental health services in primary care: Early results from the PROSPECT, IMPACT, PIC, and PRISMe studies (abstract). American Journal of Geriatric Psychiatry, 10 (2), 33-33, 2002.
10. Bartels SJ, Kennedy GJ. Acute stress response: Psychological impact of trauma on older adults (abstract). American Journal of Geriatric Psychiatry, 10 (2), 47-47, 2002.
11. Kasckow JW, Jeste D, Bartels S, Arnold SE, Sweet RA. Third annual research forum: interventions for older people with schizophrenia (abstract). American Journal of Geriatric Psychiatry, 10 (2), 2-2, 2002.
12. Lindamer L, Buse D, Smith J, Bartels S, Jeste D. Improving cancer screening in older psychotic women: A pilot study (abstract). American Journal of Geriatric Psychiatry, 10 (2), 106-107, 2002.
13. Lindamer LA, Buse DC, Auslander L, Bartels SJ, Unutzer J, Jeste DV. Gynecological history and use of services in older women with schizophrenia (abstract). American Journal of Geriatric Psychiatry, 10 (2), 106-106, 2002.
14. Miles KM, Linkins K, Bartels SJ. The PRISMe study of geriatric mental health and substance abuse services in primary care: Development and use of a multi-dimensional measure of service integration in evaluating effectiveness (abstract). American Journal of Geriatric Psychiatry, 10 (2), 35-35, 2002.
15. Mintzer JE, Lebowitz B, Van Haitsma KS, Cohen-Mansfield J, Bartels SJ. Behavioral and pharmacological alternatives to physical and chemical restraints in the nursing home (abstract). American Journal of Geriatric Psychiatry, 10 (2), 21-21, 2002.
16. Bartels SJ. Do integrated services improve mental health treatment for older adults with depression and other disorders in primary care? Findings from the PRISMe study (abstract). Proceedings of the 16th Annual Meeting of the American Association for Geriatric Psychiatry, 32-32, 2003.
17. Bartels SJ. Integrated Mental Health Services for Elderly in Primary Care - Results from the PROSPECT, IMPACT, and PRISMe Studies (abstract). Proceedings of the 16th Annual Meeting of the American Association for Geriatric Psychiatry, 30-31, 2003
18. Pratt SI, Forester BP, Bartels SJ. Integrating psychosocial rehabilitation and health care for older adults with SMI (abstract). Proceedings of the 16th Annual Meeting of the American Association for Geriatric Psychiatry, 129- 129, 2003.
19. Bartels, SJ: The AAGP-AGS Consensus initiative on improving the quality of mental health care in U.S. nursing homes: Management of depression and behavioral symptoms associated with dementia (symposium chair). Proceedings of the 17th Annual Meeting of the American Association for Geriatric Psychiatry, 2004.
20. Bartels, SJ: Evidence-based models and integrated dementia care management (abstract). Proceedings of the 18th Annual Meeting of the American Association for Geriatric Psychiatry, San Diego, CA, 2005.
21. Forester BP, Bartels SJ, Pratt S, Mueser K: Clinical characteristics of schizoaffective disorder in older adults compared to schizophrenia, bipolar disorder, and depression (abstract). Proceedings of the 18th Annual Meeting of the American Association for Geriatric Psychiatry, San Diego, CA, 2005.
22. Pratt S, Bartels SJ, Mueser K, Forester BP: Clinical variables associated with poor functioning in older adults with SMI (abstract). Proceedings of the 18th Annual Meeting of the American Association for Geriatric Psychiatry, San Diego, CA, 2005.
23. Miles KM, Weeks MHW, Lambert-Harris CA, Callahan JM, Bartels SJ, Oxman TE. Mental health care preferences and stigma among low income older adults. Proceedings of the 18th Annual Meeting of the American Association for Geriatric Psychiatry, San Diego, CA, 2005.
24. Pratt SI, Bartels S, Driscoll M. Medication Adherence in Older People with Severe Mental Illness. Proceedings of the 18th Annual Meeting of the American Association for Geriatric Psychiatry, San Diego, CA, 2005.
25. Pratt SI, Bartels S, Mueser K, Forester B. Clinical variables associated with poor functioning in older adults with SMI. Proceedings of the 18th Annual Meeting of the American Association for Geriatric Psychiatry, San Diego, CA, 2005.
26. Van Citters AR, Bartels SJ, Gottlieb DJ, Fisher ES: Schizophrenia and quality of diabetes care among older Medicare beneficiaries (abstract). Proceedings of the 18th Annual Meeting of the American Association for Geriatric Psychiatry, San Diego, CA, 2005.
27. Bartels SJ, Van Citters AD, Peacock WJ, Clark RE. Trends in Medication Combination Therapy of Geriatric Mental Disorders: 1995-2003. Proceedings of the 19th Annual Meeting of the American Association for Geriatric Psychiatry, San Juan, PR, 2006.
28. Forester BP, Pratt SI, Bartels SJ, Mueser KT. Health status and preventive health care in older adults with schizophrenia-spectrum and affective disorders. Proceedings of the 19th Annual Meeting of the American Association for Geriatric Psychiatry, San Juan, PR, 2006.
29. Miles KM, Weeks M, Callahan J, Lambert-Harris CA, Swain K, Mueser K, Bartels S, Oxman T. Reducing barriers and increasing access to treatment for depression among senior housing residents: The Access to Care studies. Proceedings of the 19th Annual Meeting of the American Association for Geriatric Psychiatry, San Juan, PR, 2006.
30. Pratt SI, Mueser KT, Forester B, Bartels SJ. Cognitive and Symptom Correlates of Functioning in Older People with Serious Mental Illness. Proceedings of the 19th Annual Meeting of the American Association for Geriatric Psychiatry, San Juan, PR, 2006.
31. Pratt SI, Van Citters AD, Bartels SJ. A pilot evaluation of a health promotion intervention for people with severe mental illness. Proceedings of the 19th Annual Meeting of the American Association for Geriatric Psychiatry, San Juan, PR, 2006.
32. Van Citters AD, Pratt SI, Miller T, Williams G, Jue K, Bartels SJ. Characteristics of Older and Younger Adults with Serious Mental Illness Enrolled in a Health Promotion Intervention. Proceedings of the 19th Annual Meeting of the American Association for Geriatric Psychiatry, San Juan, PR, 2006.
33. Shanahan B, Bartels, SJ, Bruce, ML, Light E. Can a web site offer effective career development resources to help with the impending shortage of geriatric mental health researchers? Proceedings of the 20th Annual Meeting of the American Association for Geriatric Psychiatry, New Orleans, 2007.

