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Nicholas A. Toumpas
Commissioner

José Thier Montero
Director

STATE OF NEW HAMPSHIRE MAR 18 '15 AM 8:26 DAS
DEPARTMENT OF HEALTH AND HUMAN SERVICE

29 HAZEN DRIVE, CONCORD, NH 03301-6527
603-271-9563 1-800-852-3345 Ext. 9563
Fax: 603-271-8431 TDD Access: 1-800-735-2964



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February 12, 2015

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

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division of Public Health Services, to exercise an amendment to an agreement with JSI Research & Training Institute, Inc. dba Community Health Institute, Purchase Order # 1031592 (Vendor # #161611-B001), 501 South Street, 2nd Floor, Bow, NH 03304, by increasing the Price Limitation by \$119,000 from \$1,604,798 to \$1,723,798 to provide a broad range of programmatic support services across a number of public health programs to include public health strategic planning, needs assessment, training and technical assistance; and implementation of health communications campaigns, effective date of Governor and Council approval through June 30, 2015. This agreement was originally approved by Governor and Council on July 10, 2013, Item #40 and amended on March 12, 2014, Item #24 and August 5, 2014, Item #5. 94% Federal Funds and 6% General Funds.

Funds are available in SFY 2015.

See attachment for financial details

EXPLANATION

Funds in this agreement will be used to implement programs in four different areas:

Emergency Preparedness Services: Increase the financial support available for an annual statewide preparedness conference to allow for up to 800 participants; increase support for other trainings for community partners; design and implement an evaluation of the State's response to ebola and publish an After Action Report and Improvement Plan.

Environmental Public Health Tracking Services: Update the EPHT Communications Plan; conduct customer assessments and evaluate the acceptance of EPHT projects; coordinate and facilitate project meetings.

Oral Health Communications Plan: Develop a five-year Oral Health Communications Plan that increases awareness and visibility of oral health priorities.

Lead Poisoning Prevention Services: Coordinate activities of the federally-funded New England Lead Coordinating Committee, including meetings and a conference; develop public information materials to reduce childhood lead poisoning, including maintaining a website.

The Department is comfortable with Contractor's ability to conduct the above activities within the next three months as they have sufficient staff available to meet the deliverables and a long history of doing so. However, if needed, we are also comfortable that we can negotiate any changes in required activities, along with a reduction in the funds to be spent, due to our long standing partnership with the Contractor as the State's Public Health Institute.

As stated in the Request for Proposals for the original contract, the Department sought to consolidate services that had previously been contracted by individual program areas across the Division of Public Health Services with a vendor that has the organizational and administrative capacity to implement the original services and also has the capability to implement similar services addressing the same or other public health priorities over the course of the contract. This amendment implements that goal by utilizing a vendor that has a demonstrated record of delivering high-quality services to the Department. The services to be provided through this amendment will utilize the expertise of JSI Research & Training Institute, Inc. dba Community Health Institute staff to meet specific, short-term needs of various program areas.

Should Governor and Executive Council not authorize this Request it will limit the number of attendees at the state's annual emergency preparedness conference and eliminate a comprehensive assessment of the State's response to Ebola. It will also reduce the effectiveness of communications strategies regarding oral health and environmental public health tracking and limit coordinated efforts among the New England states to reduce childhood lead poisoning.

JSI Research & Training Institute, Inc. dba Community Health Institute was selected for this project through a competitive bid process. The Bid Summary is attached.

During the first eighteen months of this contract the vendor has met key performance measures that include: facilitating a strategic planning process for the Division and publishing a three-year strategic plan; initiating several technical studies to inform a public health-focused climate change adaptation plan; providing ongoing training and technical assistance to regional public health emergency planners, as well as logistical support for three conferences; implementing two public information campaigns to increase the number of adults receiving recommended vaccinations and also increase vaccinations against seasonal influenza among children and adults; implementing a needs assessment among people with HIV infection; and training professionals working with children on the effects of childhood trauma.

