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Frank Edelblut
Commissioner

Christine Brennan
Deputy Commissioner

STATE OF NEW HAMPSHIRE
DEPARTMENT OF EDUCATION
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April 22, 2019

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

REQUESTED ACTION

Authorize the Department of Education, Bureau of Vocational Rehabilitation (VR) to enter into a contract with Human Services Research Institute (HSRI), (Vendor Code 170337), in an amount not to exceed \$79,408.36, to develop and present the Comprehensive Statewide Needs Assessment (CSNA), effective upon Governor and Council approval through September 30, 2019. 100% State Funds.

Funds to support this request are available in the accounts titled Field Programs-Match in FY 2019 and anticipated to be available in the account titled Vocational Rehab-State Fund Match in FY20 upon the availability and the continued appropriation of funds in the future operating budget, with the ability to adjust encumbrances between State Fiscal years through the Budget Office, without further Governor and Council approval, if needed and justified.

	<u>FY 2019</u>
06-56-56-565010-25380000-601-500931 State Fund Match	\$79,340.66
	<u>FY2020</u>
06-56-56-565010-25360000-601-500931 State Fund Match	\$67.70

EXPLANATION

This request is to help develop and implement the comprehensive statewide needs assessment as required by program legislation. HSRI has been in partnership with the State of NH on many projects, and the purpose of this funding is to provide a needs assessment of the state regarding services for individuals with disabilities. The outcome of this work will allow the VR program to identify and enhance services toward employment for individuals with disabilities.

A Request for Proposals (RFP) was advertised on the Department of Education website on 3/5/19 with a deadline for proposals of March 29, 2019. There were three (3) proposals submitted to the Request for Proposals "Comprehensive Statewide Needs Assessment" in response to the notice for one contract.

A review committee consisting of a Program Specialist, VR Counselor III, Business Systems Analyst, and the Ombudsmen for the Client Assistance Program reviewed the three (3) proposals received by the deadline; one proposal was chosen based on the review and score of the information (Attachment A). The team recommended Human Services Research Institute for funding.

The outcome VR would like to achieve with this contract is to have comprehensive statewide needs assessment done that complies with federal requirements but also canvases the state to gain data and program information that would be helpful to future planning for the agency. The next state plan will be written incorporating this work for the agencies future continuous improvement.

Respectfully Submitted,



Frank Edelblut
Commissioner of Education

Human Services Research Institute

Attachment A

Scoring for the Comprehensive Statewide Needs Assessment (CSNA) proposals:

Significance of Proposal: Description of applicant's abilities to meet or exceed the Purposes and Priorities, Minimum Requirements and Services to be Provided, including a description of work experience and educational background in CSNA activities, preparing plans based on comprehensive diagnostic reviews and processes. This will include a review of the letter of interest, letters of recommendation and resumes.

Completeness of Proposal	10
Prior Experience	10
Project Design/Plan	35
Cost Effectiveness	10
<u>Performance Goals and Measures</u>	<u>10</u>
Total for Evaluation Criteria	75
<u>Total for Price Proposal</u>	<u>30</u>
Comprehensive Total	105

Evaluation Criteria Scores

	Ella M.	Chris S.	Lorrie R.	Mark W.	Total for Evaluation Criteria
HSRI	70	69	72	74	71.25
TPMA	65	61	57	62	61.25
AI	62	60	64	64	62.5

Calculation for Price Proposal used in scoring

	Human Services Research Institute	Analytic Insight	Thomas P Miller & Associates
Price	\$79,408	\$84,983	\$88,965
LowPP/PP calculation	\$79,408/ \$79,408	\$79,408/ \$84,983	\$79,408/ \$88,965
LPP/PP result multiplier	1	.9344	.8926
Price Proposal Calculation	1 X 30	.9344 X 30	.8926 X 30
Total Price Proposal Score	30	28	27

	Total for Evaluation Criteria	Total Price Proposal Score	Comprehensive Total
HSRI	71.25	30	101.25
TPMA	61.25	27	88.25
AI	62.5	28	90.5

Attachment A Continued

Scoring for review occurred on Friday, April 5, 2019. The proposal review panel consisted of the following employees from the Department of Education and the Governor's Commission on Disability:

Reviewer Qualifications:

Ella M. has worked for the Vocational Rehabilitation agency for over thirty years. She has completed the CSNA for the agency in the past and knows the components that will achieve success with this project. She also focuses on quality assurance and policy development for the agency.

Chris S. has worked for the VR agency for many years and manages the agencies case management system and data unit. He works with many vendors providing contract services and also works well with agency staff.

Mark W. has worked with the VR agency for over 12 years. He also is a Vocational Evaluator and a Certified Rehabilitation Counselor.

Lorrie R. works with the Client Assistance Program that serves customers of VR that have questions or concerns related to their VR services.

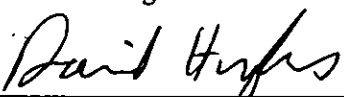
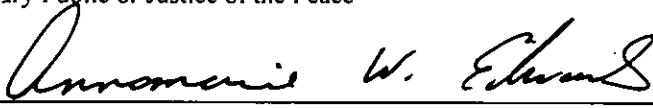
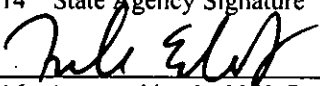

Notice: This agreement and all of its attachments shall become public upon submission to Governor and Executive Council for approval. Any information that is private, confidential or proprietary must be clearly identified to the agency and agreed to in writing prior to signing the contract.

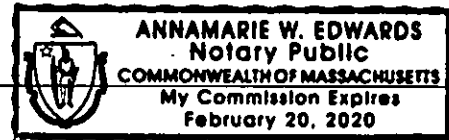
AGREEMENT

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

GENERAL PROVISIONS

1. IDENTIFICATION.

1.1 State Agency Name Department of Education		1.2 State Agency Address 21 S. Fruit Street, Suite 20 Concord, NH 03301	
1.3 Contractor Name Human Services Research Institute		1.4 Contractor Address 2336 Massachusetts Avenue Cambridge, MA 02140	
1.5 Contractor Phone Number 617-844-2527	1.6 Account Number See Exhibit B	1.7 Completion Date 9/30/19	1.8 Price Limitation \$79,408.36
1.9 Contracting Officer for State Agency Lisa Hinson-Hatz		1.10 State Agency Telephone Number 603-271-7080	
1.11 Contractor Signature 		1.12 Name and Title of Contractor Signatory David Hughes, President	
1.13 Acknowledgement: State of <u>MA</u> , County of <u>Middlesex</u> On <u>April 25, 2019</u> , before the undersigned officer, personally appeared the person identified in block 1.12, or satisfactorily proven to be the person whose name is signed in block 1.11, and acknowledged that s/he executed this document in the capacity indicated in block 1.12.			
1.13.1 Signature of Notary Public or Justice of the Peace 			
1.13.2 Name and Title of Notary or Justice of the Peace Annamarie W. Edwards, Notary			
1.14 State Agency Signature 		1.15 Name and Title of State Agency Signatory Frank Ebelbit, Commissioner	
1.16 Approval by the N.H. Department of Administration, Division of Personnel (if applicable) By: _____ Director, On: _____			
1.17 Approval by the Attorney General (Form, Substance and Execution) (if applicable) By: <u>Richard K. SARA</u>  On: <u>MAY 9, 2019</u>			
1.18 Approval by the Governor and Executive Council (if applicable) By: _____ On: _____			



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

3. EFFECTIVE DATE/COMPLETION OF SERVICES.

3.1 Notwithstanding any provision of this Agreement to the contrary, and subject to the approval of the Governor and Executive Council of the State of New Hampshire, if applicable, this Agreement, and all obligations of the parties hereunder, shall become effective on the date the Governor and Executive Council approve this Agreement as indicated in block 1.18, unless no such approval is required, in which case the Agreement shall become effective on the date the Agreement is signed by the State Agency as shown in block 1.14 ("Effective Date").

3.2 If the Contractor commences the Services prior to the Effective Date, all Services performed by the Contractor prior to the Effective Date shall be performed at the sole risk of the Contractor, and in the event that this Agreement does not become effective, the State shall have no liability to the Contractor, including without limitation, any obligation to pay the Contractor for any costs incurred or Services performed. Contractor must complete all Services by the Completion Date specified in block 1.7.

4. CONDITIONAL NATURE OF AGREEMENT.

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

5. CONTRACT PRICE/PRICE LIMITATION/ PAYMENT.

5.1 The contract price, method of payment, and terms of payment are identified and more particularly described in EXHIBIT B which is incorporated herein by reference.

5.2 The payment by the State of the contract price shall be the only and the complete reimbursement to the Contractor for all expenses, of whatever nature incurred by the Contractor in the performance hereof, and shall be the only and the complete compensation to the Contractor for the Services. The State shall have no liability to the Contractor other than the contract price.

5.3 The State reserves the right to offset from any amounts otherwise payable to the Contractor under this Agreement those liquidated amounts required or permitted by N.H. RSA 80:7 through RSA 80:7-c or any other provision of law.

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

6. COMPLIANCE BY CONTRACTOR WITH LAWS AND REGULATIONS/ EQUAL EMPLOYMENT OPPORTUNITY.

6.1 In connection with the performance of the Services, the Contractor shall comply with all statutes, laws, regulations, and orders of federal, state, county or municipal authorities which impose any obligation or duty upon the Contractor, including, but not limited to, civil rights and equal opportunity laws. This may include the requirement to utilize auxiliary aids and services to ensure that persons with communication disabilities, including vision, hearing and speech, can communicate with, receive information from, and convey information to the Contractor. In addition, the Contractor shall comply with all applicable copyright laws.

6.2 During the term of this Agreement, the Contractor shall not discriminate against employees or applicants for employment because of race, color, religion, creed, age, sex, handicap, sexual orientation, or national origin and will take affirmative action to prevent such discrimination.

6.3 If this Agreement is funded in any part by monies of the United States, the Contractor shall comply with all the provisions of Executive Order No. 11246 ("Equal Employment Opportunity"), as supplemented by the regulations of the United States Department of Labor (41 C.F.R. Part 60), and with any rules, regulations and guidelines as the State of New Hampshire or the United States issue to implement these regulations. The Contractor further agrees to permit the State or United States access to any of the Contractor's books, records and accounts for the purpose of ascertaining compliance with all rules, regulations and orders, and the covenants, terms and conditions of this Agreement.

7. PERSONNEL.

7.1 The Contractor shall at its own expense provide all personnel necessary to perform the Services. The Contractor warrants that all personnel engaged in the Services shall be qualified to perform the Services, and shall be properly licensed and otherwise authorized to do so under all applicable laws.

7.2 Unless otherwise authorized in writing, during the term of this Agreement, and for a period of six (6) months after the Completion Date in block 1.7, the Contractor shall not hire, and shall not permit any subcontractor or other person, firm or corporation with whom it is engaged in a combined effort to perform the Services to hire, any person who is a State employee or official, who is materially involved in the procurement, administration or performance of this

Agreement. This provision shall survive termination of this Agreement.

7.3 The Contracting Officer specified in block 1.9, or his or her successor, shall be the State's representative. In the event of any dispute concerning the interpretation of this Agreement, the Contracting Officer's decision shall be final for the State.

8. EVENT OF DEFAULT/REMEDIES.

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

8.1.1 failure to perform the Services satisfactorily or on schedule;

8.1.2 failure to submit any report required hereunder; and/or

8.1.3 failure to perform any other covenant, term or condition of this Agreement.

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

8.2.1 give the Contractor a written notice specifying the Event of Default and requiring it to be remedied within, in the absence of a greater or lesser specification of time, thirty (30) days from the date of the notice; and if the Event of Default is not timely remedied, terminate this Agreement, effective two (2) days after giving the Contractor notice of termination;

8.2.2 give the Contractor a written notice specifying the Event of Default and suspending all payments to be made under this Agreement and ordering that the portion of the contract price which would otherwise accrue to the Contractor during the period from the date of such notice until such time as the State determines that the Contractor has cured the Event of Default shall never be paid to the Contractor;

8.2.3 set off against any other obligations the State may owe to the Contractor any damages the State suffers by reason of any Event of Default; and/or

8.2.4 treat the Agreement as breached and pursue any of its remedies at law or in equity, or both.

9. DATA/ACCESS/CONFIDENTIALITY/PRESERVATION.

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

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

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

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

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

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

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

14. INSURANCE.

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

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

14.1.2 special cause of loss coverage form covering all property subject to subparagraph 9.2 herein, in an amount not less than 80% of the whole replacement value of the property.

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

14.3 The Contractor shall furnish to the Contracting Officer identified in block 1.9, or his or her successor, a certificate(s) of insurance for all insurance required under this Agreement. Contractor shall also furnish to the Contracting Officer identified in block 1.9, or his or her successor, certificate(s) of insurance for all renewal(s) of insurance required under this Agreement no later than thirty (30) days prior to the expiration date of each of the insurance policies. The certificate(s) of insurance and any renewals thereof shall be attached and are incorporated herein by reference. Each certificate(s) of insurance shall contain a clause requiring the insurer to provide the Contracting Officer identified in block 1.9, or his or her successor, no less than thirty (30) days prior written notice of cancellation or modification of the policy.

15. WORKERS' COMPENSATION.

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

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

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

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

18. AMENDMENT. This Agreement may be amended, waived or discharged only by an instrument in writing signed by the parties hereto and only after approval of such amendment, waiver or discharge by the Governor and Executive Council of the State of New Hampshire unless no

such approval is required under the circumstances pursuant to State law, rule or policy.

19. CONSTRUCTION OF AGREEMENT AND TERMS.

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

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

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

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

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

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

EXHIBIT A

SCOPE OF SERVICES

The Human Services Research Institute (HSRI) will provide the following services to the New Hampshire Department of Education, Bureau of Vocational Rehabilitation (VR) effective upon Governor and Council approval through September 30, 2019:

The scope of the work intended will require analytical fact finding and the understanding of services provided to individuals with disabilities in order to complete a Comprehensive Statewide Needs Assessment (CSNA) on behalf of the DOE. Section 101(a) (10) of the Rehabilitation Act requires that Vocational Rehabilitation programs collect key data to more effectively manage the VR program and ensure that the needs of the program's consumers, including those with the most significant disabilities, are met.