34. Van Citters AD, Pratt SI, Miller T, Williams G, Jue K, Bartels SJ. Effectiveness of a health promotion intervention for older and younger adults with SMI. Proceedings of the 20th Annual Meeting of the American Association for Geriatric Psychiatry, New Orleans, 2007.
35. Pratt SI, Bartels SJ, Mueser KT, Forester BP. Effect of a psychosocial rehabilitation intervention on the functioning of older adults with SMI. Proceedings of the 20th Annual Meeting of the American Association for Geriatric Psychiatry, New Orleans, 2007.
36. O'Neal EL, Adams JR, Van Citters AR, McHugo G, Drake RE, Bartels, SJ. Preferences for decision making in younger and older adults with severe mental illness. Proceedings of the 20th Annual Meeting of the American Association for Geriatric Psychiatry, New Orleans, 2007.
37. Andrews AO, Xie H, Peacock WJ, Bartels SJ. Early nursing home admissions among persons with serious mental illness: New Hampshire Medicaid beneficiaries 1995-2005. Proceedings of the 20th Annual Meeting of the American Association for Geriatric Psychiatry, New Orleans, 2007.
38. Bartels SJ. Technology in mentored geriatric mental health research. Proceedings of the 20th Annual Meeting of the American Association for Geriatric Psychiatry, New Orleans, 2007.
39. Bartels SJ. The AAGP clinical practice Pay for Performance initiative. Proceedings of the 20th Annual Meeting of the American Association for Geriatric Psychiatry, New Orleans, 2007.
40. Bartels SJ, Pratt SI: Health promotion and intergrated health care for younger and older adults with serious mental illness Proceedings of the 21th Annual Meeting of the American Association for Geriatric Psychiatry, Orlando 2008.
41. O'Neal EL, Adams JR, Van Citters A, McHugo G, Drake RE, Bartels, SJ. Preferences for decision making in younger and older adults with severe mental illness. Proceedings of the 21th Annual Meeting of the American Association for Geriatric Psychiatry, Orlando 2008.
42. Barre L, Bartels SJ, Pratt SI: Clinical and Functional Characteristics of Older vs. Younger Obese Adults with Mood Disorders Proceedings of the 22nd Annual Meeting of the American Association for Geriatric Psychiatry, Honolulu 2009.

Book Chapters:

1. Bartels SJ: Treatment Approaches with the suicidal schizophrenic in Depression in Schizophrenics, p.7-8. Toronto: MES Medical Education Services, 1988.
2. Bartels SJ: Organic mental disorder: When to suspect medical illness as a cause of psychiatric symptoms. In Psychopharmacology: A primer for the Psychotherapist, edited by JM Ellison. Chicago: Year Book Medical Publishers, 1989.
3. Drake RE, Bartels SJ, Torrey W: Suicide in Schizophrenia: Clinical Approaches, In Depression in Schizophrenics, edited by R Williams and TJ Dalby New York: Plenum Press, 1989.
4. Bartels SJ, Drake RE: Tarasoff and the dual diagnosis patient. In Confidentiality vs. the Duty to Protect: Risk of Foreseeable Harm in the Practice of Psychiatry, pp. 141-156, edited by JC Beck. Washington D.C.: American Psychiatric Association Press, 1990.
5. Bartels SJ, Drake RE: Depression, hopelessness, and suicidality in schizophrenia: The neglected impact of substance abuse. In Psychiatry: A World Perspective- Proceedings of the VIII World Congress of Psychiatry Vol. 1 pp. 827-832. Edited by Stephanis CN, Soldatos, CR, Rabavilas, AD, Excerpta Medica, Elsevier Publishers, Amsterdam, 1990.
6. Drake RE, Antosca LM, Noordsy DL, Bartels SJ, Osher FC: New Hampshire's specialized services for the dually diagnosed. In Dual Diagnosis of Mental illness and Substance Disorder, pp. 57-67, edited by K Minkoff and RE Drake. New Directions for Mental Health Services, New York: Jossey-Bass 1991.
7. Beskind H, Bartels SJ, Brooks M: The practice of dynamic psychotherapy in a small community: Practical and theoretical dilemmas. In Beyond Transference: When the Therapist's Real Life Intrudes, pp1-21, edited by JH Gold and JC Nemiah. American Psychiatric Association Press, Washington DC, 1993.
8. Bartels SJ, Liberto J: Dual Diagnosis in the Elderly. In Substance Disorders Among Persons with Chronic Mental Illness, edited by AF Lehman, L Dixon. New York: Harwood Academic Publishers, pp.139-157, 1995.
9. Drake RE, Becker DR, Bartels SJ: Demystifying research: Applications in community mental health settings. In Practising Psychiatry in the Community: A Manual, edited by JV Vaccaro, GH Clark. Washington DC: American Psychiatric Press, pp. 475-484. 1996.
10. Drake RE, Osher FC, Bartels SJ: Treating substance abuse among people who have severe mental illness. In Community Mental Health, edited by WR Breakey. New York: Oxford University Press, 1996.
11. Glynn SM, Mueser KT, Bartels SJ: Schizophrenia. In Psychological Treatment of Older Adults: An Introductory Textbook, edited by M Hersen and VB Hasselt. New York: Plenum, 233-244, 1996.
12. Torrey WC, Drake RE, Bartels SJ: Suicide and persistent illness: A continual clinical and risk-management challenge. In Handbook for the Treatment of the Seriously Mentally Ill, edited by SM Soreff. Seattle: Hogrefe & Huber Publishers, 295-314, 1996.
13. Bartels SJ, Miles KM, Levine K, Horn S, Sharkey P, Joyce T: Improving psychiatric care of the older patient. In Clinical Practice Improvement Methodology: Effective Evaluation and Management of Health Care Delivery. Edited by SD Horn. Faulker and Gray, 193-217, 1997.
14. Bartels SJ, Mueser KT, Miles KM: Schizophrenia in older adults: Towards a comprehensive model of assessment and treatment. In M Hersen and VB Van Hasselt (Eds.) Handbook of Clinical Geriatric Geropsychology. New York: Plenum pp.173-194, 1998