The Contractor shall ensure that following performance measures are annually achieved and monitored monthly to measure the effectiveness of the agreement:

Emergency Preparedness Services

- At least 85% of conference participants rate the elements pertaining to conference logistics as either "excellent" or "very good" in an evaluation survey.
- Number of training programs supported.
- Publication of an After Action Report and Improvement Plan that is accepted by the DPHS

Environmental Public Health Tracking Services

- Approval by the Division of Public Health Services of the updated Communications Plan.
- Submission to the Division of Public Health Services of 5 user feedback assessments.
- Submission of minutes for up to 10 project meetings

Oral Health Communications Plan

- Complete one Five Year Oral Health Communication Plan
- Written summary of oral health stakeholder meetings

Lead Poisoning Prevention Services

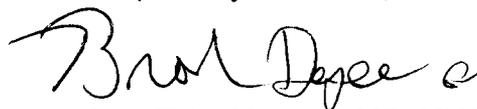
- At least 85% of participants at the 2-day conference rate the elements pertaining to conference logistics as either "excellent" or "very good" in an evaluation survey.
- Monthly conference calls are coordinated and made available to 100% of the NELCC membership
- Website updates are posted within ten (10) business days.
- Approval by the Division of Public Health Services of developed promotional materials that include posters, bi-folds, power points, flyers, on-line trainings, and web banners.

Area served is statewide.

Source of Funds: 94% Federal Funds from Centers for Disease Control and Prevention and the US Environmental Protection Agency, 6% General Funds.

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

Respectfully submitted,



José Thier Montero, MD, MHCDS
Director

Approved by: 
 Nicholas A. Toumpas
Commissioner

**FINANCIAL DETAIL ATTACHMENT SHEET
Public Health Program Services Support Services**

**05-95-90-902510-5171 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF INFECTIOUS DISEASE CONTROL, EMERGENCY PREPAREDNESS
85.45% Federal Funds and 14.55% General Funds**

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90077021	125,000	-	125,000
SFY 2015	102-500731	Contracts for Prog Svc	90077021	115,000	49,000	164,000
			Sub-total	240,000	49,000	289,000

**05-95-90-902510-2239 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF INFECTIOUS DISEASE CONTROL, HOSPITAL PREPAREDNESS
100% Federal Funds**

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90077700	170,000	-	170,000
SFY 2015	102-500731	Contracts for Prog Svc	90077700	170,000	-	170,000
			Sub-Total	340,000	-	340,000

**05-95-90-901010-7965 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF PUBLIC HEALTH SYSTEMS, POLICY AND PERFORMANCE, RURAL HEALTH AND PRIMARY CARE
100% Federal Funds**

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90073000	40,000	-	40,000
SFY 2015	102-500731	Contracts for Prog Svc	90073000	40,000	-	40,000
			Sub-Total	80,000	-	80,000

**05-95-90-902510-5178 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF INFECTIOUS DISEASE CONTROL, IMMUNIZATION
100% Federal Funds**

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90023013	110,000	-	110,000
SFY 2015	102-500731	Contracts for Prog Svc	90023013	110,000	-	110,000
			Sub-Total	220,000	-	220,000

**FINANCIAL DETAIL ATTACHMENT SHEET
Public Health Program Services Support Services**

05-95-90-901010-5997 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF PUBLIC HEALTH SYSTEMS, POLICY AND PERFORMANCE, STRENGTHENING PUBLIC HEALTH INFRASTRUCTURE

100% Federal Funds

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increaded (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90001001	34,200	-	34,200
SFY 2015	102-500731	Contracts for Prog Svc	90001001	3,000	-	3,000
			Sub-Total	37,200	-	37,200

05-95-90-902510-5189 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF INFECTIOUS DISEASE CONTROL, HIV/AIDS PREVENTION

100% Federal Funds

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increaded (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90024000	50,000	-	50,000
SFY 2015	102-500731	Contracts for Prog Svc	90024000	50,000	-	50,000
			Sub-Total	100,000	-	100,000

05-95-90-902510-2222 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF INFECTIOUS DISEASE CONTROL, RYAN WHITE PART B