- a. The first approach of the CSNA will be to review historical analysis of data available in primary and secondary data. This will allow for a detailed analysis of historical program data about participants, programs, personnel and payments by the DOE revealing statistically a picture of the total program operations. This will result in an understanding of current program capacities and functions with participant involvement identified and all related known factors.
- b. The second approach of the CSNA will be to create original data gathered from persons with disabilities who are served, underserved, or unserved and the agencies that may also serve these individuals through focus groups, key informant interviews or surveys, electronic or hardcopy surveys, and other means as described and appropriate. These could include consumer satisfaction surveys of past and current clients and employers. This is a firsthand and often face to face detailed communication with persons with disabilities that currently do not receive any services or supports through Vocational Rehabilitation or partners, participants determined to be either underserved or without additional supports. The determination for this unknown factor related to statewide needs assessment is determined through a wide variety of processes that will result in a complete assessment of underserved and unserved persons with disabilities.
- A. The CSNA will result in three primary areas of information about individuals with disabilities residing in the State of New Hampshire. These results will, at a minimum, meet the requirements of §361.29 statewide assessment; annual estimates; annual State goals and priorities; strategies; and progress reports.
- B. The CSNA will culminate in a series of reports and information that will be available to DOE programs and the State Rehabilitation Council. A final official report will be posted as a new CSNA on the DOE's website to be made available to the general public.
- C. The CSNA will require the review of the records of the interactions with the DOE, Community Partners, private sector providers and individual interactions with persons with disabilities, and populations inclusive of persons with disabilities.
- D. The CSNA will include the total geographic area of the State of New Hampshire

Contract between Human Services Research Institute and the New Hampshire Department of Education

Exhibit A Continued

E. Research.

The completed CSNA required by Vocational Rehabilitation will examine the total current state of services in New Hampshire from current program operations data made available for use under Contract awarded. The assessment factors involved include identification of the status of individuals with disabilities, through the use of available data from the VR database and other sources, regarding persons with disabilities being served in New Hampshire. Data from other agencies that have meaningful and relevant data will be made available as deemed appropriate by the DOE. Research must be inclusive of all possible data sources including other state agencies and community partners and heretofore undiscovered data sources that will become evident through Research. Data review of available primary and secondary information and data sources will include:

- 1) Program data through federal data collection or other DOE data collection that specifies they provided services to persons with disabilities.
- 2) Data from the DOE database, periodic reviews of this data for other reports for the DOE, and other sources regarding persons with disabilities being served in New Hampshire. Data from other government agencies and any other statewide programs that have meaningful and relevant data will be made available as deemed appropriate by the DOE.
- 3) The Vocational Rehabilitation's processes and elements recommended in the current 2018 State Plan and current 2016 Needs Assessment can provide some information and guidance, but the current requirements for VR services is also described in VR manuals, policies, and detailed in VR web based information available. The DOE's organizational structure and policies manuals may also be used.
- 4) VR and State Rehabilitation Council (SRC) participant data and participant initiated consumer satisfaction surveys.
- 5) VR evaluation materials, employer satisfaction evaluation materials, relevant state policy and contract provisions, and other pertinent materials identified by VR and the SRC.
- 6) VR staff satisfaction surveys identified by VR and the SRC.
- 7) CSNA research focus should be to identify, develop and refine methodologies to obtain a more complete and comprehensive CSNA report in 2019. The varied research techniques including canvassing and surveying are intended to reach out to as many affected persons with disabilities as possible. The Research used to complete the CSNA will assist future VR planning, and will be more closely aligned with the known needs and associated factors discovered, and shall be detailed in preliminary and final published reporting of the CSNA.
- 8) Review of past processes that were successful and current state of the art processes that when applied to this CSNA are found meaningful to program assessments.

Exhibit A Continued

- 9) VR information available for persons with disabilities who have completed an application for VR services but have not yet been determined eligible for services.
- 10) DOE information available for persons participating in vocational rehabilitation services.
- 11) VR information available regarding closed cases determined rehabilitated or closed case for other reasons, to determine the level of services provided and purpose.
- 12) Compilation of data into clear and concise formatting that will be used to complete the CSNA. VR will be involved in primary reporting to make certain that reports will be consistent and as complete as possible so that moving into the additional parts of the scope of work can be accomplished as efficiently and timely as possible.

F. Action Plan for Development

This CSNA shall be designed to meet the requirements of the Amendments to the Rehabilitation Act passed in 2014. State Vocational Rehabilitation programs shall conduct a CSNA every three (3) years. This 2019 Needs Assessment Update shall utilize and expand upon existing data collected in the 2016 comprehensive assessment. This 2019 assessment will assist the VR in evaluating its priorities and establishing an action plan to guide future rehabilitation program development. The review of statistical data alone will not suffice; but rather, the data must be analyzed and projections provided by individual(s) who understand national reforms and restructuring issues now affecting rehabilitation service provision. The core of this assessment shall focus on "action oriented" program development, aimed at resolving identified deficiencies in rehabilitation service delivery. The goal of this CSNA is to develop an action plan focused on the following critical areas:

- 1) Opportunities for improving program performance;
- 2) A review of the current state of previously identified priorities; and
- 3) A review of transition services in New Hampshire, as well as areas for improvement in transition services. Transition services are defined as those rehabilitation services provided to youth ages 14 to 24.

G. Final Analysis and Reporting

The data analytics, fact finding, interviews, and field work will result in the compilation of the initial reports of the findings and crafting the official CSNA document. It will include the collection, analysis and interpretation of:

- a. Data generated through the previous phases of the CSNA.
- b. Demographics and other applicable data on:
 - i. State of New Hampshire and New Hampshire residents with disabilities;
 - ii. Individuals eligible for VR's services broken out by region or district;
 - iii. Individuals served by VR; and
 - iv. VR' staff, services and operations.

Exhibit A Continued

- c. Provide written and oral reports of the results, analysis, and recommendations. The written and oral reports will be made in a form that is understandable and accessible to VR's and State Rehabilitation Council (SRC)'s internal and external audiences by using plain language. VR and SRC will have final approval of the reports prior to release to the public. Reports will include a method of feedback to participants in any survey used in the implementation phase and will address recommendations related to:
 - d. Proposed methods for input at the state and local level with participants and employers leading to future needs assessment activities;
 - e. Staff training;
 - f. Rehabilitation services policies and practices;
 - g. Collaborations in service delivery; and
 - h. Methods to develop and augment effective collaboration with workforce partners.
 - i. Any documents produced should comply with Section 508 of the Rehabilitation Act of 1973 (as amended) and meet the accessibility guidelines outlined here:
<https://www.section508.gov/content/build/create-accessible-documents>
- H. The CSNA project shall be responsive to Rehabilitation Act Requirements. The vendor shall prepare a needs assessment update that strongly supports the State's development of an effective State Plan for Vocational Rehabilitation services. This assessment update shall fully address all focus areas and legal requirements of the Rehabilitation Act, to include a comprehensive assessment and action plan for transition services.
- I. The CSNA project shall be designed to complement and provide follow-up to the previous assessments conducted in 2013 and 2016.
- J. Comprehensive Assessment - A simple assessment of the incidence of disability is not adequate. This project shall have a comprehensive design, incorporating all requirements and components of the Rehabilitation Act.
- K. User Friendly Format
The final report shall be presented in such a way that information can easily be extrapolated for use in grant applications, legislative initiatives and prioritization of future rehabilitation projects.

DELIVERABLES AND TIMELINE

A. Delivery Date

The Vendor shall provide:

Vendor must complete and deliver the 2019 CSNA on or before September 30, 2019. Any documents produced must incorporate all requirements and components of Section 508 of the Rehabilitation Act of 1973 (as amended) and meet the accessibility guidelines outlined here:

Exhibit A Continued

<https://www.section508.gov/content/build/create-accessible-documents>.

A progress report will be submitted to NH Vocational Rehabilitation three (3) months prior to the due date.

Implementation

Upon award of a Contract for services the VR shall negotiate an implementation schedule with the successful Respondent.

B. SRC Input and Reporting

This 2019 CSNA project will be administered by the New Hampshire Bureau of Vocational Rehabilitation and the State Rehabilitation Council (SRC). The SRC acts as a review and recommendation body for NHVR and the Needs Assessment. The vendor shall incorporate soliciting and documenting SRC input, and presentation of project milestone accomplishments at SRC meetings, into the project timeline. A crucial element of the project design is that it includes a network of involvement and interaction between the SRC, NHVR, and other stakeholders. The SRC meets quarterly and the successful vendor shall incorporate the following with regard to SRC meetings.

- a. First Meeting – At the first meeting following final contract execution, the vendor shall explain the project design in terms of objectives and activities that will lead to milestone accomplishments, to the SRC. The vendor shall also explain specifically how the SRC will be involved in the project, and seize every opportunity to involve SRC members in the conduct of this project.
- b. Final Meeting – At the final wrap-up meeting the vendor shall present and explain the Assessment's findings, recommended action plan, and specific objectives the SRC should accomplish prior to the beginning of the next three year assessment cycle.

C. Vendor Responsibilities

The vendor shall be solely responsible for providing visual aids, projectors, computer equipment, easels, monitors, etc. for all scheduled SRC meetings and other ancillary gatherings as needed. In addition, all printing and copying costs shall be the sole responsibility of the vendor. For purposes of estimating printing and copying costs, the following will be required:

- 1) **Quarterly Progress Reports** – thirty (30) copies of quarterly project progress reports, will need to be provided at each quarterly SRC meeting, for SRC members and NHVR staff.

Exhibit A Continued

- 2) **Final Report** - fifty (50) spiral bound, 8½ x 11 copies using appropriately designed commercial cover stock for both front and back covers, of the complete and approved final report, will need to be provided to NHVR.
- 3) **Executive Summary Booklet** - fifty (50) staple bound (5½ x 8½) copies using appropriately designed commercial cover stock for both front and back covers, of an Executive Summary presenting key findings and proposed recommendations from the Final Report, will need to be provided to NHVR.
- 4) **Final Report on CD/DVD or other electronic copy** – a copy of the Final Report and Executive Summary in Word format will need to be provided to NHVR.

EXHIBIT B

BUDGET

	FY 19	FY20
Personnel/Staff	\$75,226.20	\$0
Travel	\$565.60	\$0
Computer Services/Hardware	\$1,760.29	\$0
Office Supplies	\$488.97	\$0
Telephone	\$699.60	\$0
Copies/Prints	\$0	\$67.70
Incentives (Project/Participant Outreach)	\$600.00	\$0
Total	\$79,340.66	\$67.70

Limitation on Price: In no case shall the contract exceed the price limitation of \$79,408.36.

Funding Source: Funding for this contract is 100% state funds from the accounts titled Vocational Rehabilitation State Funds:

06-56-56-565010-25380000-601-500931 State Fund Match FY2019 \$79,340.66

06-56-56-565010-25360000-601-500931 State Fund Match FY2020 \$67.70

Method of Payment: Upon Governor and Council approval, a down payment will be made in the amount of \$50,000.00 upon submittal of an invoice from Human Services Research Institute. Thereafter, two payments, for the months of June and September, in the amounts of \$29,340.66 and \$67.70, respectively, will be made upon receipt of an invoice with progress report.

Invoices and reports shall be submitted to:

Lisa Hinson-Hatz
VR Director
NH Department of Education
21 S. Fruit Street, Suite 20
Concord, NH 03301

Contract between Human Services Research Institute and the New Hampshire Department of Education

Contractor Initials PH
Date 4/25/19

**EXHIBIT C
SPECIAL PROVISIONS**

None.

EXHIBIT D**Contractor Obligations**

Contracts in excess of the simplified acquisition threshold (currently set at \$250,000) must address **administrative, contractual, or legal remedies** in instances where the contractors violate or breach contract terms, and provide for such sanctions and penalties as appropriate. Reference: 2 C.F.R. § 200.326 and 2 C.F.R. 200, Appendix II, required contract clauses.

The contractor acknowledges that 31 U.S.C. Chap. 38 (Administrative Remedies for False Claims and Statements) applies to the contractor's actions pertaining to this contract.

The Contractor, certifies and affirms the truthfulness and accuracy of each statement of its certification and disclosure, if any. In addition, the Contractor understands and agrees that the provisions of 31 U.S.C. § 3801 et seq., apply to this certification and disclosure, if any.

Breach

A breach of the contract clauses above may be grounds for termination of the contract, and for debarment as a contractor and subcontractor as provided in 29 C.F.R. § 5.12.

Fraud and False Statements

The Contractor understands that, if the project which is the subject of this Contract is financed in whole or in part by federal funds, that if the undersigned, the company that the Contractor represents, or any employee or agent thereof, knowingly makes any false statement, representation, report or claim as to the character, quality, quantity, or cost of material used or to be used, or quantity or quality work performed or to be performed, or makes any false statement or representation of a material fact in any statement, certificate, or report, the Contractor and any company that the Contractor represents may be subject to prosecution under the provision of 18 USC §1001 and §1020.

Environmental Protection

(This clause is applicable if this Contract exceeds \$150,000. It applies to Federal-aid contracts only.)

The Contractor is required to comply with all applicable standards, orders or requirements issued under Section 306 of the Clean Air Act (42 U.S.C. 1857 (h)), Section 508 of the Clean Water Act (33 U.S.C. 1368), Executive Order 11738, and Environmental Protection Agency (EPA) regulations (40 CFR Part 15) which prohibit the use under non-exempt Federal contracts, grants or loans of facilities included on the EPA List of Violating Facilities. Violations shall be reported to the FHWA and to the U.S. EPA Assistant Administrator for Enforcement.

Procurement of Recovered Materials

In accordance with Section 6002 of the Solid Waste Disposal Act (42 U.S.C. § 6962), State agencies and agencies of a political subdivision of a state that are using appropriated Federal funds for procurement must procure items designated in guidelines of the Environmental Protection Agency (EPA) at 40 CFR 247 that contain the highest percentage of recovered materials practicable, consistent with maintaining a satisfactory level of competition, where the purchase price of the item exceeds \$10,000 or the value of the quantity acquired in the preceding fiscal year exceeded \$10,000; must procure solid waste management services in a manner that maximizes energy and resource recovery; and must have established an affirmative procurement program for procurement of recovered materials identified in the EPA guidelines.

Contractor Initials

Date

Handwritten signature and date: 4/25/19

Exhibit E

Federal Debarment and Suspension

- a. By signature on this Contract, the Contractor certifies its compliance, and the compliance of its Sub-Contractors, present or future, by stating that any person associated therewith in the capacity of owner, partner, director, officer, principal investor, project director, manager, auditor, or any position of authority involving federal funds:
 1. Is not currently under suspension, debarment, voluntary exclusion, or determination of ineligibility by any Federal Agency;
 2. Does not have a proposed debarment pending;
 3. Has not been suspended, debarred, voluntarily excluded or determined ineligible by any Federal Agency within the past three (3) years; and
 4. Has not been indicted, convicted, or had a civil judgment rendered against the firm by a court of competent jurisdiction in any matter involving fraud or official misconduct within the past three (3) years.
- b. Where the Contractor or its Sub-Contractor is unable to certify to the statement in Section a.1. above, the Contractor or its Sub-Contractor shall be declared ineligible to enter into Contract or participate in the project.
- c. Where the Contractor or Sub-Contractor is unable to certify to any of the statements as listed in Sections a.2., a.3., or a.4., above, the Contractor or its Sub-Contractor shall submit a written explanation to the DOE. The certification or explanation shall be considered in connection with the DOE's determination whether to enter into Contract.
- d. The Contractor shall provide immediate written notice to the DOE if, at any time, the Contractor or its Sub-Contractor, learn that its Debarment and Suspension certification has become erroneous by reason of changed circumstances.

Contractor Initials 
Date 4/2/19

Exhibit F

Anti-Lobbying

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

The Contractor certifies, by signing and submitting this contract, to the best of his/her knowledge and belief, that:

- a. No federal appropriated funds have been paid or shall be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence any officer or employee of any State or Federal Agency, a Member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with the awarding of any Federal contract, the making of any federal grant, the making of any federal loan, the entering into any cooperative agreement, and the extension, continuation, renewal amendment, or modification of any Federal contract grant, loan, or cooperative agreement.
- b. If any funds other than federally appropriated funds have been paid or shall be paid to any person for influencing or attempting to influence an officer or employee of any Federal Agency, a Member of Congress, and officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit the "Disclosure of Lobbying Activities" form in accordance with its instructions (<http://www.whitehouse.gov/omb/grants/sflllin.pdf>).
- c. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making and entering into this transaction imposed by Section 1352, Title 31 and U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.
- d. The Contractor also agrees, by signing this contract that it shall require that the language of this certification be included in subcontracts with all Sub-Contractor(s) and lower-tier Sub-Contractors which exceed \$100,000 and that all such Sub-Contractors and lower-tier Sub-Contractors shall certify and disclose accordingly.
- e. The DOE shall keep the firm's certification on file as part of its original contract. The Contractor shall keep individual certifications from all Sub-Contractors and lower-tier Sub-Contractors on file. Certification shall be retained for three (3) years following completion and acceptance of any given project.