15. Bartels SJ, Mueser KT: Severe mental illness in older adults: Schizophrenia and other late life psychoses. In MA Smyer & SH Qualls, Aging and Mental Health. Oxford, United Kingdom: Blackwell Publishers, pp.182-207, 1999
16. Bartels SJ, Levine KJ, Mueser KT: A biopsychosocial approach to treatment of schizophrenia in late life. In M Duffy (Ed.), Handbook of Counseling and Psychotherapy with Older Adults (pp. 436-452). New York: John Wiley & Sons, Inc., 1999.
17. Colenda CC, Bartels SC, Gottlieb GL: Chapter 127. The North American System of Care. In JRM Copeland, MT Abou-Saleh, DG Blazer. Principles and Practice of Geriatric Psychiatry. 2nd Edition, pp.689-696. Wiley and Son, Ltd. London, 2002.
18. Bartels SJ, Dums AR: Mental health policy and financing of services for older adults with severe mental illness. In: Cohen CI, ed. Schizophrenia into Later Life: Treatment, Research, and Policy. Washington D.C.: American Psychiatric Publishing, Inc., 2003; 269-288.
19. Colenda CC, Bartels SJ, Streim JE, DeVries C. Geriatric psychiatry at the cross roads of public policy and clinical practice, in Review of Psychiatry: Geriatric Psychiatry (Vol. 22). Edited by AM Mellow. Washington DC: American Psychiatric Publishing, Inc., 2003.
20. Bartels SJ, Dums AR, Oxman TE, Schneider LS, Areán PA, Alexopoulos GS, Jeste DV. Evidence-based practices in geriatric mental health care. In American Psychiatric Association (Ed.), Evidence-Based Practices in Mental Health Care, pp. 95-107. Washington D.C.: American Psychiatric Publishing, Inc., 2003.
21. Bartels SJ, Dums AR, Oxman TE, Pratt SI. The Practice of Evidence-based Geriatric Psychiatry. In Sadavoy J, Jarvik LF, Grossberg GT, Meyers BS (Eds.), The Comprehensive Review of Geriatric Psychiatry (3rd ed., pp. 817-844). Washington D.C.: American Psychiatric Publishing, Inc., 2004.
22. Bartels SJ, Dums AR, & Shea DG. (2004). Mental health policy and aging. In BL Levin & J Petrila & KD Hennessy (Eds.), Mental Health Services: A Public Health Perspective (Second ed., pp. 232-254). New York: Oxford University Press.
23. Bartels SJ, Horn SD, Smout RJ, & Dums AR. (2004). Dementia complicated by mixed agitation and depression: treatment characteristics and service use. In B. Vellas & L. J. Fitten & B. Winblad & H. Feldman & M. Grundman & E. Giacobini & A. Kurz (Eds.), Research and Practice in Alzheimer's Disease (Vol. 9, pp. 180-184). Paris: Serdi Publisher.
24. Bartels SJ, & Van Citters AD. (2007). Evidence-based medicine and treatment of older adults with bipolar disorder. In M. Sajatovic & F. Blow (Eds.), Bipolar Disorder. Baltimore, MD: Johns Hopkins University Press.
25. Rystedt, I.B., & Bartels, S.J. (2008). Medical comorbidity. Clinical Handbook of Schizophrenia (pp. 424-436). New York: The Guilford Press.
26. Bartels, SJ, Van Citters AD, Crenshaw T (2010). Older Adults. In BL Levin & J Petrila & KD Hennessy (Eds.), Mental Health Services: A Public Health Perspective (Third edition). (pp. 261-282). New York: Oxford University Press.
27. Bartels, SJ (2011). The U.S. system of geriatric health care: Financing and future challenges. In JRM Copeland, MT Abou-Saleh, DG Blazer. Principles and Practice of Geriatric Psychiatry. 3rd Edition, (pp. 770-776). Wiley and Son, Ltd. London.
28. Bartels, SJ (2011). Severe mental illness in older adults: Schizophrenia and other late life psychoses. In MA Smyer & SH Qualls, Aging and Mental Health. (pp. 157-177). Oxford, United Kingdom: Blackwell Publishers.

Updated: October 12, 2011
By: Heather S. Pixley, MBA

CURRICULUM VITAE

Date Prepared: November, 2011

NAME: Sarah Pratt, Ph.D.