100% Federal Funds

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increaded (Decreased) Amount	Revised Modified Budget
SFY 2014	567-500919	Title II HIV Care Assistance	90024100	75,000	-	75,000
SFY 2015	567-500919	Title II HIV Care Assistance	90024100	75,000	-	75,000
			Sub-Total	150,000	-	150,000

05-95-90-902510-2229 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF INFECTIOUS DISEASE CONTROL, PHARMACEUTICAL REBATES

100% Other Funds (Pharmaceutical Rebates)

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increaded (Decreased) Amount	Revised Modified Budget
SFY 2014	530-500371	Drug Rebates	90024600	75,000	-	75,000
SFY 2015	530-500371	Drug Rebates	90024600	75,000	-	75,000
			Sub-Total	150,000	-	150,000

**FINANCIAL DETAIL ATTACHMENT SHEET
Public Health Program Services Support Services**

05-95-90-903010-5350 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF LABORATORY SERVICES, FDA FERN MICRO

100% Federal Funds

Fiscal Year	Class/Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	020-500239	Current Expense	90069017	5,000	-	5,000
SFY 2015				-	-	-
			Sub-Total	5,000	-	5,000

05-95-90-901510-7936 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF PUBLIC HEALTH PROTECTION, CLIMATE EFFECTS

100% Federal Funds

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90007936	30,000		30,000
SFY 2015	102-500731	Contracts for Prog Svc	90007936	50,398	-	50,398
			Sub-Total	80,398	-	80,398

05-95-90-902010-5190 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF POPULATION HEALTH AND COMMUNITY SERVICES, MATERNAL AND CHILD HEALTH

100% Federal Funds

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90004102	42,000	-	42,000
SFY 2015	102-500731	Contracts for Prog Svc	90004102	42,000	-	42,000
			Sub-Total	84,000	-	84,000

05-95-90-900510-5173 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF PUBLIC HEALTH STATISTICS AND INFORMATICS, EPH TRACKING

100% Federal Funds

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90041000	49,200	-	49,200
SFY 2015	102-500731	Contracts for Prog Svc	90041000	-	30,000	30,000
			Sub-Total	49,200	30,000	79,200

**FINANCIAL DETAIL ATTACHMENT SHEET
Public Health Program Services Support Services**

05-95-90-902010-5190 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF POPULATION HEALTH AND COMMUNITY SERVICES, MATERNAL AND CHILD HEALTH

48% Federal Funds and 52% General Funds

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90024000	4,000	-	4,000
SFY 2015	102-500731	Contracts for Prog Svc	90024000	6,000	-	6,000
			Sub-Total	10,000	-	10,000

05-95-90-902010-2215 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF POPULATION HEALTH AND COMMUNITY SERVICES, CDC ORAL HEALTH GRANT

100% Federal Funds

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	046-500464	Consultants		-	-	-
SFY 2015	046-500464	Consultants	90002215	15,000	15,000	30,000
			Sub-Total	15,000	15,000	30,000

05-95-90-901510-7964 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF PUBLIC HEALTH PROTECTION, LEAD PREVENTION

100% Federal Funds

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc		-	-	-
SFY 2015	102-500731	Contracts for Prog Svc	90038000	44,000	25,000	69,000
			Sub-Total	44,000	25,000	69,000
			Total	1,604,798	119,000	1,723,798

Program Name Public Health Program Services Support
Contract Purpose Provide broad range of public health professional services
RFP Score Summary

	Max Pts	Training Institute, Inc. dba Community Health Institute, 501 South Street 2nd Floor, Bow, Athens NY 12015	Joshua B. Lipsman dba JBL Systems, LLC, PO Box 41, Athens NY 12015
RFA/RFP CRITERIA			
Agy Capacity	30	27.67	19.67
Program Structure	30	26.44	20.67
Workplan	20	18.60	15.10
Budget & Justification	18	16.00	15.44
Format	2	1.89	1.89
Total	100	90.60	72.77