Contractor Initials AV
Date 4/25/19

Exhibit G.

Rights to Inventions Made Under a Contract, Copy Rights and Confidentiality

Rights to Inventions Made Under a Contract or Agreement

Contracts or agreements for the performance of experimental, developmental, or research work shall provide for the rights of the Federal Government and the recipient in any resulting invention in accordance with 37 CFR part 401, "Rights to Inventions Made by Nonprofit Organizations and Small Business Firms Under Government Grants, Contracts and Cooperative Agreements," and any implementing regulations issued by the DOE.

Any discovery or invention that arises during the course of the contract shall be reported to the DOE. The Contractor is required to disclose inventions promptly to the contracting officer (within 2 months) after the inventor discloses it in writing to contractor personnel responsible for patent matters. The awarding agency shall determine how rights in the invention/discovery shall be allocated consistent with "Government Patent Policy" and Title 37 C.F.R. § 401.

Confidentiality

All Written and oral information and materials disclosed or provided by the DOE under this agreement constitutes Confidential Information, regardless of whether such information was provided before or after the date on this agreement or how it was provided.

The Contractor and representatives thereof, acknowledge that by making use of, acquiring or adding to information about matters and data related to this agreement, which are confidential to the DOE and its partners, must remain the exclusive property of the DOE.

Confidential information means all data and information related to the business and operation of the DOE, including but not limited to all school and student data contained in NH Title XV, Education, Chapters 186-200.

Confidential information includes but is not limited to, student and school district data, revenue and cost information, the source code for computer software and hardware products owned in part or in whole by the DOE, financial information, partner information (including the identity of DOE partners), Contractor and supplier information, (including the identity of DOE Contractors and suppliers), and any information that has been marked "confidential" or "proprietary", or with the like designation. During the term of this contract the Contractor agrees to abide by such rules as may be adopted from time to time by the DOE to maintain the security of all confidential information. The Contractor further agrees that it will always regard and preserve as confidential information/data received during the performance of this contract. The Contractor will not use, copy, make notes, or use excerpts of any confidential information, nor will it give, disclose, provide access to, or otherwise make available any confidential information to any person not employed or contracted by the DOE or subcontracted with the Contractor.

Ownership of Intellectual Property

The DOE shall retain ownership of all source data and other intellectual property of the DOE provided to the Contractor in order to complete the services of this agreement. As well the DOE will retain copyright ownership for any and all materials, patents and intellectual property produced, including, but not limited to, brochures, resource directories, protocols, guidelines, posters, or reports. The Contractor shall not reproduce any materials for purposes other than use for the terms under the contract without prior written approval from the DOE.

Contractor Initials HF
Date 4/26/19

Exhibit H

Termination

a. Termination for Cause

The DOE may terminate the Contract for cause for reasons including but not limited to the following circumstances:

1. Contractor's failure to perform the services as detailed herein and in any modifications to the Contract.
2. Contractor's failure to complete the Contract within the timeframe specified herein and in any modifications to the Contract.
3. Contractor's failure to comply with any of the material terms of the Contract.

If the DOE contemplates termination under the provisions of Subsections a.1., a.2., or a.3 above, the DOE shall issue a written notice of default describing the deficiency. The Contractor shall have five (5) business days to cure such deficiency. In the event the Contractor does not cure such deficiency, the DOE may terminate the Contract without further consideration by issuing a Notice of Termination for Default and may recover compensation for damages.

If, after the Notice of Termination for Default has been issued, it is determined that the Contractor was not in default or the termination for default was otherwise improper, the termination shall be deemed to have been a Termination for Convenience.

b. Termination for Convenience

The DOE may terminate the Contract for convenience, in whole or in part, when, for any reason, the DOE determines that such termination is in its best interest. The contract can be terminated due to reasons known to the non-Federal entity, i.e., including but not limited to program changes, changes in state-of-the-art equipment or technology, insufficient funding, etc. The Contract termination is effected by notifying the Contractor, in writing, specifying that all or a portion of the Contract is terminated for convenience and the termination effective date. The Contractor shall be compensated only for work satisfactorily completed prior to the termination of the Contract. The Contractor is not entitled to loss or profit. The amount due to the Contractor is determined by the DOE.

In the event of termination for convenience, the DOE shall be liable to the Contractor only for Contractor's work performed prior to termination.

c. The DOE's Right to Proceed with Work

In the event this Contract is terminated for any reason, the DOE shall have the option of completing the Contract or entering into an agreement with another party to complete services outlined in the Contract.

Contractor Initials JK
Date 4/20/14

State of New Hampshire

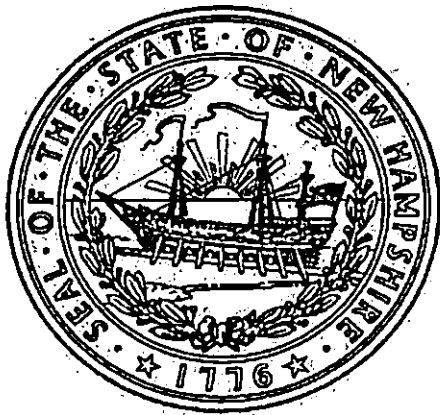
Department of State

CERTIFICATE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that HUMAN SERVICES RESEARCH INSTITUTE is a District Of Columbia Nonprofit Corporation registered to transact business in New Hampshire on February 04, 2016. I further certify that all fees and documents required by the Secretary of State's office have been received and is in good standing as far as this office is concerned.

Business ID: 738451

Certificate Number: 0004493477

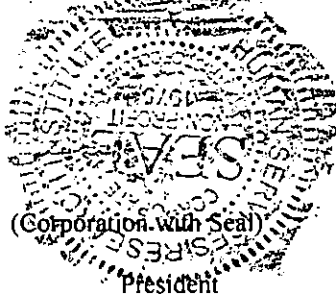


IN TESTIMONY WHEREOF,
I hereto set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 10th day of April A.D. 2019.

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

William M. Gardner
Secretary of State

CERTIFICATE OF VOTE



David Hughes
(Corporate Representative Name)

President, of the
(Corporation Representative Title)

Human Services Research Institute, do hereby certify that:
(Corporation Name)

(1) I am the duly elected and acting President of the
(Corporation Representative Title)

Human Services Research Institute, a District of Columbia, corporation.
(Corporation Name) (State of Incorporation)

(2) I maintain and have custody of and am familiar with the Seal and minute books of the Corporation;

(3) I am duly authorized to issue certificates;

(4) The following are true, accurate and complete copies of the resolutions adopted by the Board of Directors of the Corporation at a meeting of the said Board of Directors held on the 23 day of Jan, 20 19, which meeting was duly held in accordance with District of Columbia law and the by-laws of the Corporation.
(State of Incorporation)

RESOLVED: That this Corporation enter into a contract with the State of New Hampshire, acting by and through Department of Education, providing for the performance by the Corporation of certain services, and that the President (any Vice President) (and the Treasurer) (or any of them acting singly) be and hereby (is) (are) authorized and directed for and on behalf of this Corporation to enter into the said contract with the State and to take any and all such actions and to execute, seal, acknowledge and deliver for and on behalf of this Corporation any and all documents, agreements and other instruments (and any amendments, revisions or modifications thereto) as (she) (he) (any of them) may deem necessary, desirable or appropriate to accomplish the same;

RESOLVED: That the signature of any officer of this Corporation affixed to any instrument or document described in or contemplated by these resolutions shall be conclusive evidence of the authority of said officer to bind this Corporation thereby;

The forgoing resolutions have not been revoked, annulled or amended in any manner whatsoever, and remain in full force and effect as of the date hereof; and the following person(s) (has) (have) been duly elected and now occupy the office(s) indicated below.

David Hughes President Name

John Agosta Vice President Name

Steve Day Treasurer Name

IN WITNESS WHEREOF, I have hereunto set my hand as the President
(Corporate Representative title)
of the Corporation and have affixed its corporate seal this 25th day of April, 2019.

President
(Corporate Representative)

(Seal)

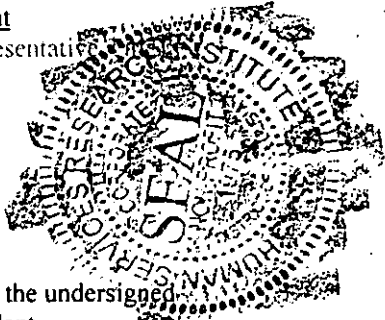
STATE OF MA

COUNTY OF Middlesex

On the 25th day of April, 2019, before me, Annamarie Edwards, the undersigned
officer, Personally appeared David Hughes, who acknowledge her/himself to be the President,
(Corporate Representative Title)

Of Human Services Research Institute, a corporation, and that such President, being
(name of corporation) (Corporate Representative Title)

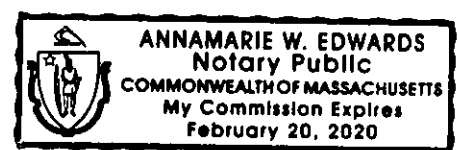
Authorized to do so, executed the foregoing instrument for the purposes therein contained, by signing the name of
the corporation by her/himself as David Hughes
(Corporate Representative Name)



IN WITNESS WHEREOF I hereto set my hand and official seal.

My commission expires on: 2/20/20

Notary Public/Justice of the Peace





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
4/30/2019

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

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

PRODUCER Marsh & McLennan Agency LLC - New England 100 Front St, Ste 800 Worcester MA 01608	CONTACT NAME: Thomas O'Neill PHONE (A/C, No, Ext): 888-850-9400 E-MAIL ADDRESS: MMA.NewEngland.CLines@marshmc.com		FAX (A/C, No): 866-795-8016
	INSURER(S) AFFORDING COVERAGE		
INSURED HUMANSERVI Human Services Research Institute 2336 Massachusetts Avenue Cambridge MA 02140	INSURER A: Philadelphia Indemnity Insurance Co.		NAIC # 18058
	INSURER B: Travelers Insurance Company		25682
	INSURER C: ACE American Insurance Company		22667
	INSURER D:		
	INSURER E:		
INSURER F:			

COVERAGES **CERTIFICATE NUMBER:** 928990832 **REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:			[REDACTED]	9/30/2018	9/30/2019	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COMPOP AGG \$ 4,000,000 \$
A	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			[REDACTED]	9/30/2018	9/30/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			[REDACTED]	9/30/2018	9/30/2019	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			[REDACTED]	9/29/2018	9/29/2019	<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A A C	E&O Liability D&O Liability Cyber Liability			[REDACTED]	9/30/2018 9/30/2018 9/30/2018	9/30/2019 9/30/2019 9/30/2019	\$2,000,000/\$4,000,000 \$1,000,000 \$2,000,000 SIR: \$1,000

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

CERTIFICATE HOLDER

CANCELLATION

New Hampshire Department of Education 21 S. Fruit 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
---	---

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Appendix A: Resumes



David Hughes, PhD

President

Profile

Dr. Hughes is a nationally recognized expert in behavioral health services research, multi-site evaluations, self-direction, evidence-based practices, permanent supported housing, quality measurement, behavioral health and health cost simulation models and the intersection of the behavioral health and criminal justice systems. He has directed and served in senior roles on dozens of HHS-sponsored projects and has worked on more than 15 projects for SAMHSA, ACL, ACF and ASPE. He received the SAMHSA Leadership Award for his work on the behavioral health managed care multi-site study.

Selected Project Experience

Project Director, Independent Evaluation of the Capacity of the Current Health System

Funder: NH DHHS | Dates: 2017

Contribution: HSRI was contracted to conduct an evaluation of the current health system in New Hampshire to respond to the inpatient, acute care psychiatric needs of patients, including but not limited to, those patients who require involuntary emergency admissions. The work included developing a comprehensive system map, reporting on hospital and emergency department admission data, conducting a system of care gap analysis, and developing a written report and presentation. Dr. Hughes was responsible for leading the project team, monitoring the technical, budget and schedule performance.

Project Director, Public Behavioral Health Gap Analysis

Funder: Behavioral Health System Baltimore (BHSB) | Dates: 2018 - Present

Contribution: HSRI received a contract from BHSB to conduct a gap analysis of the Baltimore public behavioral health system. HSRI will examine services available and the access, utilization, workforce capacity, use of best practices, quality and outcomes of the services provided within the public behavioral health system. Dr. Hughes oversees the entire project and is involved in all reporting tasks.

Project Director, North Dakota Behavioral Health Needs Assessment

Funder: ND Department of Human Services Behavioral Health Division | Dates: 2017

Contribution: HSRI has been contracted to conduct an in-depth review of North Dakota's behavioral health system and to produce recommendations and strategies for implementing changes to address the needs of the community. Dr. Hughes is responsible for carrying out all aspects of the study, including recruiting key informants for interviews, conducting interviews, and analyzing interview and service utilization data.

Senior Advisor, Reconfiguring Disability Waiver Programs and Developing an Individual Budgeting Model for HCBS Service Recipients in Minnesota

Funder: MN Disabilities Service Division | Dates: 2017 - Present

Contribution: HSRI has been contracted by the State of Minnesota to study the reconfiguration of the disability waiver programs and developing an individual budgeting model for Home and Community Based Services (HCBS). Dr. Hughes provides HCBS content expertise.

Project Director, Home and Community Based Services (HCBS) Technical Assistance

Funder: CMS | Dates: 2015 - Present

Contribution: HSRI received a subcontract from New Editions to assist them in providing technical assistance to over a half dozen states in response to individual TA requests as well as

Education

PhD

Brandeis University
Waltham, MA
(Social Policy)

MA

Brandeis University
Waltham, MA
(Social Policy)

MA

University of
Massachusetts
Boston, MA
(Applied Sociology)

BA

Trent University
Ontario, Canada
(Honors Sociology)

Professional Experience

President

(2017 - Present)

Executive Vice President

(2015 - 2017)

Vice President

(2008 - 2015)

Senior Research Specialist

(2007 - 2008)

Project Director

(1997 - 2007)

Project Manager

(1996 - 1997)

Research Analyst

(1995 - 1996)

Research Assistant

(1993 - 1995)

Human Services Research
Institute

Cambridge, MA



www.hsri.org



dhughes@hsri.org



617-876-0426

through the development and presentation of issue papers and webinars. Dr. Hughes is responsible for drafting TA plans, cost estimates and working with states regarding Self-Direction and HCBS research.

Senior Advisor, *Evaluation of Colorado's Implementation of the IV-E Waiver*

Funder: CO DHS | Dates: 2013 - Present

Contribution: HSRI is conducting a process, outcomes, and cost evaluation of Colorado's Title IV-E Waiver. Colorado's waiver seeks to improve child and family outcomes through three primary interventions: family engagement, trauma-informed child assessment, and trauma-focused behavioral health treatments. Dr. Hughes helps lead the project in order to examine how the availability of flexible funds enables the state to make changes in service delivery and to alter expenditure patterns, ultimately improving safety, permanency, and wellbeing outcomes for children.