ADDRESS: Office:
Dartmouth Psychiatric Research Center
Main Building
105 Pleasant Street
Concord, NH 03301

EDUCATION:

<u>DATE</u>	<u>INSTITUTION</u>	<u>DEGREE</u>
2000	Fordham University	Ph.D. (Clinical Psychology)
1989	Connecticut College	BA

POSTDOCTORAL TRAINING:

<u>DATE</u>	<u>SPECIALTY</u>	<u>INSTITUTION</u>
2001	Dartmouth College	Post Doctoral Fellowship (Clinical Psychology)
2000	Dartmouth College	Clinical Psychology/Neuropsychology Internship

ACADEMIC APPOINTMENTS:

<u>DATE</u>	<u>ACADEMIC TITLE</u>	<u>INSTITUTION</u>
2009-present	Assistant Professor in The Dartmouth Institute	Dartmouth College
2005-present	Assistant Professor in Psychiatry	Dartmouth Medical School
2004-2005	Research Assistant Professor in Psychiatry	Dartmouth Medical School

HOSPITAL APPOINTMENTS:

<u>DATE</u>	<u>HOSPITAL TITLE</u>	<u>INSTITUTION</u>
2000-2001	Postdoctoral Fellow	New Hampshire Hospital
1999-2000	Intern	New Hampshire Hospital
1996-1997	Extern	White Plains Hospital
1995-1996	Extern	Rockland Children's Psychiatric Center

OTHER PROFESSIONAL POSITIONS:

<u>DATE</u>	<u>POSITION TITLE</u>	<u>INSTITUTION/ORGANIZATION</u>
2001-2004	Research Associate	Dartmouth Medical School
2000	Clinical Consultant	Department of Veteran's Affairs, Manchester, NH
1998-1999	Senior Teaching Fellow	Fordham University
1997-1999	Research Coordinator	New York Hospital Cornell Medical Center
1997-1998	Counselor	Riverdale Community Residence
1996-1998	Teaching Fellow	Fordham University
1995	Teaching Assistant	Fordham University

MAJOR COMMITTEE ASSIGNMENTS AND CONSULTATIONS:

REGIONAL:

<u>YEAR</u>	<u>COMMITTEE</u>	<u>ROLE</u>	<u>INSTITUTION</u>
2002-present	Mental Health and Aging Consumer Advisory Council	Member	New Hampshire Bureau of Behavioral Health
2003-2006	Committee for the Protection of Human Subjects	Member	New Hampshire Bureau of Behavioral Health

INSTITUTIONAL:

<u>YEAR</u>	<u>COMMITTEE</u>	<u>ROLE</u>	<u>INSTITUTION</u>
2003-2006	Executive Committee	Member	Dartmouth Psychiatric Research Center
2009-present	Research Committee	Member	Dartmouth Department of Psychiatry
2010-present	Participants and Clinical Interactions Resources Committee	Member	Dartmouth Medical School

MEMBERSHIP, OFFICE & COMMITTEE ASSIGNMENTS IN PROFESSIONAL SOCIETIES:

<u>DATE</u>	<u>SOCIETY</u>	<u>ROLE</u>
1994-present	American Psychological Association	Member
2003-present	American Association of Geriatric Psychiatry	Affiliate Member

AWARDS AND HONORS:

<u>DATE</u>	<u>AWARD NAME</u>
2002	Summer Research Institute in Geriatric Psychiatry
2000	Institute for Intervention Research on Severe Mental Illness
1994-1999	Presidential Scholarship (Full Tuition)
1989	Member, Phi Beta Kappa
1989	Member, National Collegiate Honorary in Political Science (Pi Sigma Alpha)
1989	Winthrop Scholar
1989	Magna Cum Laude with Distinction in Political Science
1985-1989	Dow Jones Scholar

JOURNAL REFEREE ACTIVITIES:

<u>DATE</u>	<u>JOURNAL NAME</u>
2010-present	European Psychiatry
2007-present	Community Mental Health Journal
2007-present	Archives of General Psychiatry
2006-present	Psychiatry Research
2003-present	Schizophrenia Research
2003-present	International Journal of Geriatric Psychiatry
2002-present	Journal of Mental Health
2002-present	American Journal of Geriatric Psychiatry

MAJOR RESEARCH INTERESTS: My research involves development and evaluation of health promotion and psychosocial interventions to enhance psychosocial functioning, fitness, health, and quality of life in people with serious mental illness across the adult life course. I have served as PI on three studies that specifically involve development and evaluation of skills training programs for older people with SMI, including a Career Development Award (K23 MH080021) to create an individualized program of psychosocial rehabilitation, which is ongoing. I have served and continue to serve as Co-investigator on multiple intervention studies, including several multi-site R01 projects. My activities on all of these projects have entailed: study design and grant writing, hiring, training and supervising research interviewers, research assistants and skills trainers; oversight of the day-to-day operations of the studies; reviewing and approving IRB submissions and annual progress reports to funders; and participating in the analysis, interpretation, and write-up of the study results. I have also written several skills training manuals. Specifically, as Co-Investigator on an R01 study to evaluate the effectiveness of a skills training and health management intervention for older people with serious mental illness (R01 MH62324), the Helping Older People Experience Success (HOPES) program, I took the lead on authoring the manuals used by the skills trainers and the workbooks used by the participants. This included a set of seven skills modules (with 6-8 component skills each) targeting social skills as well as skills for accessing health care and managing health. I also co-authored a treatment manual for a fitness promotion intervention for people with serious mental illness, the In SHAPE program. I have participated in the evaluation of In SHAPE as Co-Investigator in the context of two randomized controlled trials (CDC R01 DD000140, NIMH R01 MH078052), a statewide implementation study (NIMH R01 MH089811), and will serve as Co-PI on a recently funded \$10 million project funded by CMS to evaluate the use of incentives to encourage healthy lifestyle behaviors in Medicaid recipients with mental illness (CMS 1B1330880A). Finally, I have served as Co-Investigator and Site PI on a study designed to evaluate safety and efficacy of long-term treatment with varenicline and cognitive behavior therapy to prevent relapse to smoking in people with schizophrenia. In terms of teaching, over the past 9 years I have hired, trained and supervised at least 10 research interviewers, 10 research assistants, 9 research coordinators, 5 research nurses, and 14 clinicians providing research interventions. I have also provided mentoring to 4 postdoctoral fellows and two summer interns (Dartmouth Medical School students). Finally, I have served as a mentor to several junior faculty in the Department of Psychiatry.