BUDGET REQUEST		
Year 01	\$697,200.00	\$696,516.00
Year 02	\$665,000.00	\$624,780.00
Year 03	\$0.00	\$0.00
TOTAL BUDGET REQUEST	\$1,362,200.00	\$1,321,296.00
BUDGET AWARDED		
Year 01	\$681,100.00	-
Year 02	\$681,100.00	-
Year 03	\$0.00	-
TOTAL BUDGET AWARDED	\$1,362,200.00	-

RFP Reviewers		Name	Job Title	Dept/Agency	Qualifications
1		Neil Twitchell	Administrator	DPHS/DHHS	The reviewers represent seasoned public health administrators and managers with between five to 25 years experience in contract and vendor management, public health administration and management, program management, emergency preparedness, client services, and case management.
2		Michael Dumond	Bureau Chief	DPHS/DHHS	
3		Laura Holmes	Program Planner	DPHS/DHHS	
4		Sarah McPhee	Program Manager	DPHS/DHHS	
5		Karen Blizzard Royce	Program Specialist	DPHS/DHHS	
6		A Lisa Druzba	Administrator	DPHS/DHHS	
7		Jeanie Holt	Past President	NH Public Health Association	
8		Joyce Heck	Manager	Court Appointed Special Advocates of NH	
9		Leslie O'Neil	Case Manager	Dartmouth Hitchcock Medical Center	



**State of New Hampshire
Department of Health and Human Services
Amendment #3 to the Public Health Program Services Support Contract**

This 3rd Amendment to the JSI Research and Training Institute, Inc., dba Community Health Services, contract (hereinafter referred to as "Amendment Three") dated this 11th day of February, 2015, is by and between the State of New Hampshire, Department of Health and Human Services (hereinafter referred to as the "State" or "Department") and the JSI Research and Training Institute, Inc., dba Community Health Services, (hereinafter referred to as "the Contractor"), a corporation with a place of business at 501 South Street, Bow, NH 03304.

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on July 10, 2013, Item #40, and amended on March 12, 2014, Item #24 and on August 5, 2014, Item #5, the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract as amended and in consideration of certain sums specified; and

WHEREAS, the State and the Contractor have agreed to make changes to the scope of work, payment schedules and terms and conditions of the contract; and

WHEREAS, pursuant to the General Provisions, Paragraph 18, the State may amend the Contract by written agreement of the parties; and

WHEREAS, the State and the Contractor have agreed to extend the term of the agreement and increase the price limitation to support continued delivery of these services;

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

1. Change price limitation in P-37, Block 1.8, of the General Provisions, to read:

\$1,723,798.

2. Add Exhibit A - Amendment #3
3. Add Exhibit B Amendment #1
4. Add Exhibit B-1 (SFY 2015) Amendment #3 Budget
5. Delete Exhibit C and replace with Exhibit C Amendment #1
6. Add Exhibit C-1 Revisions to General Provisions
7. Delete Exhibit G and replace with Exhibit G Amendment #1

This amendment shall be effective upon the date of Governor and Executive Council approval.



IN WITNESS WHEREOF, the parties have set their hands as of the date written below,

State of New Hampshire
Department of Health and Human Services

3/17/15
Date

Brook Dupee
Brook Dupee
Bureau Chief

JSI Research and Training Institute, Inc., dba
Community Health Services

2/11/15
Date

Jonathan Stewart
Name: Jonathan Stewart
Title: Director

Acknowledgement:

State of New Hampshire, County of Merrimack on 2/11/15, before the undersigned officer, personally appeared the person identified above, or satisfactorily proven to be the person whose name is signed above, and acknowledged that s/he executed this document in the capacity indicated above.

Sylvia L. Currier
Signature of Notary Public or Justice of the Peace
SYLVIA L. CURRIER
Notary Public - New Hampshire
My Commission Expires December 30, 2018

Sylvia L. Currier - Marysville, New Hampshire
Name and Title of Notary or Justice of the Peace

My Commission Expires: December 30, 2018



The preceding Amendment, having been reviewed by this office, is approved as to form, substance, and execution.