Co-Project Director, *Milwaukee County Behavioral Health Crisis System Planning*

Funder: Milwaukee County, Wisconsin Services | Dates: 2018 - Present

Contribution: In collaboration with the Technical Assistance Collaborative (TAC) and the Wisconsin Policy Forum, HSRI is helping to facilitate a decision-making process and the development of an implementation strategy for the behavioral health crisis service system in Milwaukee County. Dr. Hughes is responsible for conducting the environmental scan, developing and conducting interviews, and developing the implementation plan.

Project Director, *Substance Abuse Disorder Providers and Insurance Reimbursement*

Funder: ASPE | Dates: 2017 - Present

Contribution: HSRI has been contracted to document state licensing and credentialing requirements for substance use disorder (SUD) treatment providers in each state and the District of Columbia. The work includes reviewing state reimbursement policies for SUD services for Medicaid, Medicare, and a sample of private insurers; and to conduct case studies of states that have implemented innovative strategies to incentivize SUD providers to join provider networks and accept insurance reimbursement. Dr. Hughes is responsible for overseeing all work on the project and will be the lead for conducting key informant interviews.

Project Director, *North Carolina Olmstead Evaluation Project*

Funder: North Carolina Department of Health and Human Services | Dates: 2017 - Present

Contribution: HSRI has been contracted to conduct an analysis of the services provided to the covered target population in the Olmstead Settlement Agreement. Dr. Hughes is responsible for overseeing the project and reporting findings to the Court Monitor and the Department of Justice.

Senior Research Advisor, *Multnomah County Mental Health System Analysis*

Funder: Multnomah County Department of County Management | Dates: 2017 - 2018

Contribution: HSRI was awarded a contract to conduct a detailed review and analysis of the mental health system within Multnomah County. The review and analysis will result in a comprehensive report which will include an inventory of mental health services provided by the county, how the services interface with one another, gaps in services, and key funding and reimbursement mechanisms for services. Dr. Hughes is responsible for advising the project on relevant national developments with his work on projects with SAMHSA, CMS and the National Association of County Behavioral Health and Developmental Disability Directors.

Co-Project Director, *Network Capacity for Substance Use Disorder Treatment*

Funder: ASPÉ | Dates: 2017 - 2018

Contribution: HSRI was contracted to conduct an environmental scan on needs assessment methodologies for substance use disorder treatment capacity and to provide a summary of alternative data sources and methods. Dr. Hughes was responsible for overseeing all tasks on the project. He led the work with the technical advisory group and with writing the final report, and briefing HHS officials.

Project Director, *Comprehensive Behavioral Health System Analysis and Study for Pierce County*

Funder: Pierce County, Washington | Dates: 2016 - 2017

Contribution: HSRI conducted a comprehensive analysis to identify and understand gaps in service access. The study identified the prevalence of behavioral health issues, extent of services available to address behavioral health-related needs, and provided recommendations for services, policies, and practices the county should pursue to address system gaps. HSRI will be supporting the implementation of the recommendations. Dr. Hughes was responsible for overseeing the and the final report which include

key recommendations to ensure a comprehensive, cost-effective, and recovery-oriented behavioral health treatment system that meets the needs of the Pierce County community.

Project Director, Milwaukee County Mental Health System Redesign

Funder: Milwaukee County | Dates: 2009 – 2016

Contribution: HSRI received a subcontract through the Public Policy Forum to assist Milwaukee County in addressing systemic issues with access to service delivery within the adult mental health system. Dr. Hughes worked closely with stakeholder to design a rigorous redesign plan. Dr. Hughes was responsible for conducting informant interviews, analyzing service utilization and assessment data, and national best practices to develop and draft recommendations for system improvements.

Senior Research Specialist, Evaluation of Cooperative Agreements to Benefit Homeless Individuals for States and Communities (CABHI)-States and Communities)

Funder: SAMHSA-CMHS-CSAT | Dates: 2016 - 2018

Contribution: HSRI received a subcontract through RTI International to evaluate two programs: The Cooperative Agreements to Benefit Homeless Individuals (CABHI) and the Programs for Assistance in Transition from Homelessness (PATH). HSRI led the multi-site evaluation of the PATH program, which is a task under the cross-site CABHI evaluation. Dr. Hughes was involved with developing the evaluation plan, data collection and data reporting.

Project Director, Training Materials for Aging and Disability Resource Centers (ADRC) on Mental Health Promotion and Suicide Prevention

Funder: SAMHSA-ACL | Dates: 2015 - 2017

Contribution: HSRI received a subcontract through Mission Analytics to develop training materials on behavioral health promotion and suicide prevention for the eight states with Aging and Disability Resource Center (ADRC) Part A: Enhanced Options Counseling grants. Dr. Hughes oversaw the needs assessment which included interviews, an environmental scan and an online survey. Dr. Hughes was responsible for using the results to develop a training webinar and resource guide designed to be adapted as needed for the diverse workforce of those who perform access functions for ADRCs.

Project Director, Maine Health Data Organization (MHDO) Data Warehouse Project

Funder: MHDO | Dates: 2013 - Present

Contribution: As a part of this ten-year contract with the State of Maine, HSRI and its partners are building a highly secure and robust data warehouse to collect and house health care claims, encounter and eligibility data, hospital financial data and other related information. Dr. Hughes oversees the project and advises the team to ensure that project resources are allocated appropriately and the project goals are met.

Senior Research Specialist, Project LAUNCH: (Linking Actions for Unmet Needs of Children's Health)

Funder: SAMHSA-ACF | Dates: 2013 - 2018

Contribution: HSRI received a subcontract through NORC at the University of Chicago to evaluate and provide technical assistance to 35 grantees implementing interventions to improve community health for children and families through the implementation of evidence-based practices and the integration of behavioral health and primary care. Dr. Hughes was responsible for developing mechanisms for the delivery of TA, monitoring TA accomplishments, and coordinating TA for both local site evaluations and the project's multi-site evaluation.

Project Director, Minnesota Preferred Integrated Network (PIN) Evaluation

Funder: MN DHS | Dates: 2013 - 2015

Contribution: HSRI conducted an evaluation of the Minnesota PIN, an initiative that integrates physical and mental health services in a prepaid health plan and coordinates these with social services. Dr. Hughes oversaw the evaluation in order to address access, quality, accountability, and cost issues associated with integrating physical and behavioral health for the target population of adults with serious mental illness and children with serious emotional disturbance.

Project Director, Evaluation of Programs That Provide Services to Persons Who Are Homeless with Mental and/or Substance Use Disorders

Funder: SAMHSA-CMHS-CSAT | Dates: 2011 - 2016

Contribution: HSRI received a subcontract through RTI International to evaluate four programs: CABHI, the Grants for the Benefit of Homeless Individuals (GBHI), Services in Supportive Housing (SSH), and PATH. HSRI had the lead for the multi-site evaluation of the PATH program. Dr. Hughes was responsible for overseeing HSRI's work on this project and working with RTI and SAMHSA staff to coordinate the multiple tasks included in this evaluation. Dr. Hughes was involved with developing the evaluation plan, data collection and data reporting.

Project Director, California 1115 Mental Health and Substance Use Services Needs Assessment and Service Plan Project

Funder: California Department of Health Care Services | Dates: 2011 - 2014
Contribution: HSRI partnered with TAC to examine how the federal health reform initiative would impact the behavioral health system in California. Dr. Hughes oversaw the examination of 5 years' worth of Medicaid data to develop cost and beneficiary utilization projections. He also provided policy assistance regarding the types of benefits and delivery systems needed to serve the Medicaid expansion population.

Project Director, Study of the Cost Efficiency of the Mental Health Block Grant Program

Funder: SAMHSA | Dates: 2008 - 2010
Contribution: This project studied the cost-efficiency of implementing evidence-based practices in three states (Arizona, Oregon and West Virginia). Dr. Hughes coordinated all efforts of data collection, including the development of a data layout plan for administrative data and all pertinent cross-walk designs. He also directed efforts at integrating SAMHSA URS (Uniform Reporting System) and NOM measures into the data analytic design and oversee all response to requests by senior SAMHSA Block Grant program staff.

Project Director, Implementing Permanent Supportive Housing for People with Disabilities in Louisiana

Funder: The Technical Assistance Collaborative (TAC) | Dates: 2008 - 2011
Contribution: HSRI received a contract to evaluate permanent supported housing programs based in Louisiana. As project Director, Dr. Hughes designed the evaluation component, engaged all stakeholders, and supervised data collection efforts, including data already collected at the state level. Dr. Hughes also developed a management plan for multisite database, including data security and confidentiality and prepared site specific IRB submission. He also directed efforts at responding to a variety of requests for information with quick turn-around time on issues surrounding housing and homelessness.

Mental Health Technical Assistance Provider, Money Follows the Person (MFP)

Funder: CMS | Dates: 2007 - 2012
Contribution: HSRI received a subcontract through the Ascension Corporation to assist the Centers for Medicaid and State Operations (CMSO) in providing technical assistance to MFP Grantees. Dr. Hughes provided technical assistance regarding quality assurance, improvement strategies, interventions, and data collection strategies as mandated by the MFP statute.

Developer, Mental Health Jail Diversion Resource Allocation and Planning Model

Funder: SAMHSA | Dates: 2006 - 2009
Contribution: This project was funded by SAMHSA to develop a computerized budget simulation and resource allocation model for projecting the costs and potential cost offsets of implementing jail or prison diversion programs for offenders with mental illness. Dr. Hughes oversaw all relevant aspects of model implementation, including convening expert panels that included consumers as well as providers and administrators and federal SAMHSA policymakers and drafting data collection plan. He also supervised all analysis involving the model and designed several implementations targeting at trauma-informed care for mental health consumers involved in the criminal justice system.

Project Director, 2004 Real Choice Systems Change Mental Health Transformation Grantee Technical Assistance

Funder: CMS | Dates: 2005 - 2009
Contribution: HSRI partnered with Independent Living Research Utilization (ILRU) to provide technical assistance to the 2004 Real Choice grantees funded by CMS. Dr. Hughes provided ongoing technical assistance and training opportunities to 10 states awarded grants in the mental health area, including veterans and military families. They include designing intervention for supported employment and housing. Mr. Hughes also managed technical assistance efforts focused on the implementation of peer provided services, evidence-based practices, policy briefs to help with local implementation, and regional trainings on implementation, workforce and self-determination. He also prepared rapid turnaround response to request by CMS on various aspects of the technical assistance.

Senior Research Specialist, Mental Health Transformation State Incentive Grant (MHT-SIG) Evaluation

Funder: SAMHSA-CMHS | Dates: 2005 - 2011.

Contribution: HSRI received a subcontract through MANILA Consulting to evaluate the overall effectiveness of the SAMHSA-funded MHT-SIG program. The objectives of the cross-site evaluation centered around determining the extent to which the mental health systems became recovery-focused, how these transformations impacted mental health consumer recovery, how the transformations resulted in changes in client outcomes (measured using SAMHSA's NOMs), and to identify factors that contributed to successful transformation of the systems and difficulties encountered along the way. Dr. Hughes was involved in designing the evaluation, data collection, and data reporting.

Mental Health Technical Assistance Provider, National Quality Enterprise

Funder: CMS | Dates: 2001 - 2013

Contribution: For over 10 years HSRI provided technical assistance to state waiver program staff as part of the National Quality Contractor and as part of the National Quality Enterprise. The TA included working with operating agencies and Medicaid agencies to collaborate on the development of performance indicators. Dr. Hughes assisted states with waiver renewals, development of evidence packages, preparation of performance measures, and monographs on topics such as sampling and risk management.

Project Lead, Coordinating Center for Managed Care and Vulnerable Populations Project

Funder: SAMHSA | Dates: 1997 - 2004

Contribution: This project facilitated common data collection approaches and analyses across 21 managed care evaluation sites. Dr. Hughes oversaw the development of a multisite dataset and managed all aspects of data collection from documentation to ensure timeliness of data submission. Dr. Hughes conducted multivariate statistical analyses and qualitative data documenting the nature of managed care provided by each site.

Honors, Awards and Memberships

Board Member - Foundation for Excellence in Mental Health Care (FEMHC)

National Quality Form, Measure Applications Partnership (MAP) Committee Member (2017 - Present)

SAMHSA Leadership Award (2011)

Selected Publications and Presentations

- Hughes, D., Wieman, D., Gerber R., Burnett, M. (2016). Resource Guide for Aging and Disability Resource Centers. Prepared by the Human Services Research Institute and Mission Analytics Group under contract with the Substance Abuse and Mental Health Services Administration in collaboration with the Administration for Community Living.
- Hughes, D., Wieman, D., Gerber R., Burnett, M. (2016). Training Materials for Aging and Disability Resource Centers. Prepared by the Human Services Research Institute and Mission Analytics Group under contract with the Substance Abuse and Mental Health Services Administration in collaboration with the Administration for Community Living.
- Hughes, D. A Simulation Modeling Approach for Planning and Costing Jail Diversion Programs for Persons with Mental Illness (2016). In: F. Taxman & A. Pattavina (Eds.), *Simulation Strategies to Reduce Recidivism* (pp. 223-265). New York: Springer.
- Mark, T., Hughes, D. (2013). Behavioral Health Treatment Needs Assessment Toolkit for State (HHS Publication No. SMA13-4757). Rockville, MD: Substance Abuse and Mental Health Services Administration Hughes, D., Steadman, H., Case, B., Griffin, P., & Leff, H.S. A Simulation Modeling Approach for Planning and Costing Jail Diversion Programs for Persons With Mental Illness (2012). *Criminal Justice and Behavior*, 39(4), 434-446.
- Hughes D., Mulkern V., & Witham S. (2010). Medicaid Managed Care for Adolescent Substance Abuse Treatment Clients. In: McFarland, B.H., McCarty, D., & Kovas, A.E. (Eds.), *Medicaid and Treatment for People with Substance Abuse Problems*. Hauppauge NY: Nova Science Publishers, Inc.
- Leff, H.S., Hughes, D.R., Chow, C.M., Noyes, S., & Ostrów, L. "A Mental Health Allocation and Planning Simulation: A Mental Health Planner's Perspective." In *Handbook for Healthcare Delivery Systems*. Edited by Y. Yih. In press.

- Hughes, D.R. Forensic Diversion and Diversion Simulation Model: Chester County, PA. Human Services Research Institute, Cambridge, MA, 2004.
- Hughes, D.R. Evaluation Report for the Forensic Access to Community Services (FACS) Program: Boston, MA. Human Services Research Institute, Cambridge, MA, 2004.
- Leff, H.S., Hughes, D.R., & Chow, C.A. CMHS Decision Support Simulation Pilot Cost-Efficiency Study. Human Services Research Institute, Cambridge, MA, 2007.
- Leff, H.S., Hughes, D., Fisher, W., & Warren, R. Consumer comparisons of hospital and community care resulting from Department of Mental Health facility consolidation: Results of a follow-up of Danvers State Hospital consumers transferred to Tewksbury State Hospital. Proceedings of the Fourth Annual Conference on State Mental Health Agency Services Research (pp. 22-23). Alexandria: National Association of State Mental Health Program Directors Research Institute, 1993.
- Hughes, D. (editor) Evaluating Models of Medicaid Managed Mental Health Care: Program Evaluations and Evaluation Materials from States. The Evaluation Center@Human Services Research Institute, 1995.
- Hughes, D.R. and Leff, H.S. Getting Started: Implementation of the Special Care Initiative: Human Services Research Institute, Cambridge, MA, 1995.
- Hughes, D.R. and Leff, H.S. Enrollment Patterns in the Special Care Initiative. Human Services Research Institute, Cambridge MA, 1995.