RESEARCH FUNDING:

- PAST:**
- 2005 – 2009 Integrated Illness Management and Recovery of SMI. NIMH, \$450,000. Principal Investigator: Erik Riera. Role: Co-Investigator.
 - 2006 - 2009 Promoting Health & Functioning in Persons with SMI. CDC, \$565,611. Principal Investigator: Stephen Bartels, M.D., M.S. Role: Co-Investigator.
 - 2004 - 2007 Loan Repayment Grant Award, \$31,805. National Institute of Health.
 - 2004 – 2006 Evaluation of a Pilot Health Promotion Intervention for Persons with Severe Mental Illness. Endowment for Health, \$149,569. Principal Investigator: Stephen Bartels, M.D., M.S. Role: Co-Investigator.
 - 2003 - 2005 Development and Evaluation of a Manualized Medication Adherence Module for Older Adults with Severe Mental Illness. Janssen Pharmaceutica, \$63,896. Principal Investigator: Sarah Pratt, Ph.D.
 - 2003 - 2005 An Investigation of Medication Adherence and Use of Memory Strategies in Older Adults With Schizophrenia. National Alliance for Research on Schizophrenia and Depression, \$59,345. Principal Investigator: Sarah Pratt, Ph.D.
 - 2001 - 2007 Rehabilitation and Healthcare for Older Adults with SMI. National Institute of Mental Health, \$3,674,593. Principal Investigator: Stephen Bartels, M.D., M.S. Role: Project Director.

8. 1998 - 1999 Phase 3 Investigation of Aripiprazole. Otsuka America Pharmaceutical. New York Presbyterian Hospital site. Principal Investigator: Thomas E. Smith, M.D. Role: Project Coordinator.
9. 1997 - 1999 Clozapine and Skills Training for Schizophrenia: Longitudinal Assessment of Symptoms and Social Skills. National Institute of Mental Health. Principal Investigator: Thomas E. Smith, M.D. Role: Research Assistant.

PRESENT:

1. 2011 - 2016 New Hampshire Medicaid Wellness Incentive Program, CMS, \$9,992,291, Principal Investigator: Kelly Capuchino. Role: Co-PI.
2. 2010 - 2012 Evaluation of the Health Buddy Technology in People with Serious Mental Illness. Bosch, \$300,000. Principal Investigator: Sarah Pratt, Ph.D.
3. 2009 - 2014 Statewide Intervention to Reduce Early Mortality in Persons with Mental Illness. NIMH, \$3,447,146. Principal Investigator: Stephen Bartels, M.D., M.S. Role: Co-Investigator.
4. 2009 - 2014 Adapting a Health Promotion Intervention for High-Risk Adults: Pilot Project. CDC, \$100,000. Principal Investigator: Stephen Bartels, M.D., M.S. Role: Co-Investigator.
5. 2008 - 2013 Individually Based Psychosocial Rehabilitation for Older Adults with SMI. NIMH, \$861,106. Principal Investigator: Sarah Pratt, Ph.D.
6. 2008 - 2010 Evaluation of the Health Buddy Technology in a Community Mental Health Center. McKesson, \$45,000. Principal Investigator: Louis Josephson, Ph.D. Role: Co-Investigator.
7. 2007 - 2012 Health Promotion and Fitness for Younger and Older Adults With SMI. NIMH, \$3,648,638. Principal Investigator: Stephen Bartels, M.D., M.S. Role: Co-Investigator.
8. 2007 - 2011 Smoking Cessation and Relapse Prevention in Patients with Schizophrenia. NIDA, \$3,149,167. Principal Investigator: Eden Evins, M.D. Role: Co-Investigator.

TEACHING EXPERIENCE/CURRENT TEACHING RESPONSIBILITIES:**DARTMOUTH MEDICAL SCHOOL:**

- | <u>DATE</u> | <u>TEACHING</u> |
|--------------------|---|
| January 2010 | Sarah I. Pratt, Ph.D. The Road to a Successful K Award. Presentation at the Dartmouth Psychiatric Research Center Research Seminar, Lebanon, NH. |
| February 2005 | Sarah I. Pratt, Ph.D. Preliminary Results of Medication Adherence in Older People with Severe Mental Illness. Presentation at Dartmouth Psychiatric Research Center Research Seminar, Lebanon, NH. |
| February 2005 | Sarah I. Pratt, Ph.D., Stephen J. Bartels, M.D., M.S. Findings from the HOPES Study of Rehabilitation and Health Care for the Elderly with SMI and New Directions for Future Grants. Presentation at Dartmouth Psychiatric Research Center Research Seminar, Lebanon, NH. |
| March 2004 | Sarah I. Pratt, Ph.D. Medication Adherence in Older People with Severe Mental Illness. Presentation at Dartmouth Psychiatric Research Center Research Seminar, Lebanon, NH. |

REGIONAL:

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| June 2010 | Stephen J. Bartels, M.D., M.S., & Sarah I. Pratt, Ph.D. Preventing Early Mortality in Serious Mental Illness: Integrated Rehabilitation and Health Care. Presentation at New Hampshire Hospital Grand Rounds, Concord, NH. |
| January 2005 | Sarah I. Pratt, Ph.D. Teaching Old Dogs New Tricks: Psychosocial Rehabilitation for Older People with Mental Illness. Presentation at New Hampshire Hospital Grand Rounds, Concord, NH. |
| April 2003 | Sarah Pratt, Ph.D., & Brent Forester, M.D. Helping Older Adults Experience Success: An Intervention for Older Adults with Severe Mental Illness. Presentation at New York Presbyterian Hospital Research Seminar, White Plains, NY. |