OFFICE OF THE ATTORNEY GENERAL

3/16/15
Date

Megan A. Tapscott
Name: Megan A. Tapscott
Title: Attorney

I hereby certify that the foregoing Amendment was approved by the Governor and Executive Council of the State of New Hampshire at the Meeting on: _____ (date of meeting)

OFFICE OF THE SECRETARY OF STATE

Date

Name:
Title:



SCOPE OF SERVICES

1. Project Description

JSI Research & Training Institute, Inc., dba Community Health Institute, will provide Public Health Program Services Support in the areas of Lead Poisoning Prevention Communications, Environmental Health Tracking Program (EPHT) Communication, Administration and Technical Assistance, Public Health Preparedness Training and Technical Assistance, and Oral Health Communication Services.

2. Required Activities

The Contractor shall:

2.1. Lead Poisoning Prevention Communications

- 2.1.1. Coordinate and oversee a two-day workshop for the North East Lead Coordinating Committee (NELCC). This event will be a partnership with the DHHS Healthy Homes and Lead Poisoning Prevention Program (HHLPPP) and the U.S. Environmental Protection Agency's (EPA).
- 2.1.2. Transfer ownership of the existing NELCC website that has been maintained by the University of Connecticut College of Agriculture, Health, and Natural Resources to a platform that will be maintained by CHI. Modifications will be made to this website monthly as directed by the HHLPPP.
- 2.1.3. Coordinate monthly telephone meetings (i.e. conference calls, Go-to-Meeting) with other members of NELCC.
- 2.1.4. Using technical content provided by the NELCC membership, develop promotional material that may consists of posters, bi-folds, power points, flyers, on-line trainings, and web banners.

2.2. Environmental Health Tracking Program (EPHT) Communication, Administration and Technical Assistance

- 2.2.1. Coordinate with the DPHS EPHT Program to update the existing Communications Plan.
- 2.2.2. Review the communications plan guidance document provided by EPHT.
- 2.2.3. Identify updates needed to the existing plan, including recommendations for changes to: communication strategies and national tracking messages, and other recommendations appropriate to EPHT target audiences as outlined in the guidance document.
- 2.2.4. Integrate these findings into an EPHT Communication Plan Update.
- 2.2.5. Include graphic design and publishing services to complete this effort, to include completion of the final formatted communications plan report to be published electronically.
- 2.2.6. Plan, coordinate and facilitate up to 10 project meetings based on guidance provided by EPHT staff. This effort will include:
 - Meeting planning and facilitation
 - Logistics



- Development and printing of meeting materials
 - Recording and disseminating meeting minutes
- 2.2.7. Conduct up to 5 user feedback assessments of EPHT projects as needed.
- 2.2.8. Identify and survey focus groups reactions to draft products (web applications, reports, etc.).
- 2.2.9. Assess audience reaction to final products (web applications, reports).
- 2.2.10. Assess user comprehension and sentiment when using products and services.
- 2.2.11. Usability testing of products and services including user's ability to answer questions, understand problems, and find solutions.
- 2.2.12. Graphic design and publishing services in support of:
- Communication Plan Development
 - Training Sessions
 - Project Meeting Materials
 - Products (web applications and reports)
- 2.3. Public Health Preparedness Training and Technical Assistance
- 2.3.1. Increase the financial support available for an annual statewide preparedness conference to allow for up to 800 participants from an earlier target of 500 participants.
- 2.3.2. Increase the financial support available to provide training programs to regional partners.
- 2.3.3. In compliance with Homeland Security Exercise and Evaluation Program guidelines, design and implement a multi-faceted evaluation of the State's response to the 2014 Ebola Virus Disease outbreak.
- 2.3.4. Publish an After Action Report based on the findings of the evaluation. Develop and publish an Improvement Plan in collaboration with DPHS staff.
- 2.3.5. The time period to be evaluated begins in September 2014 through the time that the DPHS requests the After Action Report process be initiated. The report will focus on actions taken by State officials.
- 2.3.6. In consultation with DPHS staff, identify specific methodologies to collect and provide qualitative and quantitative data to form the basis of the After Action Report. Methods to be used may include, but not be limited to electronic surveys, focus groups, and key informant interviews.
- 2.3.7. Implement the information-gathering methods among DPHS/DHHS employees involved in the outbreak response.
- 2.3.8. Analyze the information gathered and identify strengths and opportunities for improvement.
- 2.3.9. Draft an After Action Report and Improvement Plan and provide a formal presentation based on these documents to the DPHS Incident Management Team.
- 2.3.10. Submit a final After Action Report and Improvement Plan to DPHS.