Benjamin Cichocki, ScD, CRC, CPRP

Research Associate

Education

ScD
Boston University
Boston, MA
(Rehabilitation
Sciences/Psychiatric
Rehabilitation)

MS
Boston University
Boston, MA
(Rehabilitation
Counseling/Psychiatric
Rehabilitation)

BS
Boston University
Boston, MA
(Rehabilitation and Human
Services)

Profile

Dr. Cichocki has over 18 years of experience in behavioral health, 12 years of which has been spent conducting systems and program evaluation and research. He has been a key member of numerous national and smaller-scale evaluations of mental health programs and systems, employing a mix of qualitative and quantitative approaches.

Selected Project Experience

Project Manager, *Independent Evaluation of the Capacity of the Current Health System*

Funder: NH DHHS | Dates: 2017

Contribution: HSRI was contracted to conduct an evaluation of the current health system in New Hampshire to respond to the inpatient, acute care psychiatric needs of individuals with psychiatric disorders, including but not limited to those patients who require involuntary emergency admissions. Dr. Cichocki was responsible for leading the project team and overseeing deliverables. He managed the collection and analysis of qualitative and quantitative data, conducted key informant interviews and qualitative analysis, and managed production of, co-authored, and presented the final report.

Research Associate, *Public Behavioral Health Gap Analysis*

Funder: Behavioral Health System Baltimore (BHSB) | Dates: 2018 - Present

Contribution: HSRI received a contract from BHSB to conduct a gap analysis of the Baltimore public behavioral health system. HSRI will examine services available and the access, utilization, workforce capacity, use of best practices, quality and outcomes of the services provided within the public behavioral health system. Dr. Cichocki is responsible for recruiting key informants and conducting key informant interviews; analyzing existing documents and reports; and working to obtain claims and other quantitative data from the State and other agencies. He is also responsible for the IRB submission to the Maryland Department of Health.

Research Associate, *Milwaukee County Behavioral Health Crisis System Planning*

Funder: Milwaukee County, Wisconsin Services | Dates: 2018 - Present

Contribution: In collaboration with the Technical Assistance Collaborative (TAC) and the Wisconsin Policy Forum, HSRI is helping to facilitate a decision-making process and the development of an implementation strategy for the behavioral health crisis service system in Milwaukee County. Dr. Cichocki developed the project work plan and is currently conducting key informant interviews with stakeholders for the environmental scan and leading efforts to collect and analyze quantitative data from health systems to inform the planning process.

Research Associate, *North Carolina Olmstead Evaluation Project*

Funder: North Carolina Department of Health and Human Services | Dates: 2017 - 2018

Contribution: HSRI was contracted to conduct an analysis of the services provided to the covered target population in the Olmstead Settlement Agreement, informing the court monitor's determination of compliance with the agreement. Dr. Cichocki helped lead the quantitative analysis of service utilization data.

Research Associate, *North Dakota Behavioral Health Needs Assessment*

Funder: ND Department of Human Services Behavioral Health Division | Dates: 2017 - 2018

Contribution: HSRI was contracted to conduct an in-depth review of North Dakota's behavioral health system and to produce recommendations and strategies for implementing changes to

Professional Experience

Research Associate
(2014 - Present)
Senior Policy/Research
Analyst

(2013 - 2014)

Policy Analyst

(2007 - 2013)

Research Assistant

(2006 - 2007)

Human Services Research
Institute

Cambridge, MA

Oversight Committee
Member, CPS Program


(2014 - Present)

The Transformation
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address the needs of the community. Dr. Cichocki contributed to all aspects of the study, including recruiting key informants for interviews, conducting interviews, and analyzing interview and other qualitative data. He co-authored the final report.

Research Associate, Milwaukee County Mental Health System Redesign

Funder: Milwaukee County | Dates: 2009 – 2016

Contribution: HSRI received a subcontract through the Public Policy Forum to assist Milwaukee County in addressing systemic issues with access to service delivery within the adult mental health system. Dr. Cichocki designed and oversaw the implementation of "Secret Shopper" campaign with randomly selected behavioral health providers serving Milwaukee County residents to assess availability of services, average time to appointment, and acceptance of Medicaid as a funding option. He trained and oversaw research assistants, compiled the dataset, and performed analyses.

Evaluation TA Team Co-Manager, Project LAUNCH (Linking Actions for Unmet Needs of Children's Health)

Funder: SAMHSA-ACF | Dates: 2013 - 2018

Contribution: HSRI received a subcontract through NORC at the University of Chicago to evaluate and provide technical assistance to 35 grantees implementing interventions to improve community health for children and families through the implementation of evidence-based practices and the integration of behavioral health and primary care. Dr. Cichocki played an integral role in the development of evaluation TA processes and protocols and the evaluability assessment tool. In addition to managing the Evaluation TA Team, he provided technical assistance to over 10 current grantees around the design of their local evaluations, including qualitative and quantitative data collection and analysis efforts. He also reviewed and provided feedback to grantees and SAMHSA Project Officers on grantee strategic plans, evaluation plans, and evaluation reports. Overall, Dr. Cichocki provided Evaluation TA for over 20 LAUNCH local evaluations focused on children ages 0-8.

Research Associate, Evaluation of Cooperative Agreements to Benefit Homeless Individuals for States and Communities (CABHI-States and Communities)

Funder: SAMHSA-CMHS-CSAT | Dates: 2016 - 2018

Contribution: HSRI received a subcontract through RTI International to evaluate two programs: The Cooperative Agreements to Benefit Homeless Individuals (CABHI) and the Programs for Assistance in Transition from Homelessness (PATH). HSRI had the lead for the multi-site evaluation of the PATH program, which is a task under the cross-site CABHI evaluation, and also collaborated on the CABHI evaluation. Dr. Cichocki was responsible for a variety of cross-site evaluation tasks such as data collection, data analysis, providing evaluation technical assistance, and reporting for 5 programs serving homeless individuals in Los Angeles, CA and the state of Michigan.

Research Associate, National Process Evaluation of the Long-Term Care Ombudsman Program

Funder: ACL | Dates: 2016 - 2017

Contribution: HSRI received a subcontract through NORC at the University of Chicago to assist with a process evaluation project of the long-term care ombudsman program. Dr. Cichocki assisted with the development of data collection tools, conducted key informant interviews and qualitative analysis, and drafted sections of the final report.

Research Associate, Comprehensive Behavioral Health System Analysis and Study for Pierce County

Funder: Pierce County, Washington | Dates: 2016

Contribution: HSRI conducted a comprehensive analysis to identify and understand gaps in service access. The study identified the prevalence of behavioral health issues, extent of services available to address behavioral health-related needs, and provided recommendations for services, policies, and practices the county should pursue to address system gaps. Dr. Cichocki helped develop key informant interview guides.

Research Associate, Developing the Framework for a Large-Scale National Demonstration of Self-Direction in Behavioral Health

Funder: Boston College | Dates: 2013 - Present

Contribution: HSRI received a subcontract through Boston College to continue the efforts of the Robert Wood Johnson Foundation-funded Environmental Scan of Self-Direction in Behavioral Health Services and Supports, this project involves further developing parameters for program design and plans for a large-scale demonstration and evaluation of self-direction in behavioral health. In addition to refining the demonstration and evaluation parameters, the project involved convening the National Self-Direction Practice Advisory Coalition, a group composed of peers and other practitioners with firsthand experience implementing self-directed behavioral health programs. The project is a joint effort of researchers from the National Center for

Participant-Directed Services, University of Maryland, and DMA Health Strategies. Dr. Cichocki is presently conducting qualitative analysis, and co-presented early process findings via a NASMHPD webinar. He also co-authored the draft evaluation plan and data collection materials.

Evaluation Consultant, National Empowerment Center

Funder: NEC | Dates: 2016 - Present

Contribution: HSRI contract with the National Empowerment Center to assist in meeting program evaluation requirements. Dr. Cichocki provides ongoing consultation related to evaluation activities, such as helping enhance TA delivery tracking processes to capture core data elements for evaluation.

Evaluation Consultant, Maine Medical Center Service Utilization Analysis

Funder: Maine Medical Center | Dates: 2014

Contribution: Consulting work performed for Maine Medical Center. Dr. Cichocki designed a small study examining the impact of achieving stable employment on utilization of case management services for the Department of Vocational Services. He performed all analyses and delivered presentations to client and ME DHHS Commissioner Mayhew and her leadership team on the findings.

Research Associate, Evaluation of Programs That Provide Services to Persons Who Are Homeless with Mental and/or Substance Use Disorders

Funder: SAMHSA-CMHS-CSAT | Dates: 2013 - 2016

Contribution: HSRI received a subcontract through RTI International to evaluate four programs: CABHI, the Grants for the Benefit of Homeless Individuals (GBHI), Services in Supportive Housing (SSH), and PATH. HSRI had the lead for the multi-site evaluation of the PATH program. Dr. Cichocki assisted with refinement of cross-site data extraction tools, performed data extraction from key documents, and developed stakeholder survey protocols. He also conducted site visits, co-authored site reports and associated materials, and served as a member of the analysis and dissemination teams, where he helped lead quantitative analyses of services data and led qualitative analyses of key program barriers and facilitators.

Research Associate, Defining and Measuring the Quality of Home and Community Services Report

Funder: National Council on Disability | Dates: 2013-2014

Contribution: HSRI subcontract with NASDDDS. Dr. Cichocki served as the mental health home and community services expert. He conducted the mental health literature review and authored final report content related to mental health.

Project Manager, Community Inclusion Program Cost Project

Funder: Temple University | Dates: 2012 - 2014

Contribution: HSRI contracted with Dr. Mark Salzer and the Institute for Community Inclusion at Temple University to conduct a survey related to costs of programs focused on the community inclusion of individuals with psychiatric disabilities. Dr. Cichocki assisted with the development of the survey and online interface, oversaw sampling and recruitment, assisted with analysis, and co-authored the final report and disseminated findings.

Policy Analyst, Mental Health and Participant Direction Environmental Scan

Funder: Robert Wood Johnson Foundation | Dates: 2012

Contribution: HSRI subcontract with Boston College, project funded by Robert Wood Johnson Foundation. The project was focused on self-directed care for individuals with psychiatric disabilities and consisted of an update of a literature review, webinars, an online survey, and key informant interviews and focus groups of State mental health agency staff and other stakeholders. Dr. Cichocki assisted with the qualitative analysis of key informant interviews.

Policy Analyst, Mental Health Transformation Grant (MHTG) National Evaluation

Funder: SAMHSA-CMHS | Dates: 2011-2012

Contribution: HSRI received a subcontract through MANILA Consulting to evaluate the overall effectiveness of the SAMSHA-funded Mental Health Transformation Grant (MHTG) program. Dr. Cichocki was involved in all facets of the evaluation. He drafted the technical proposal, and co-authored the cross-site evaluation plan, final report, and other deliverables.

Subcontract Co-Manager, Mental Health Transformation State Incentive Grant (MHT-SIG) Evaluation

Funder: SAMHSA-CMHS | Dates: 2006 - 2011

Contribution: HSRI received a subcontract through MANILA Consulting to evaluate the overall effectiveness of the SAMSHA-funded MHT-SIG program. The objectives of the cross-site evaluation centered around determining the extent to which the mental health systems became recovery focused, how these transformations impacted mental health consumer recovery, how the transformations resulted in changes in client outcomes, and to identify factors that contributed to successful transformation of the systems and difficulties encountered along the way. Dr. Cichocki was involved in all facets of the evaluation. He co-authored the cross-site evaluation plan, final report, and other deliverables. He helped lead the development of and managed GPRA data collection efforts, which strongly influenced the development of CMHS' TRAC system.

Research Assistant, Evaluation Technical Assistance Center for Adult Mental Health System Change

Funder: SAMHSA-CMHS | Dates: 2006 - 2008

Contribution: HSRI provided technical assistance related to the evaluation of adult mental health system change, specifically related to improving the planning, development, and operation of adult mental health services carried out as part of the Community Mental Health Services Block Grant program. HSRI assisted states and political subdivisions of states and other stakeholders to conduct evaluations, provided direct and indirect technical assistance activities, and developed and disseminated materials. Dr. Cichocki co-authored and edited products such as "Addendum to Measuring the Promise: A Compendium of Recovery Measures" and "Evidence Based Workforce Development Strategies for Evidence Based Practices in Mental Health."

Project Manager, Massachusetts Psychiatric Rehabilitation Association (MassPRA) Course Evaluation

Funder: MassPRA | Dates: 2006-2007

Contribution: HSRI conducted an evaluation of a Massachusetts Psychiatric Rehabilitation Association workforce development training course for incumbent workers. Dr. Cichocki was responsible for the design of the course evaluation, conducting data collection and analysis, and authored a summary report of findings and recommendations.

Selected Publications and Presentations

- Croft, B., Wang, K., Cichocki, B., Weaver, A., Mahoney, K. J. (2017). The emergence of self-direction in behavioral health: An international learning exchange. *Psychiatric Services*, 68(1), 88-91. doi: 10.1176/appi.ps.201600014
- Leff, H.S., Cichocki, B., Chow, C., Salzer, M. S., & Wieman, D. (2016). A menu with prices: Annual per person costs of programs addressing community integration. *Evaluation and Program Planning*, 54, 112-120
- Chow, C. M. & Cichocki, B. (2016). Predictors of job accommodations for individuals with psychiatric disability. *Rehabilitation Counseling Bulletin*, 59(3), 172-184. doi: 10.1177/0034355215583057
- Cichocki, B. (2015). The alliance in psychiatric rehabilitation: Client characteristics associated with the initial alliance in a supported employment program. *Work: A Journal of Prevention, Assessment, & Rehabilitation*, doi: 10.3233/WOR-152107
- Chow, C. M., Croft, B. & Cichocki, B. (2015). Evaluating the potential cost-savings of job accommodations among individuals with psychiatric disability. *Journal of Vocational Rehabilitation*, 43(2), 67-74. doi: 10.3233/JVR-150755
- Chow, C. M., Cichocki, B., & Croft, B. (2014). The impact of job accommodations on employment outcomes among individuals with psychiatric disability. *Psychiatric Services*, 65(9), 1126-1132.
- Leff, S., Cichocki, B., Chow, C. M., & Lupton, C. (2014). Infrastructure change is not enough: Outside evaluation of the Mental Health Transformation State Incentive Grants. *Psychiatric Services*, 65(7), 947-950.
- Chow, C. M., Wieman, D., Cichocki, B., Quicklund, H., & Hiersteiner, D. (2013). Mission impossible: Treating serious mental illness and substance use co-occurring disorder with integrated treatment: A meta-analysis. *Mental Health and Substance Use*, 6(2), 150-168. doi:10.1080/17523281.2012.693130
- Chow, C. & Cichocki, B. (2009). The need for evidence-based training strategies. *Psychiatric Rehabilitation Journal*, 33(1), 62-65.
- Chow, C., Cichocki, B., & Leff, H. S. (2009). The support for evidence-based training strategies. *Psychiatric Rehabilitation Journal*, 33(2), 156-159.
- Evaluation Center @HSRI (2007). *Addendum to measuring the promise: A compendium of recovery measures, (Vol. II)*. Cambridge, MA: Human Services Research Institute.
- Leff, H. S., Chow, C., Pepin, R., Ostrów, L., Conley, J., Jameson, M., & Cichocki, B. (2007). *A new hope: The evidence on housing for persons with severe mental illness and its implications*. Cambridge, MA: Human Services Research Institute.