NATIONAL:

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| October 2011 | Sarah I. Pratt, Ph.D. In SHAPE Training. Training delivered at Mercy Behavioral Health, Pittsburgh, PA |
| October 2010 | Sarah I. Pratt, Ph.D. In SHAPE Training. Training delivered at the Lapeer County Community Mental Health Services Board, Lapeer, Michigan. |
| May-June 2010 | Sarah I. Pratt, Ph.D., & Meghan Santos, LICSW. Basics of Skills Training. Workshops delivered at Community Rehabilitation Center, Jacksonville, FL |
| September 2009 | Sarah I. Pratt, Ph.D. Growing Old Gracefully: Successful Aging in the 21 st Century. Keynote Address at 14 th Annual Behavioral Health, Aging & Wellness Conference. Fairview Heights, IL |
| March 2007 | Stephen Bartels, M.D., M.S., & Sarah Pratt, Ph.D. Approaches to Integrated Rehabilitation and Wellness Self-Management for People With Serious Mental Illness. Presentation at Seminar Series, The Challenge of Promoting Health in Persons with Serious and Persistent Mental Illness...from Science to Service. Boston University School of Continuing Medical Education, Center for Psychiatric Rehabilitation |
| March 2005 | Sarah I. Pratt, Ph.D. Recruitment for Psychosocial Interventions Research. Presentation for the Advanced Research Institute Technical Workshop at the annual meeting of the American Association for Geriatric Psychiatry. San Diego, CA |

INTERNATIONAL:

May 2005

Sarah I. Pratt, Ph.D. Skills Training Using Cognitive Behavioural Techniques. Workshop delivered at the Focus on Forensics Annual Conference, Edmonton, Alberta, Canada.

INVITED PRESENTATIONS:**NATIONAL:**

<u>DATE</u>	<u>TOPIC</u>	<u>ORGANIZATION</u>	<u>LOCATION</u>
Oct 2011	Symposium: Telehealth at a Community Mental Health Center: Evaluation of Feasibility and Acceptability.	National Association of Home Care & Hospice	Las Vegas, NV
Jan 2011	Symposium: Informing and Testing Interventions that Promote Health Behavioral Change in People with Severe Mental Illness	Society for Social Work and Research	Tampa, FL
March 2008	Symposium: Promoting Health and Fitness in People with Serious Mental Illness: Evaluations of the In SHAPE Program.	American Association for Geriatric Psychiatry	Orlando, FL
March 2006	Symposium: In SHAPE: A Pilot Evaluation of a Health Promotion Intervention for People with Serious Mental Illness.	American Association for Geriatric Psychiatry	San Juan, Puerto Rico
May 2005	Symposium: Long-term Care, Health Management, and Rehabilitation for Elderly with Schizophrenia.	American Psychiatric Association	Atlanta, GE
March 2005	Symposium: Medication Adherence in Older Adults with Mental Illness.	American Association for Geriatric Psychiatry	San Diego, CA

INTERNATIONAL:

<u>DATE</u>	<u>TOPIC</u>	<u>ORGANIZATION</u>	<u>LOCATION</u>
June, 2010	Successfully Improving Psychosocial Functioning in Older People with Serious Mental Illness.	World Congress of Behavioral and Cognitive Therapies	Boston, MA

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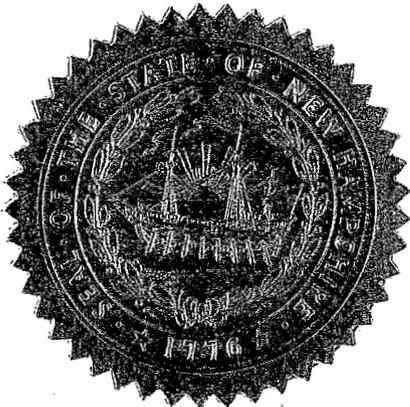
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State of New Hampshire
Department of State

CERTIFICATE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that our records show that a special corporate charter was granted to the TRUSTEES OF DARTMOUTH COLLEGE by the British Crown on December 13, 1769. I further certify that no fees are required to be paid to this office by this corporation.



IN TESTIMONY WHEREOF, I hereto set my hand and cause to be affixed the Seal of the State of New Hampshire, this 9th day of April, A.D. 2013

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

William M. Gardner
Secretary of State



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
5/28/2013

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

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

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	EMAIL ADDRESS: <table border="1"> <thead> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A:</td> <td>Pinnacle Consortium of Higher Ed VT RRRG</td> <td>11980</td> </tr> <tr> <td>INSURER B:</td> <td>Zurich American Insurance Company</td> <td>16535</td> </tr> <tr> <td>INSURER C:</td> <td>Genesis Insurance Company</td> <td>38962</td> </tr> <tr> <td>INSURER D:</td> <td></td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> <td></td> </tr> </tbody> </table>		INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	Pinnacle Consortium of Higher Ed VT RRRG	11980	INSURER B:	Zurich American Insurance Company	16535	INSURER C:	Genesis Insurance Company	38962	INSURER D:			INSURER E:			INSURER F:	
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INSURED THE TRUSTEES OF DARTMOUTH COLLEGE 53 S. MAIN STREET, SUITE 212 HANOVER, NH 03755																						

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

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

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> <input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC			PCHE2012-03	07/01/2012	07/01/2013	EACH OCCURRENCE \$2,000,000 DAMAGE TO RENTED PREMISES (Each occurrence) \$2,000,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$2,000,000 GENERAL AGGREGATE \$5,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 \$
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/>			BAP 9267272-02 SELF-INSURED FOR PHYSICAL DAMAGE	07/01/2012	07/01/2013	COMBINED SINGLE LIMIT (Each accident) \$2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$			YUB 301084E	07/01/2012	07/01/2013	EACH OCCURRENCE \$2,000,000 AGGREGATE \$2,000,000 \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (MANDATORY IN NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EACH EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	PROFESSIONAL LIABILITY			PCHE2012-03	07/01/2012	07/01/2013	EACH CLAIM \$2,000,000 AGGREGATE \$2,000,000

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

CERTIFICATE HOLDER**CANCELLATION**

Sandy Lawrence
 Main Bldg., Rm. 214S
 Contract Management
 Bureau of Behavioral Health
 105 Pleasant Street
 Concord, NH 03301

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

AUTHORIZED REPRESENTATIVE
 of Marsh USA Inc.