- 2.4. Oral Health Communication Services
 - 2.4.1. Develop a five year oral health communications plan that increases awareness and visibility of oral health priorities and prevention strategies among key targeted groups.
 - 2.4.2. Convene bi-weekly meetings between the Communications Specialist and the New Hampshire Division of Public Health Services (DPHS), Oral Health Program Manager.
 - 2.4.3. Convene one meeting for the Communication Specialists' presentation on the draft five year communications plan to the New Hampshire Oral Health Coalition Steering Committee.
 - 2.4.4. Review media products developed by the New Hampshire Oral Health Coalition to support their DentalQuest grant.

3. Compliance and Reporting Requirements

- 3.1. Compliance Requirements
 - 3.1.1. As clarified by Executive Order 13166, Improving Access to Services for persons with Limited English Proficiency, and resulting agency guidance, national origin discrimination includes discrimination on the basis of Limited English Proficiency (LEP). To ensure compliance with the Omnibus Crime Control and Safe Streets Act of 1968 and Title VI of the Civil Rights Act of 1964, the Contractor must submit a detailed description of the language assistance services they will provide to persons with Limited English Proficiency to ensure meaningful access to their programs and/or services, within 10 days of the contract effective date.
- 3.2. Reporting Requirements
 - 3.2.1. Submit quarterly programmatic reports to the DHHS;
 - 3.2.2. Submits annual programmatic reports to the DHHS; and
 - 3.2.3. Submits monthly invoices to the DHHS for services provided.

4. Performance Measures

- 4.1. The Contractor shall ensure that following performance measures are annually achieved and monitored monthly to measure the effectiveness of the agreement:
 - 4.1.1. Lead Poisoning Prevention Communications
 - 4.1.1.1. At least 85% of participants at the 2-day conference rate the elements pertaining to conference logistics as either "excellent" or "very good" in an evaluation survey.
 - 4.1.1.2. Ownership of NELCC website successfully transferred to CHI. Website updates provided to CHI are posted within ten (10) business days.
 - 4.1.1.3. Approval by the Division of Public Health Services of developed promotional materials that include posters, bi-folds, power points, flyers, on-line trainings, and web banners.
 - 4.1.1.4. Monthly conference calls are coordinated and made available to 100% of the NELCC membership.
 - 4.1.2. Environmental Health Tracking Program (EPHT) Communication, Administration and Technical Assistance

New Hampshire Department of Health and Human Services
Exhibit A – Amendment 3



- 4.1.2.1. Approval by the Division of Public Health Services of the updated Communications Plan.
- 4.1.2.2. Submission to the Division of Public Health Services of 5 user feedback assessments.
- 4.1.2.3. Submission of minutes for up to 10 project meetings
- 4.1.3. Public Health Preparedness Training and Technical Assistance
 - 4.1.3.1. At least 85% of conference participants rate the elements pertaining to conference logistics as either “excellent” or “very good” in an evaluation survey.
 - 4.1.3.2. Number of training programs supported.
 - 4.1.3.3. Publication of an After Action Report and Improvement Plan that is accepted by the DPHS
- 4.1.4. Oral Health Communication Services
 - 4.1.4.1. Complete one Five Year Oral Health Communication Plan based on the ASTDD template, *Communication Plan for State Oral Health Programs*. The five year plan will be approved by stakeholders and incorporate activities to fulfill CDC requirements for Strategy 6 of the New Hampshire Oral Disease Prevention Program Work Plan (CDC-RFA-DP13-1307).
 - 4.1.4.2. Written summary of oral health stakeholder meetings convened to receive input essential to development of a DPHS Oral Health Communications Plan.
- 4.2. On a monthly basis, the Contractor shall develop and submit to the DHHS a corrective action plan for any performance measure that did not meet monthly benchmarks.
- 4.3. Annually, the Contractor shall develop and submit to the DHHS a corrective action plan for any performance measure that was not achieved.