Leff, H. S., Leff, J., Chow, C., Cichocki, B., Phillips, D., and Joseph, T. (2007). *Evidence based workforce development strategies for evidence based practices in mental health*. Cambridge, MA: Human Services Research Institute

Selected National Presentations

- Cichocki, B., Seguire, B., & Tilton, M. "Implementing Evidence into Practice for Occupational Therapy Assistants" - American Occupational Therapy Association (AOTA) 2018 Annual Conference and Expo. Salt Lake City, UT, April 21, 2018
- Croft, B., Cichocki, B., Mahoney, K. "Barriers and Facilitators for Self-Directed Care: Early Process Evaluation Findings from the Demonstration and Evaluation of Self-Direction in Behavioral Health" - A National Association of State Mental Health Program Directors (NASMHPD) TA Coalition Webinar. February 17th, 2016.
- Cichocki, B., Wieman, D. & Hughes, D. "Using Local Evaluations and Implementation Studies to Enhance Cross-Site Studies" - American Evaluation Association (AEA) 27th Annual Conference. Washington, DC, October 17, 2013. (Lead author of presentation, D. Hughes in-person presenter)
- Cichocki, B., Sullivan-Soydan, A. & Barrett, N. "Evidence Based Staff Training" - A seminar at United States Psychiatric Rehabilitation Association (USPRA) 33rd Annual Conference. Lombard, IL, June 16, 2008.
- Chow, C. & Cichocki, B. "Evidence Based Teaching" - Consortium of Psychiatric Rehabilitation Educators (CPRE) 2007 Symposium. Manchester, NH, November 3, 2007.



Nilufer Isvan, PhD

Co-Director, Behavioral Health

Profile

Dr. Isvan has over 20 years of research and evaluation experience in the behavioral health field. Her areas of interest include substance abuse prevention interventions, complex care needs, social determinants of health, health disparities, community integration, and the integration of physical and mental health. Dr. Isvan has extensive experience applying her qualitative and quantitative methodological skills and program evaluation experience to performance measure development, study design, complex statistical analysis, and providing technical assistance in measure development, data collection, and program evaluation.

Selected Project Experience

Senior Methodologist, *National Core Indicators*

Funder: State Developmental Disability Agencies | Dates: 2018 - Present
Contribution: HSRI partners with the National Association of State Directors of Developmental Disabilities Services on the National Core Indicators (NCI) project. Currently, 46 states participate in NCI, collecting data on a standard set of performance and outcome measures. States use this data to assess satisfaction and experience with supports, track key outcomes across multiple years, compare outcomes to other states and the average across states, and improve DD system performance. Dr. Isvan provides methodological guidance on survey design, psychometric testing, and data analysis.

Project Director, *Evaluation of New Hampshire's State Youth Treatment-Planning (SYT-P) Initiative*

Funder: New Hampshire Department of Health and Human Services | Dates: 2017 - Present
Contribution: HSRI received a contract to evaluate New Hampshire's State Youth Treatment Planning Initiative funded by SAMHSA - CSAT and designed to support the expansion of integrated services and supports for youth with substance use and/or co-occurring substance use and mental health disorders (SUD/COD) throughout the state. The overall objective of the evaluation is to ensure the plan is comprehensive and is meeting the needs of the target population. Dr. Isvan is leading the effort to develop an evaluation plan, design instruments to collect data from the SYT-P Interagency Council members and other program stakeholders, collect and analyze data and develop an evaluation report summarizing the results of qualitative and quantitative assessments of the state's planning process.

Statistician, *Independent Evaluation of the Capacity of the Current Health System*

Funder: NH DHHS | Dates: 2017
Contribution: HSRI was been contracted to conduct an evaluation of the health system in New Hampshire to respond to the inpatient, acute care psychiatric needs of patients, including but not limited to, those patients who require involuntary emergency admissions. The work included developing a comprehensive system map, reporting on hospital and emergency department admission data, conducting a system of care gap analysis, and developing a written report and presentation. Dr. Isvan was responsible for leading the analysis of qualitative and quantitative data. She is also assisted with identifying and obtaining existing data, and writing reports.

Education

PhD
University of Michigan
Ann Arbor, MI
(Sociology)

MS.
Boğaziçi University
Istanbul, Turkey
(Computer Science and
Systems Analysis)

BS
University of London
London, UK
(Computer Science and
Statistics)

Professional Experience

Co-Director, Behavioral Health
(2017 - Present)
Senior Research Fellow
(2006 - 2017)
Human Services
Research Institute
Cambridge, MA

Visiting Faculty
Member
Boston Architectural
College
Boston, MA
(2005)

Sr. Research Scientist
Survey Research Group
Channing Bete Company
South Deerfield, MA
(2003 - 2005)

Assistant Professor of
Sociology, State
University of New York,
Stony Brook, NY
(1992 - 2003)

Project Director, *River Valley Rising Evaluation*

Funder: River Valley Rising Substance Use Coalition | Dates: 2019 – Present

Contribution: River Valley Rising is a prevention coalition located in Rumford, ME in its fourth year of a 5-year Drug Free Communities (DFC) grant, funded through the Office of National Drug Control Policy (ONDCP) and SAMHSA. The goals of the DFC program are to strengthen collaboration among community entities and reduce substance use among youth. River Valley Rising contracted HSRI to be their evaluation partner to assess the progress they have made meeting their goals and objectives over the course of the grant, and to provide support in drafting an application for another 5-year DFC grant, which is due in early spring. Dr. Isvan is responsible for designing the evaluation and overseeing all evaluation activities.

Senior Methodologist, *Substance Abuse Disorder Providers and Insurance Reimbursement*

Funder: ASPE | Dates: 2017 – Present

Contribution: HSRI has been contracted to document state licensing and credentialing requirements for substance use disorder (SUD) treatment providers in each state and the District of Columbia. The work includes reviewing state reimbursement policies for SUD services for Medicaid, Medicare, and a sample of private insurers; and to conduct case studies of states that have implemented innovative strategies to incentivize SUD providers to join provider networks and accept insurance reimbursement. Dr. Isvan helps lead the team with numerous tasks such as: producing work plans; conducting the environmental scan; reviewing licensing and credentials of SUD providers; reviewing billing eligibility; conducting case studies and writing reports and issue briefs.

Senior Analyst, *Developing the Framework for a Large-Scale National Demonstration of Self-Direction in Behavioral Health*

Funder: Robert Wood Johnson | Dates: 2016 - Present

Contribution: HSRI received a grant from the Robert Wood Johnson Foundation to continue the Environmental Scan of Self-Direction in Behavioral Health Services and Supports. This project involves further developing parameters for program design and plans for a large-scale demonstration and evaluation of self-direction in behavioral health. In addition to refining the demonstration and evaluation parameters, the project involved convening the National Self-Direction Practice Advisory Coalition, a group composed of peers and other practitioners with firsthand experience implementing self-directed behavioral health programs. The project is a joint effort of researchers from the National Center for Participant-Directed Services, University of Maryland, and DMA Health Strategies. Nilufer is responsible for developing analysis plans and providing consultation on complex quantitative methods.

Cross-Site Evaluation Co-Lead, *Program Evaluation for Prevention Contract (PEPC)*

Funder: SAMHSA-CSAP | Dates: 2013 - 2018

Contribution: HSRI received a subcontract through RTI to collaborate on the PEPC project that includes a national cross-site evaluation of CSAP's Minority AIDS Initiative (MAI). MAI awards grants to community-based organizations and minority-serving academic institutions to prevent substance abuse and the spread of HIV, viral hepatitis, and other STDs among high-risk minority communities. Dr. Isvan was responsible for overseeing the project team's data processing, analysis and reporting activities. She was also responsible for developing the cross-site evaluation and analysis plans, reviewing grantees' evaluation plans, conducting trainings for grantees and SAMHSA project officers, overseeing the team's responses to technical assistance requests from grantees, designing the annual reports, and developing conference presentations and scholarly publications based on evaluation findings. As part of this project, she led the effort to review and revise the MAI outcome measures and to redesign the participant-level data collection instruments and protocols.

Senior Analyst, *Home and Community Based Services (HCBS) Technical Assistance*

Funder: CMS | Dates: 2015 - Present

Contribution: HSRI received a subcontract from New Editions to assist them in providing technical assistance to over a half-dozen states in response to individual TA requests as well as through the development and

presentation of issue papers and webinars. Nilufer is responsible for drafting TA plans, cost estimates and working with states regarding Self-Direction and HCBS research.

Senior Analyst, Evaluation of Programs Providing Services to Persons who are Homeless with Mental and/or Substance Use Disorders

Funder: SAMHSA-CMHS-CSAT | Dates: 2011 - 2016

Contribution: HSRI received a subcontract through RTI International to evaluate four programs: CABHI, the Grants for the Benefit of Homeless Individuals (GBHI), Services in Supportive Housing (SSH), and PATH. HSRI had the lead for the evaluation of the PATH program. Dr. Isvan serves as a Senior Analyst and leads the planning, analysis and interpretation of the data, and development of scholarly articles as agreed to with RTI.

Data Analysis Team Lead, Data Analysis Coordination and Consolidation Center (DACCC)

Funder: SAMHSA - CSAP | Dates: 2007 - 2012

Contribution: CSAP funded the DACCC as a means to centralize and elevate its data collection and analysis efforts, producing data that would help it provide appropriate guidance to grantees and to the prevention field in general. Dr. Isvan led a team of 15 research analysts in consolidating data from multiple sources into reports that summarize the performance of CSAP programs and contracts. She also interacted with the client to obtain requirements for deliverables, conducted original research to inform the field, presented findings at national conferences, and offered trainings in data and evaluation methods to CSAP staff and grantees.

Selected Publications

Articles

Croft, B. & Isvan, N. (2015). Impact of the 2nd story peer respite program on use of inpatient and emergency services. *Psychiatric Services*, 66, 632-637.

Croft, B., Isvan, N., Mahoney, K., & Parish, S. Behavioral Health Self-Direction's Impact on Employment, Housing, and Support Group Engagement. Manuscript under review.

Technical Reports

Co-Author: The Minority AIDS Initiative (MAI) Cross-Site Evaluation Report, FY 2015, Rockville, MD: Center for Substance Abuse Prevention, Substance Abuse and Mental Health Services Administration, 2016.

Co-Author: Accountability Report, Volume X: FY 2011, Rockville, MD: Center for Substance Abuse Prevention, Substance Abuse and Mental Health Services Administration, 2012.

Co-Author: National Outcome Measures: State-Level Trends, Volume VI: 2002-2010, Rockville, MD: Center for Substance Abuse Prevention, Substance Abuse and Mental Health Services Administration, 2012.

Co-Author: Trends and Directions in Substance Abuse Prevention, Volume IX: 2002-2010, Rockville, MD: Center for Substance Abuse Prevention, Substance Abuse and Mental Health Services Administration, 2011.

Co-Author: HIV Cross-Site Evaluation Report, Rockville, MD: Center for Substance Abuse Prevention, Substance Abuse and Mental Health Services Administration, 2012.

Co-Author: STOP Act Annual Report, Volume III: FY 2011, Rockville, MD: Center for Substance Abuse Prevention, Substance Abuse and Mental Health Services Administration, 2012.

Presentations

Isvan, N., Lundquist, L., Gerber, R., Battis, K., Burnett, M., Brown, D.C. The Effects of Service Type and Dosage on HIV Risk Factors Among Participants of Minority AIDS Initiative Programs. Paper presented at the Annual Meeting of the Society for Prevention Research, Washington, D.C., June, 2017.

Isvan, N., Gerber, R., Battis, K., Burnett, M., Lundquist, L., Brown, D.C., Graham, P.W., and Youngman, L. HIV and Substance Abuse Prevention Needs of Transgender Individuals: An Analysis of Program Evaluation Data from

- SAMHSA's Minority AIDS Initiative. Poster presented at the American Public Health Association Annual Conference, Denver, CO, November, 2016.
- Isvan, N., Brown, D.C., Gerber, R., Battis, K., Lundquist, L., Burnett, M., Graham, P.W., Blake, S., and Clarke, T. The Success Case Method: Integrating Qualitative and Quantitative Data to Evaluate Behavioral Health Interventions. Paper presented at the American Evaluation Association Annual Conference, Atlanta, GA, October, 2016.
- Isvan, N., Lundquist, L., Burnett, M., Gerber, R., Brown, D.C., Youngman, L., and Pinnock, W. The Role of SAMHSA/CSAP's Minority AIDS Initiative (MAI) in Addressing Health Disparities. Paper presented at the Annual Conference of the Society for Prevention Research, San Francisco, CA, June, 2016.
- Croft, B. and Isvan, N. Impact of the 2nd Story Peer Respite Program on Inpatient and Emergency Service Use. Poster presented at the American Public Health Association Annual Conference. Boston, MA, November, 2013.
- Isvan, N. and Roddy, P. Characteristics of Successful Substance Abuse/HIV Prevention Interventions. Paper presented at the National Prevention Network Annual Research Conference. Pittsburgh, PA, September 2012.
- Fallik, B. and Isvan, N. Recent National Trends in Substance Abuse Indicators and Implications for Prevention Policy. Paper presented at the National Prevention Network Research Conference, Atlanta, GA, September, 2011.
- Isvan, N. and Smith-LeBeau, L. Adolescent Risk and Protective Factors Predicting Young Adult Substance Use. Paper presented at the annual meeting of the American Psychological Association, San Diego, CA, August 2010.
- Fallik, B. and Isvan, N. An Analysis Examining Longitudinal Data of Early Teenage Factors Associated with Substance Use Among Young Adults. Paper presented at the National Prevention Network Research Conference, Anaheim, California, September, 2009.
- Rogers, K., Isvan, N. & Bailey, D. Predicting Participant Retention in Direct Service Prevention Programs: The Case of CSAP's Methamphetamine Prevention Grant Initiative. Paper presented at the Annual Meeting of the Society for Prevention Research, Washington, D.C., May, 2009.
- Isvan, N. and Huntington, N. The Use Of Classification And Regression Tree Models In Prevention Research: An Exploratory Analysis Of Risk And Protective Factors Predicting Problem Alcohol Use. Paper presented at the Annual Meeting of the Society for Prevention Research, San Francisco, CA, May, 2008.



Teresita Camacho-Gonsalves, PhD

Co-Director Behavioral Health
Senior Research Specialist

Education

PhD
University of New Hampshire
Durham, NH
(Sociology)

MA
University of New Hampshire
Durham, NH
(Sociology)

BA
Union College
Schenectady, NY
(Sociology)

Professional Experience

Co-Director
(2017 – Present)
Senior Research Specialist
(2000 – Present)
Assistant Director
(2000 – 2008)
Human Services Research Institute
Cambridge, MA

Special Assistant for
Multicultural Projects
(1998 – 2000)
Research Analyst
(1995 – 1998)
Massachusetts
Department of Mental Health, Office of
Multicultural Affairs
Boston, MA

Research Assistant
(1992 – 1993)
University of New Hampshire, Sociology
Department
Durham, NH

Profile

Dr. Camacho-Gonsalves has more than 20 years of experience in evaluation design, data collection, TA and training. She has served as project manager and senior research specialist for multiple SAMHSA-funded program evaluations and as the assistant director of the SAMHSA-funded Technical Assistance Center for the Evaluation of Adult Mental Health Systems Change. She also managed the Multicultural Issues in Evaluation program. She is fluent in Spanish.