Manashi Mukherjee

Manashi Mukherjee



CERTIFICATE OF LIABILITY INSURANCE

7/1/2013

DATE (MM/DD/YYYY)

5/22/2013

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

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

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	INSURER(S) AFFORDING COVERAGE	
	INSURER A: Continental Casualty Company	NAIC # 20443
	INSURER B: Midwest Employers Casualty Company	23612
INSURED 1316233 Dartmouth College 53 South Main Street, Suite 212 Hanover NH 03755	INSURER C: Transportation Insurance Company	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES DARCO02 **CERTIFICATE NUMBER:** 12364263 **REVISION NUMBER:** XXXXXXXX

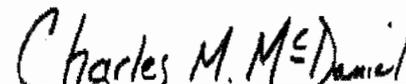
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE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

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC			NOT APPLICABLE			EACH OCCURRENCE \$ XXXXXXXX DAMAGE TO RENTED PREMISES (Ea occurrence) \$ XXXXXXXX MED EXP (Any one person) \$ XXXXXXXX PERSONAL & ADV INJURY \$ XXXXXXXX GENERAL AGGREGATE \$ XXXXXXXX PRODUCTS - COMP/OP AGG \$ XXXXXXXX \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			NOT APPLICABLE			COMBINED SINGLE LIMIT (Ea accident) \$ XXXXXXXX BODILY INJURY (Per person) \$ XXXXXXXX BODILY INJURY (Per accident) \$ XXXXXXXX PROPERTY DAMAGE (Per accident) \$ XXXXXXXX \$ XXXXXXXX
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A C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N	2099375438 (AOS) 2099375472 (CA)	7/1/2012 7/1/2012	7/1/2013 7/1/2013	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
B	Excess Work Comp	N	N	EWCO08364	7/1/2012	7/1/2013	WC - Statutory; EL Limit \$1,000,000

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

CERTIFICATE HOLDER

CANCELLATION

12364263 Sandy Lawrence, Contract Management Main Bldg., Rm 214S Bureau of Behavioral Health 105 Pleasant Street Concord NH 03301	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE 



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

BUREAU OF BEHAVIORAL HEALTH

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 Fax: 603-271-5058 TDD Access: 1-800-735-2964

Approved by 6+c

Date 2-8-12

Item # 30

December 23, 2011

Contract # 1021329

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

Requested Action

Authorize the Department of Health and Human Services, Division of Community Based Care Services, Bureau of Behavioral Health, to enter into a sole source agreement with Trustees of Dartmouth College, 11 Rope Ferry Road, Number 6210, Hanover, New Hampshire 03755-1404 (vendor code 177157-B013) to provide implementation, project management, and evaluation services in support of the New Hampshire Wellness Incentive Program to improve the cardiac and metabolic health of individuals with serious mental illness in an amount not to exceed \$1,326,521.00, effective upon Governor and Executive Council approval through June 30, 2013. Funds to support this request are available in State Fiscal Years 2012 and 2013 in the following accounts with authority to adjust amounts if needed and justified between State Fiscal Years.

05-95-92-920010-2087 HEALTH AND SOCIAL SERVICES, DEPT. OF HEALTH AND HUMAN SVCS, HHS: BEHAVIORAL HEALTH-DIV. OF, DIV. OF BEHAVIORAL HEALTH, MIPCD GRANT

<u>Class/Object</u>	<u>Account Title</u>	<u>Activity Code</u>	<u>SFY 2012</u>	<u>SFY 2013</u>	<u>Amount</u>
102-500731	Contracts for Program Services	92202087	\$182,704.00	\$584,573.00	\$ 767,277.00
502-500891	Payments to Providers	92202087	168,108.00	391,136.00	559,244.00
		Total	\$350,812.00	\$975,709.00	\$1,326,521.00

Explanation

This agreement is identified as sole source because the vendor was designated as the key evaluator in the Medicaid Incentives to Prevent Chronic Disease grant application to the Centers for Medicare and Medicaid Services, which provides 100% funding for the New Hampshire Wellness Incentive Program. Dartmouth's vast experience working with the State of New Hampshire's mental health system to develop programs that address the psychosocial and health needs of the consumers served by the system made a critical contribution to the grant awarded to the state. Dartmouth has agreed to waive all indirect charges to the State relative to this project.

The purpose of this request is to fund a statewide program designed to reduce risk of cardiovascular disease in individuals with mental illness to be served by the ten community mental health centers in New Hampshire. This agreement with Dartmouth funds members of the Dartmouth Center for Aging Research who collaborated with the Bureau of Behavioral Health to design the program and write the grant application, and who will participate in its implementation and direct its evaluation. The Department has contracted with six Community Mental Health Centers that will offer the program in the current fiscal year. In early State Fiscal Year 2013, the Department will contract with the four remaining community mental health centers that do not yet have the staff and infrastructure in place to start the program.

Medicaid beneficiaries with serious mental illness account for the highest per person costs among the dually eligible (individuals eligible for both Medicaid and Medicare), largely due to health care expenditures associated with high rates of cardiovascular disease, diabetes, chronic lung disease, and obesity. The major risk factors for these conditions are lack of exercise, smoking, poor diet, and effects of antipsychotic medications that cause weight gain, high cholesterol and diabetes. Although people with mental illness are a subset of Medicaid recipients, the cost of providing health care to this group is disproportionately high. For example, the combined per capita expenditures for dually eligible individuals with schizophrenia are over two and one-half (for younger adults) to four times (for older adults) greater than for dually eligible beneficiaries without a major psychiatric disorder. Fortunately, the health conditions associated with these high costs and early mortality are preventable.