JS

2/11/15



Exhibit B Amendment #1

Method and Conditions Precedent to Payment

1. Funding sources is available as follows and shall not exceed:
 - a. \$49,000 = 85.45% federal funds from the US Centers for Disease Control and Prevention, CFDA #93.069, Federal Award Identification Number (FAIN) U90TP000535, SFY 2015, and 14.55% General Funds, Account # 05-95-90-902510-5171, SFY 2015.
 - b. \$30,000 = 100% federal funds from the US Centers for Disease Control and Prevention, CFDA #93.538, Federal Award Identification Number (FAIN) U38EH000947, Account # 05-95-90-900510-5173, SFY 2015.
 - c. \$15,000 = 100% federal funds from the US Centers for Disease Control and Prevention, CFDA #93.283, Federal Award Identification Number (FAIN) 1U58DP004911, Account # 05-95-90-902010-2215, SFY 2015.
 - d. \$25,000 = 100% federal funds from the US Environmental Protection Agency, CFDA #66.707, Federal Award Identification Number (FAIN) 99151213, Account # 05-95-90-901510-7964, SFY 2015.

\$119,000 Total

- 2 The State shall pay the Contractor an amount not to exceed the Price Limitation, block 1.8, for the services provided by the Contractor pursuant to Exhibit A, Scope of Services.

Payment for said services shall be made as follows:

The Contractor will submit an invoice in a form satisfactory to the State by the twentieth working day of each month, which identifies and requests reimbursement for authorized expenses incurred in the prior month. The State shall make payment to the Contractor within thirty (30) days of receipt of each invoice for Contractor services provided pursuant to this Agreement. The final invoice shall be due to the State no later than thirty (30) days after the contract Completion Date.

The invoice must be submitted to:

Department of Health and Human Services
Division of Public Health Services
Email address: DPHScontractbilling@dhhs.state.nh.us

3. This is a cost-reimbursement contract based on an approved budget for the contract period. Reimbursement shall be made monthly based on actual costs incurred during the previous month. The Contractor agrees to use and apply all contract funds from the State for direct and indirect costs and expenses including but not limited to personnel costs and operating expenses related to the Services, as detailed in the attached SFY 2015 budgets (Exhibits B-1 Amendments #3). Allowable costs and expenses shall be determined by the State in accordance with applicable state and federal laws and regulations. The Contractor agrees not to use or apply such funds for capital additions or improvements, entertainment costs, or any other costs not approved by the State.



Exhibit B Amendment #1

4. Invoices shall be submitted by the Contractor to the State in a form satisfactory to the State for each of the Service category budgets. Said invoices shall be submitted within twenty (20) working days following the end of the month during which the contract activities were completed, and the final invoice shall be due to the State no later than sixty (60) days after the contract Completion Date. Said invoice shall contain a description of all allowable costs and expenses incurred by the Contractor during the contract period.
5. Payment will be made by the State agency subsequent to approval of the submitted invoice and if sufficient funds are available in the Service category budget line items submitted by the Contractor to cover the costs and expenses incurred in the performance of services.
6. Notwithstanding paragraph 18 of the General Provisions P-37, an amendment limited to adjustments to amounts between and among account numbers, within the price limitation, may be made by written agreement of both parties and may be made without obtaining approval of the Governor and Executive Council.
7. The Contractor shall have written authorization from the State prior to using contract funds to purchase any equipment with a cost in excess of three hundred dollars (\$300) and with a useful life beyond one year.