Selected Project Experience

Senior Research Specialist, National Center on Advancing Person-Centered Practices and Systems

Funder: SAMHSA-ACL | Dates: 2018 - Present

Contribution: HSRI received a contract to provide actionable technical assistance to state programs to assist states in transforming their long-term services and supports systems on the implementation of the HHS policy on person-centered thinking, planning, and practice. Dr. Camacho-Gonsalves is serving as a Senior Research Specialist with a focus on issues of cultural competency.

Senior Research Specialist, Public Behavioral Health Gap Analysis

Funder: Behavioral Health System Baltimore (BHSB) | Dates: 2018 - Present

Contribution: HSRI received a contract from BHSB to conduct a gap analysis of the Baltimore public behavioral health system. HSRI will examine services available and the access, utilization, workforce capacity, use of best practices, quality and outcomes of the services provided within the public behavioral health system. Dr. Camacho-Gonsalves is responsible for conducting stakeholder interviews.

Senior Research Specialist, Oregon Statewide Shelter Study

Funder: Oregon Housing and Community Services Department | Dates: 2018

Contribution: HSRI partnered with TAC to conduct a Statewide Shelter Study for the State of Oregon which purpose is to assess the inventory of shelter and needs and gaps in the system. HSRI assisted TAC in the development of a survey for winter and warming shelters and in the review of existing data. HSRI also assisted with conducting focus groups in five regions of the state which included representatives from emergency and winter/warming shelters. HSRI staff summarized the information obtained from the focus groups for TAC. Dr. Camacho-Gonsalves was responsible for conducting focus groups.


Senior Research Specialist, Analysis of HMIS data for Lane County, Oregon

Funder: Lane County Department of Health and Human Services | Dates: 2018

Contribution: HSRI partnered with TAC to analyze Homeless Management Information Systems (HMIS) data for Lane County, Oregon. HSRI calculated the cumulative length of time in housing and the number of discrete visits to emergency shelters in FY2016 to help develop a system map and to identify demographic characteristics of high utilizers. Dr. Camacho-Gonsalves helped analyzed HMIS data across housing types (emergency shelters, permanent supportive housing, transitional housing, rapid rehousing).

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Project Manager, Network Capacity for Substance Use Disorder Treatment

Funder: ASPE | Dates: 2017 - 2018

Contribution: HSRI was contracted to conduct an environmental scan on needs assessment methodologies for substance use disorder (SUD) treatment capacity and to provide a summary of alternative data sources and methods. Dr. Camacho-Gonsalves was responsible for managing the project. In that role she drafted work plans, progress reports and helped prepare and convene the technical advisory group. She was also involved in conducting the environmental scan and reporting on current practices in the field of needs assessments and opportunities for further research and enhancement of SUD needs assessment.

Project Manager, Evaluation of Cooperative Agreements to Benefit Homeless Individuals for States and Communities (CABHI-States and Communities)

Funder: SAMHSA-CMHS-CSAT | Dates: 2016 - 2018

Contribution: HSRI received a subcontract through RTI International to evaluate two programs: The Cooperative Agreements to Benefit Homeless Individuals (CABHI) and the Programs for Assistance in Transition from Homelessness (PATH). HSRI had the lead for the multi-site evaluation of the PATH program, which was a task under the cross-site CABHI evaluation. Dr. Camacho-Gonsalves served as Project Manager and Senior Research Specialist for HSRI and was involved in developing the evaluation design plan, data collection, and data reporting. For the PATH evaluation, she was involved in the management of the project including on-going communications with the COR, developing a management and work plan, developing the evaluation plan, developing surveys and protocols, preparing the OMB Clearance Package, data collection and reporting.

Project Manager and Senior Research Specialist, Evaluation of Programs That Provide Services to Persons Who Are Homeless with Mental and/or Substance Use Disorders

Funder: SAMHSA-CMHS-CSAT | Dates: 2011 - 2016

Contribution: HSRI received a subcontract through RTI International to evaluate four programs: CABHI, the Grants for the Benefit of Homeless Individuals (GBHI), Services in Supportive Housing (SSH), and PATH. HSRI had the lead for the multi-site evaluation of the PATH program. Dr. Camacho-Gonsalves served as Project Manager and Senior Research Specialist for HSRI and was involved in developing the evaluation design plan, developing surveys and protocols, data collection, data reporting, and managing data delivery. She also oversaw the programming and administration of web surveys. For the PATH evaluation, she was also involved in the management of the project, developing the evaluation plan, data collection, reporting, managing data delivery, and conducting a final briefing at SAMHSA.

Evaluation TA Team Co-Manager and Senior Research Specialist, Project LAUNCH (Linking Actions for Unmet Needs of Children's Health)

Funder: SAMHSA-ACF | Dates: 2013 - 2018

Contribution: HSRI received a subcontract through NORC at the University of Chicago to evaluate and provide technical assistance to 35 grantees implementing interventions to improve community health for children and families through the implementation of evidence-based practices and the integration of behavioral health and primary care. Dr. Camacho-Gonsalves played an integral role in the development of evaluation TA processes and protocols. In addition to helping manage the Evaluation TA Team, she provided technical assistance to LAUNCH grantees around the design of their local evaluations, data collection, and reviewed and provided feedback to grantees and SAMHSA Project Officers on grantee strategic plans, evaluation plans, and evaluation reports.

Project Manager and Senior Research Specialist, Services in Supportive Housing (SSH) National Outcomes Evaluation

Funder: SAMHSA - CMHS | Dates: 2010 - 2011

Contribution: HSRI received a contract from SAMHSA to conduct a national evaluation of fidelity to the SSH model and the comparative effectiveness of other evidence-based practices utilized by SSH grantees. Dr. Camacho-Gonsalves served as Project Manager and was involved in developing the evaluation design plan and developing surveys and protocols.

Senior Research Specialist, Evaluation of a SAMHSA-CMHS funded Cooperative Agreement for HIV/AIDS Related Mental Health Services in Minority Communities

Funder: SAMHSA - CMHS | Dates: 2006 - 2011

Contribution: HSRI was the evaluator for a SAMHSA/CMHS grant (HIV/AIDS Related Mental Health Services in Minority Communities) provided to the Cambridge Health Alliance (CHA) to apply the Assertive Community Treatment (ACT) model to persons with HIV/AIDS and mental illness in CHA's service area (Cambridge, Somerville, Malden, Chelsea, Revere, Everett and Winthrop all in Massachusetts). CHA provides ACT to clients served by four community partners (Cambridge Cares About Aids,

Concilio Hispano, Inc., Massachusetts Alliance of Portuguese Speakers, and the Tri-City Community Action Program) which operate specialized services targeting persons in racial and ethnic minority groups who are HIV-positive. The evaluation included the collection of client outcomes data (i.e., data for SAMHSA's National Outcomes System (NOMS) and for the cross-site evaluation), assessment of cultural competence, service utilization data, and fidelity monitoring. Dr. Camacho-Gonsalves was involved in adapting the Cultural Acceptability of Treatments Survey (CATS) for use in the local evaluation and in data collection and reporting.

Senior Research Specialist, Mental Health Transformation State Incentive Grant (MHT-SIG) Evaluation

Funder: SAMHSA-CMHS | Dates: 2005 - 2011

Contribution: HSRI received a subcontract through MANILA Consulting to evaluate the overall effectiveness of the SAMHSA-funded MHT-SIG program. The objectives of the cross-site evaluation centered around determining the extent to which the mental health systems became recovery focused, how these transformations impacted mental health consumer recovery, how the transformations resulted in changes in client outcomes (measured using SAMHSA's NOMS), and to identify factors that contributed to successful transformation of the systems and difficulties encountered along the way. Dr. Camacho-Gonsalves was involved in developing the evaluation design plan, data collection, and data reporting.

Project Manager, Evaluation of the SAMHSA Minority Fellowship Program

Funder: SAMHSA-CMHS | Dates: 2005 - 2011

Contribution: HSRI conducted the evaluation of the SAMHSA Minority Fellowship Program (MFP), the first evaluation since the program's inception in 1972. The MFP is designed to strengthen the training of ethnic minorities who are entering the behavioral health services profession. Dr. Camacho-Gonsalves was involved in developing the evaluation design plan, developing surveys and protocols, preparing the OMB Clearance Package, data collection, and data reporting. She also oversaw the programming and administration of web surveys.

Senior Research Specialist, Evaluation of the State Incentive Grants for Treatment of Persons with Co-Occurring Substance Related and Mental Disorders

Funder: SAMHSA-CSAT and CMHS | Dates: 2005 - 2010

Contribution: Through a subcontract with Advocates for Human Potential, HSRI conducted an evaluation of 15 COSIG grants funded to develop and enhance their infrastructure and treatment service systems to increase capacity to provide services to persons with co-occurring substance abuse and mental health disorders, and to their families. Dr. Camacho-Gonsalves was involved in developing the evaluation design plan, data collection, and data reporting.

Co-Project Director, Evaluation of the Alternatives to Reduce and Eliminate the Use of Restraint and Seclusion

Funder: SAMHSA-CMHS | Dates: 2004 - 2009

Contribution: Through a subcontract with the National Association of State Mental Health Program Directors, National Technical Assistance Center (NTAC), HSRI conducted the evaluation of the first round of ASR State Infrastructure Grant (SIG) grantees. Among the deliverables for the project was the evaluation design, development of a fidelity measure to assess implementation of alternatives to restraint and seclusion, a final report, and the successful submission of an application for the NTAC Six Core Strategies for the SAMHSA National Registry of Evidence-based Programs and Practices (NREPP). Dr. Camacho-Gonsalves was involved in developing the evaluation design plan, developing surveys and protocols, preparing the OMB Clearance Package, data collection, and data reporting.

Assistant Director, Evaluation Technical Assistance Center for Adult Mental Health System Change

Funder: SAMHSA-CMHS | Dates: 2000 - 2008

Contribution: HSRI provided technical assistance related to the evaluation of adult mental health system change, specifically related to improving the planning, development, and operation of adult mental health services carried out as part of the Community Mental Health Services Block Grant program. HSRI assisted states and political subdivisions of states and other stakeholders to conduct evaluations, provided direct and indirect technical assistance activities, and developed and disseminated materials. Dr. Camacho-Gonsalves provided technical assistance and was involved in the development of materials. She also managed the Multicultural Issues in Evaluation Program.

Honors and Awards

Boston University, Center for Psychiatric Rehabilitation, Training for the Future Program (2004)

American Public Health Association (APHA), Mental Health Section. Outstanding Student Paper Award, 129th Annual Meeting of the APHA, Mental Health Section in Atlanta, GA (2001)

Selected Publications and Presentations

- Wieman, D.A., Camacho-Gonsalves, T., Huckshorn, K.A., & Leff, S. Multisite study of an evidence-based practice to reduce seclusion and restraint in psychiatric inpatient facilities. *Psychiatric Services*, 2014, Mar, 65(3), 345-51.
- Leff, H.S., Cook, J.A., Gold, P.B., Toprac, M., Blyler, C., Goldberg, R., McFarlane, W., Shafer, M., Allen, I.E., Camacho-Gonsalves, T., & Raab, B. Effects of job development and job support on competitive employment of persons with severe mental illness. *Psychiatric Services*, 2005, Oct, 56: 1237-44.
- Shin, S., Chow, C., Camacho-Gonsalves, T., Levy, R.T., Allen, I.E., & Leff, H.S. A meta-analytic review of racial-ethnic matching for African American and Caucasian American clients and clinicians. *Journal of Counseling Psychology*, 2005, Jan, 52(1), 45-56.

Technical Reports

- Co-Author: 2018 National Evaluation of SAMHSA's PATH Program Final Report, 2018.
- Co-Author: 2015 National Evaluation of SAMHSA's PATH Program Final Report, 2016.
- Contributor: National Evaluation of SAMHSA's 2009-2012 Homeless Services Programs Draft Final Evaluation Report, 2016.
- Co-Author: Cambridge Health Alliance HIV/AIDS Related Mental Health Services in Minority Communities Project, Final Evaluation Report, 2012.
- Co-Author: Evaluation of the SAMHSA Minority Fellowship Program, Draft Final Evaluation Report, 2011.
- Co-Author: Hogg Foundation for Mental Health Seclusion and Restraint Reduction Initiative, Summary Report, 2011.
- Co-Author: Evaluation of the Hogg Foundation for Mental Health Initiative, Reducing Seclusion and Restraint in Texas, Draft Final Report, 2010.
- Co-Author: SAMHSA Initiative to Reduce and Eliminate the Use of Restraint and Seclusion, Coordinating Center Alternatives to Restraint and Seclusion (ARS) State Infrastructure (SIG) Grant Program, First Round of ARS SIG Grantees, Evaluation Report, 2009.

Educational Materials

- Camacho-Gonsalves, T., Leff, H.S. & Torrey, W.C. Toolkit on manuals and workbooks for psychosocial interventions. Cambridge, MA: The Evaluation Center@HSRI, 2002.



Rachael Gerber, MPH

Research Associate

Profile

Ms. Gerber has over eight years of experience in behavioral health research and evaluation, including projects at the federal, state, and community levels. She has developed evaluation and data collection plans, designed data collection tools and validation for online instruments, managed, cleaned, and analyzed complex datasets, and provided technical assistance to grant recipients and government agency staff. She is experienced in quantitative and qualitative methods and has contributed to manuscripts, reports, policy briefs, presentations and guidance documents.

Selected Project Experience

Project Manager/Data Analyst, *New Hampshire State Youth Treatment-Planning (SYT-P)*

Funder: NH DHHS | Dates: 2017 – Present

Contribution: HSRI received a contract to evaluate New Hampshire's State Youth Treatment Planning Initiative funded by SAMHSA –CSAT and designed to support the expansion of integrated services and supports for youth with substance use and/or co-occurring substance use and mental health disorders (SUD/COD) throughout the state. The overall objective of the evaluation is to ensure the plan is comprehensive and is meeting the needs of the target population. As the Project Manager, Ms. Gerber is responsible for development and management of the project workplan, timeline, deliverables, and communications with designated DHHS staff. She contributes to designing the Evaluation Plan, interviews with State agency stakeholders, and collecting and analyzing data for performance evaluation of the planning initiative.

Data Analyst, *Independent Evaluation of the Capacity of the Current Health System*

Funder: NH DHHS | Dates: 2017 – 2018

Contribution: HSRI was contracted to conduct an evaluation of the current health system in New Hampshire to respond to the inpatient, acute care psychiatric needs of patients, including but not limited to, those patients who require involuntary emergency admissions. The work included developing a comprehensive system map, reporting on hospital and emergency department admission data, conducting a system of care gap analysis, and developing a written report and presentation. Ms. Gerber was responsible for assisting the project team with identifying and obtaining summary reports and publicly available quantitative data; analyzing qualitative data, claims data, and conducting and analyzing key informant interviews and focus groups. She also assisted the team with reporting.