The Centers for Medicare and Medicaid Services issued a request for proposals to fund Medicaid Incentives for Preventing Chronic Diseases. At the request of State Representative Neal Kurk and Nancy Rollins, Associate Commissioner of the Department of Health and Human Services, the Bureau of Behavioral Health partnered with researchers at Dartmouth to create the NH Medicaid Wellness Incentives Program. This health promotion program provides incentives for exercise, improved nutrition, and smoking cessation for clients at the ten community mental health centers across the state. The State of New Hampshire was one of only ten states in the nation selected by the Centers for Medicare and Medicaid Services for funding - amounting to approximately \$10 million over five years.

The Centers for Medicare and Medicaid Services-funded NH Medicaid Wellness Incentives Program offers a menu of four different "Supported Fitness and Weight Management" programs and three "Supported Smoking Cessation" programs. As stated in the six Governor and Executive Council Requests that approved the creation of the Wellness Incentive Program in six community mental health centers (approved January 11, 2012, #s 60, 62, 63, 64, 65 and 66), the funds for these incentive payments are part of the federal grant and are included in this contract with the Dartmouth Center for Aging Research. Under this agreement, some current Dartmouth staff would be supported and several new staff would be hired and trained to administer the program, including 6 "Incentives Counselors." The Incentives Counselors will be responsible for recruiting eligible consumers to participate in the NH Medicaid Wellness Incentives Program, tracking receipt of incentives and rewards, and conducting quarterly person-level assessments of the NH Medicaid Wellness Incentives Program participants. The vendor will be responsible for collaborating with the Bureau to implement and evaluate the NH Medicaid Wellness Incentives Program with the six Community Mental Health Centers that will offer the program during State Fiscal Year 2012 and the four that will begin to offer it in State Fiscal Year 2013. The vendor will take the lead on pre-implementation planning; ensuring that all project protocols are followed; completing all necessary submissions to Institutional Review Boards (the Committees for the Protection of Human Subjects of Dartmouth College and the NH Bureau of Behavioral Health); tracking recruitment, participation in the program and assessments, and receipt of monetary rewards; engaging required community partners including Weight Watchers and the NH Tobacco Quit Line; providing training and supervision of the NH Medicaid Wellness Incentives Program providers (Incentives Counselors, fitness trainers, smoking cessation counselors); and completing required reporting to The Centers for Medicare and Medicaid Services.

Statewide, over the course of five years, the program will enroll 2,500 Medicaid beneficiaries into the Supported Fitness and Weight Management programs, and 2,000 beneficiaries in the Supported Smoking Cessation programs. The vendor will evaluate the impact of this program on improving health behaviors and health outcomes and savings in Medicaid health care costs will also be evaluated. The Centers for Medicare and Medicaid Services expects the ten funded states to begin providing their incentives programs in January 2012. The funds included in this agreement will pay for staff (salary and fringe benefits) to oversee implementation and evaluation of the program, required equipment including computers and iPads, travel expenses, funds required for Weight Watchers memberships required by the grant and funds for monetary rewards and incentives that will be earned by Wellness Incentive Program participants for completion of evaluations and engagement in healthy lifestyle behaviors.

If this request is not approved by the Governor and Executive Council, it is likely that the grant would need to be returned to The Centers for Medicare and Medicaid Services. The Project Officers at The Centers for Medicare and Medicaid Services who are responsible for managing the grant to the state of NH have been working with key staff at Dartmouth since the award was made in September 2011 and expect the project to be evaluated by Dartmouth as described in the proposal. It would be impossible for another vendor to assume the role played by Dartmouth in pre-planning, implementation, and evaluation of the NH Medicaid Wellness Incentives Program according to the timeline that The Centers for Medicare and Medicaid Services expects.

This contract will be judged to be satisfactorily honored if the Dartmouth staff who are funded to participate in the implementation and evaluation have hired, trained, and provided ongoing supervision to the staff required to support the NH Medicaid Wellness Incentives Program, if the project timelines are followed as specified in the NH Medicaid Wellness Incentives Program protocol, if the project activities are occurring as specified in the NH Medicaid Wellness Incentives Program protocol, if the reporting requirements to The Centers for Medicare and Medicaid Services are made, and if the data analyses that were planned for the project are performed.

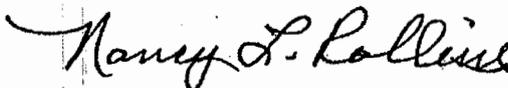
The Dartmouth Center for Aging Research team members have been designing and evaluating models and programs to promote fitness and health in people with serious mental illness, including at several of the NH Community Mental Health Centers for the past ten years. They are well suited to partner with the Bureau of Behavioral Health to implement the Wellness Incentive Program and to direct the evaluation of the program. Of importance, there is no requirement for matching funds from the state, and because this is a Medicaid demonstration project, there is no requirement for sustainability through state funds at the close of the grant period.

Area served: statewide.

Source of funds: 100% Federal Funds.

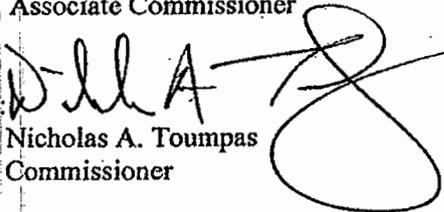
In the event that the Federal Funds become no longer available, General Funds shall not be requested to support this program.

Respectfully submitted,



Nancy L. Rollins,
Associate Commissioner

Approved by:



Nicholas A. Toumpas
Commissioner

NLR/dew
Enclosures