Project Manager/Research Analyst, *Substance Abuse Disorder Providers and Insurance Reimbursement*

Funder: ASPE | Dates: 2017 – Present

Contribution: HSRI has been contracted to document state licensing and credentialing requirements for substance use disorder (SUD) treatment providers in each state and the District of Columbia. The work includes reviewing state reimbursement policies for SUD services for Medicaid, Medicare, and a sample of private insurers; and to conduct case studies of states that have implemented innovative strategies to incentivize SUD providers to join provider networks and accept insurance reimbursement. Ms. Gerber is responsible

Education

MPH

Yale School of Public Health
New Haven, CT
(Social and Behavioral Science)

BA

Boston University
Boston, MA
(History)

Professional Experience

Research Associate
Human Services
Research Institute
Cambridge, MA
(2013 – Present)

Sr. Research Associate
New England Research
Institutes, Inc.
Watertown, MA
(2012 – 2013)

Research Analyst
HSRI
Cambridge, MA
(2009-2012)

Research Assistant
Center for
Interdisciplinary
Research on AIDS
New Haven, CT
(2007 – 2009)

for assisting the project director. She will also draft progress reports, and meeting agendas and will conduct data analysis for the project.

Data Analyst, Multnomah County Mental Health System Analysis

Funder: Multnomah County Department of County Management | Dates: 2017 – 2018

Contribution: HSRI was awarded a contract to conduct a detailed analysis of the mental health system within Multnomah County. The analysis resulted in a comprehensive report which included an inventory of mental health services provided by the county, how the services interface with one another, gaps in services, and key funding and reimbursement mechanisms for services. Ms. Gerber was responsible for assisting the project team with identifying and obtaining summary reports and publicly available quantitative data, analyzing qualitative data, and conducting and analyzing key informant interviews and focus groups. She also assisted the team with reporting.

Analyst, Comprehensive Behavioral Health System Analysis and Study for Pierce County

Funder: Pierce County, Washington | Dates: 2016 – 2017

Contribution: HSRI conducted a comprehensive analysis to identify and understand gaps in service access. The study identified the prevalence of behavioral health issues, extent of services available to address behavioral health-related needs, and provided recommendations for services, policies, and practices the county should pursue to address system gaps. Rachael was responsible for identifying sources of behavioral health prevalence and service utilization data, developing and analyzing results of an online survey for case managers and service users on the adequacy of services to meet consumers' needs, and analyzing behavioral health claims data from Washington's Comprehensive Hospital Abstract Reporting Systems (CHARS).

Research Analyst and Project Manager River Valley Rising Evaluation

Funder: River Valley Rising Substance Use Coalition | Dates: 2019 – Present

Contribution: River Valley Rising (RVR) is a prevention coalition located in Rumford, ME in its fourth year of a 5-year Drug Free Communities (DFC) grant, funded through the Office of National Drug Control Policy (ONDCP) and SAMHSA. The goals of the DFC program are to strengthen collaboration among community entities and reduce substance use among youth. RVR contracted HSRI to be their evaluation partner to assess the progress they have made meeting their goals and objectives over the course of the grant. Ms. Gerber's responsibilities include evaluation design and reporting activities, identifying secondary data sources, data analysis, project coordination, and assisting RVR in their application for a grant renewal.

Analyst, North Carolina Olmstead Evaluation Project

Funder: North Carolina Department of Health and Human Services | Dates: 2017 - Present

Contribution: HSRI has been contracted to conduct an analysis of the services provided to the covered target population in the Olmstead Settlement Agreement. Rachael is responsible for working with state agencies to obtain data, linking databases from Medicaid claims and other state-funded behavioral health service data, conducting quantitative analyses, writing reports, and presenting data in simple visual formats to facilitate stakeholder discussions.

Research Analyst, Analysis of HMIS data for Lane County, Oregon

Funder: Lane County Department of Health and Human Services | Dates: 2018

Contribution: HSRI partnered with TAC to analyze Homeless Management Information Systems (HMIS) data for Lane County, Oregon. HSRI calculated the cumulative length of time in housing and the number of discrete visits to emergency shelters in FY2016 to help develop a system map and to identify demographic characteristics of high utilizers. Ms. Gerber analyzed HMIS data to determine participant-level length of time (LOT) in emergency shelter, including number of discrete stays and total length of time (days) by fiscal year.

Research Analyst, Network Capacity for Substance Use Disorder Treatment

Funder: ASPE | Dates: 2017 – 2018

Contribution: HSRI was contracted to conduct an environmental scan on needs assessment methodologies for substance use disorder treatment capacity and to provide a summary of alternative data sources and methods. Ms. Gerber assisted with the environmental scan and conducting data analysis.

Lead Analyst, Program Evaluation for Prevention Contract (PEP-C)

Funder: SAMHSA-CSAP | Dates: 2013 - 2018

Contribution: HSRI received a subcontract through RTI to collaborate on the PEP-C project that includes a national cross-site evaluation of CSAP's Minority AIDS Initiative (MAI). MAI awards grants to community-based organizations and minority-serving academic institutions to prevent substance abuse and the spread of HIV, viral hepatitis, and other STDs among high-risk minority communities. Ms. Gerber was responsible for managing large and complex datasets, developing data collection protocols and instruments, designing data validation and cleaning rules, analyzing process- and participant-level outcomes, producing data for Government Performance and Results Act (GPRA) measures, writing reports and dissemination materials, and creating materials for training and technical assistance to grantees and federal staff.

Analyst, Evaluation of Cooperative Agreements to Benefit Homeless Individuals for States and Communities (CABHI-States and Communities)

Funder: SAMHSA-CMHS-CSAT | Dates: 2016 - 2018

Contribution: HSRI received a subcontract through RTI International to evaluate two programs: The Cooperative Agreements to Benefit Homeless Individuals (CABHI) and the Programs for Assistance in Transition from Homelessness (PATH). HSRI led the multi-site evaluation of the PATH program, which is a task under the cross-site CABHI evaluation. Rachael is involved in data management and analysis of program data.

Project Manager/Data Analyst, Bridging the Gaps: The Rochester Community Coalition for Alcohol and Drug Prevention

Funder: City of Rochester, NH | Dates: 2016

Contribution: HSRI received a contract to provide evaluation services to Bridging the Gaps, the Drug and Alcohol Prevention Coalition of Rochester, New Hampshire in support of its Drug Free Communities (DFC) grant. The DFC grant is administered by the Office of National Drug Control Policy (ONDCP) and supported by SAMHSA to build community coalitions to prevent substance use among youth. In addition to project management responsibilities, Rachael contributed to the development of the evaluation design, created and disseminated an online survey, analyzed trend data on youth substance use in New Hampshire, and contributed to writing the final evaluation report.

Senior Analyst, Training Materials for Aging and Disability Resource Centers (ADRC) on Mental Health Promotion and Suicide Prevention

Funder: SAMHSA-ACL | Dates: 2015 – 2016

Contribution: HSRI received a subcontract through Mission Analytics to develop training materials on behavioral health promotion and suicide prevention for the eight states with Aging and Disability Resource Center (ADRC) Part A: Enhanced Options Counseling grants. Ms. Gerber was responsible for coordinating and participating in key informant interviews with state agency directors, drafting a needs assessment report; developing an online survey for person-centered counseling professionals and analyzing results, and collaborating in the development of a training webinar and resource guide.

Analyst, Milwaukee County Mental Health System Redesign

Funder: Milwaukee County | Dates: 2009 – 2016

Contribution: HSRI received a subcontract through the Public Policy Forum to assist Milwaukee County in addressing systemic issues with access to service delivery within the adult mental health system. This included a comprehensive analysis of inpatient and outpatient behavioral health service capacity and utilization. Rachael was responsible data

management and analysis of data from numerous sources, including county- and state-level Medicaid claims and hospital admissions data.

Research Analyst, Data Analysis Coordination and Consolidation Center (DACCC)

Funder: SAMHSA – CSAP | Dates: 2007 - 2012

Contribution: CSAP funded the DACCC as a means to centralize and elevate its data collection and analysis efforts, producing data that would help it provide appropriate guidance to grantees and to the prevention field in general. Ms. Gerber was responsible for managing, cleaning and analyzing data across programs including the Minority AIDS Initiative (MAI), the Strategic Prevention Framework-State Incentive Grant (SPF-SIG), and the Substance Abuse Prevention and Treatment 20% Set-Aside Block Grant. She contributed to technical reports, policy briefs and guidance documents, led trainings and technical assistance during in-person and webinar trainings to grantees and federal Project Officers, and presented findings at professional conferences.

Selected Publications

Articles

- Gerber R, Vita JA, Ganz P, Wager CG, Araujo AB, Rosen RC, Kupelian V. (2014) Microvascular endothelial function and lower urinary tract symptoms. Manuscript accepted for publication by *European Urology*.
- Kershaw T, Gerber R, Divney A, Albritton T, Sipsma H, Magriples U, Gordon D. (2012) Bringing your baggage to bed: Associations of previous relationship experiences with sexual risk among young couples. *AIDS Behav*.

Technical Reports

- Co-Author: HIV Cross-Site Evaluation Report. (2016). Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Prevention. Rockville, MD.
- Co-Author: HIV Cross-Site Evaluation Report. (2015). Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Prevention. Rockville, MD.
- Co-Author: National Outcome Measures: State-Level Trends, Volume V: 2002-2009. (2011). Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Prevention. Rockville, MD.
- Co-Author: Accountability Report, Volume IX: FY 2010. (2011). Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Prevention. Rockville, MD.

Presentations

- Isvan NA, Gerber R, Battis K, Burnett M, Lundquist L, Brown DC, Graham PG, Youngman L (2016, November 2). HIV and Substance Abuse Prevention Needs of Transgender Individuals: An Analysis of Program Evaluation Data from SAMHSA's Minority AIDS Initiative. Presented at the 144th Annual Meeting & Expo of the American Public Health Association, Denver, CO.
- Isvan, NA, Brown, DC, Gerber, R, Battis, K, Lundquist, L, Burnett, M, Graham, PW, Blake, S, Clarke, T (2016, October). The Success Case Method: Integrating Qualitative and Quantitative Data to Evaluate Behavioral Health Interventions. Presented at the 30th Annual Conference of the American Evaluation Association, Atlanta, GA.
- Isvan, N. A., Lundquist, L., Burnett, M., Gerber, R., Brown, D. C., Youngman, L., Pinnock, W. (2016, June). The Role of SAMHSA/CSAP's Minority AIDS Initiative in Addressing Health Disparities. Presented at the 24th Annual Conference of the Society for Prevention Research, San Francisco, CA.
- Gerber R, Vita JA, Ganz P, Wager CG, Araujo AB, Rosen RC, Kupelian V. (2013, June 20). Association of peripheral microvascular dysfunction and erectile dysfunction. Poster presented at the annual meeting of the Society for Epidemiologic Research. Boston, MA.
- Gerber R, Howard K, McInerney K, Oliver NM, Auerbach K. (2011, November 2). Reentry populations: Examining group differences in knowledge, attitudes and behaviors. Presented orally at the Annual Meeting of the American Public Health Association. Washington, DC.



Dorothy Hiersteiner, MPP

Research Associate

Profile

Dorothy has over seven years of experience writing technical reports, data briefs, manuscripts, and training/technical assistance materials. In her role as Project Coordinator for NCI, Dorothy has worked together with the NCI team, NASDDDS and NCI state partners to streamline processes related to coordination of survey administration, sampling, reporting, provision of technical assistance and communication. She also has experience designing data collection and survey administration procedures. She has experience with data collection and analysis.

Selected Project Experience

Project Coordinator & Research Associate, *National Core Indicators*

Funder: State Developmental Disability Agencies | Dates: 2012 - Present
Contribution: HSRI partners with the National Association of State Directors of Developmental Disabilities Services on the National Core Indicators (NCI) project. Currently, 46 states participate in NCI, collecting data on a standard set of performance and outcome measures. States use this data to assess satisfaction and experience with supports, track key outcomes across multiple years, compare outcomes to other states and the average across states, and improve DD system performance. Ms. Hiersteiner is responsible for managing day-to-day administration of the NCI Project, including communications, coordination with participating states, and technical assistance. Dorothy led a major effort to revise and improve all NCI surveys to reflect both feedback from states and current trends in the field. She also spearheaded the development, pilot and roll out of the NCI Staff Stability Survey, a survey completed by provider agencies and used to assess the stability of the direct support professional (DSP) workforce. Dorothy also manages data administration and analysis for NCI reports, writes data briefs, publications and other resources about and using NCI data.

Honors and Awards

College of Direct Support National Advisory Board (2016 - Present)
Massachusetts Direct Support Professionals Conference Planning Board (2017 - Present)

Selected Publications and Presentations

- Hiersteiner, D., Bradley, V., Ne'eman, A., Bershady, J. & Bonardi, A. (2017) Putting the research in context: The life experience and outcomes of adults on the autism spectrum. *Inclusion* 5(1) 45-59 <http://www.aaidjournals.org/doi/abs/10.1352/2326-6988-5.1.45>
- Bradley, V., Hiersteiner, D., Bonardi, A. (2016) A focus on system level outcomes. In Schalock, R. L., & Keith, K. D. (Ed.) *Cross-cultural quality of life: Enhancing the lives of people with intellectual disability* (121-132) Washington, DC: AAIDD
- Bradley, V., Bershady, J., Giordano, S., Hiersteiner, D., Kennedy-Lizotte, R., Butterworth, J. (2015) Employing people with intellectual and developmental disabilities: Current status and emerging best practices. In *Way Leads on-to Way* (3-30) Washington, DC: AAIDD

Education

MPP
The Heller School of Social Policy and Management at Brandeis University
Waltham, MA
(Public Policy)

BA
Williams College
Williamstown, MA
(Art History)

Professional Experience

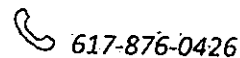
Research Associate (2015-present)
Research Analyst (2013-2015)
Research Assistant (2012-2013)
Contract Research Assistant (2011-2012)
Human Services Research Institute
Cambridge, MA



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Human Services Research Institute



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- Bershadsky, J., Hiersteiner, D., Fay, M., & Bradley, V. (2014). Race/Ethnicity and the use of preventive health care among adults with intellectual and developmental disabilities. *Medical Care*, 52, 10 (3)
- Butterworth, J., Hiersteiner, D., Engler, J., Bershadsky, J., & Bradley, V. (2015). National Core Indicators: Data on the current state of employment of adults with IDD and suggestions for policy development. *Journal of Vocational Rehabilitation*, DOI:10.3233/JVR-150741
- Chow, C., Wieman, D., Cichocki, B., Qvicklund, H., & Hiersteiner, D. (2012). Mission impossible: treating serious mental illness and substance use co-occurring disorder with integrated treatment: a meta-analysis. *Mental Health and Substance Use*, DOI:10.1080/17523281.2012.693130

Select Peer-Reviewed Presentations

- Hiersteiner, D. (2017, June). The National Core Indicators 2015 Staff Stability Survey Report. National Association of State Directors of Developmental Disabilities Services Mid-Year Conference, Minneapolis, MN.
- Hiersteiner, D. (2017, June). What do NCI Data Demonstrate About Adults Receiving State Developmental Disabilities Services Who Display Self Injurious Behavior? The National Core Indicators Adult Consumer Survey [poster]. AAIDD Conference, Hartford CT.
- Hiersteiner, D. (2017, June). The National Core Indicators 2015 Staff Stability Survey Report. AAIDD Conference, Hartford CT.
- Hiersteiner, D. (2016, December). National Core Indicators Staff Stability Survey: Working together to improve the quality and stability of the DSP workforce. AUCD Conference, Washington, DC.

Journal Peer Reviewer

Intellectual and Developmental Disabilities, 2016