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2/14/15

Exhibit B-1 Amendment #3 Budget Form

New Hampshire Department of Health and Human Services

JSI Research and Training Institute Inc. dba
Bidder/Contractor Name: Community Health Institute

Budget Request for: Public Health Program Svcs Support
 (Name of RFP)

Budget Period: SFY 2015

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	\$ 40,922.17	\$ -	\$ 40,922.17	The Indirect Cost Line Item represents a portion of JSI Research & Training Institute's federal approved Negotiated Indirect Cost Rate Agreement covering Information Systems, Accounting, Payroll, Human Resources and Administrative Staff Costs. These costs are derived from JSI's NICRA, but can fluctuate under this contract's budget structure as JSI's Indirect Costs are calculated using a different base than the contract requires. JSI's Indirect Costs
2. Employee Benefits	\$ 15,551.18	\$ -	\$ 15,551.18	
3. Consultants	\$ -	\$ -	\$ -	
4. Equipment:	\$ -	\$ -	\$ -	
Rental	\$ 669.11	\$ -	\$ 669.11	
Repair and Maintenance	\$ 669.11	\$ -	\$ 669.11	
Purchase/Depreciation	\$ 669.11	\$ -	\$ 669.11	
5. Supplies:	\$ -	\$ -	\$ -	
Educational	\$ -	\$ -	\$ -	
Lab	\$ -	\$ -	\$ -	
Pharmacy	\$ -	\$ -	\$ -	
Medical	\$ -	\$ -	\$ -	
Office	\$ 2,182.06	\$ -	\$ 2,182.06	
6. Travel	\$ 573.82	\$ -	\$ 573.82	
7. Occupancy	\$ 4,092.36	\$ -	\$ 4,092.36	
8. Current Expenses	\$ -	\$ -	\$ -	
Telephone	\$ 667.61	\$ -	\$ 667.61	
Postage	\$ 68.95	\$ -	\$ 68.95	
Subscriptions	\$ -	\$ -	\$ -	
Audit and Legal	\$ -	\$ -	\$ -	
Insurance	\$ -	\$ -	\$ -	
Board Expenses	\$ -	\$ -	\$ -	
9. Software	\$ -	\$ -	\$ -	
10. Marketing/Communications	\$ 50.00	\$ -	\$ 50.00	
11. Staff Education and Training	\$ -	\$ -	\$ -	
12. Subcontracts/Agreements	\$ 8,000.00	\$ -	\$ 8,000.00	
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	
Emergency Preparedness Conference Costs	\$ 13,200.00	\$ -	\$ 13,200.00	
Enhanced Ebola After Action Report Costs	\$ 10,000.00	\$ -	\$ 10,000.00	
EPHT Lyme/Tick-Borne Meeting Costs	\$ 2,000.00	\$ -	\$ 2,000.00	
North East Lead Coordinating Committee Mtg Costs	\$ 12,000.00	\$ -	\$ 12,000.00	
	\$ -	\$ 7,684.52	\$ 7,684.52	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
TOTAL	\$111,315.48	\$7,684.52	\$ 119,000.00	

Indirect As A Percent of Direct

6.9%

Contractor Initials:
 Date: 2/11/15



SPECIAL PROVISIONS

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

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



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

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

8. **Maintenance of Records:** In addition to the eligibility records specified above, the Contractor covenants and agrees to maintain the following records during the Contract Period:
- 8.1. **Fiscal Records:** books, records, documents and other data evidencing and reflecting all costs and other expenses incurred by the Contractor in the performance of the Contract, and all income received or collected by the Contractor during the Contract Period, said records to be maintained in accordance with accounting procedures and practices which sufficiently and properly reflect all such costs and expenses, and which are acceptable to the Department, and to include, without limitation, all ledgers, books, records, and original evidence of costs such as purchase requisitions and orders, vouchers, requisitions for materials, inventories, valuations of in-kind contributions, labor time cards, payrolls, and other records requested or required by the Department.
- 8.2. **Statistical Records:** Statistical, enrollment, attendance or visit records for each recipient of services during the Contract Period, which records shall include all records of application and eligibility (including all forms required to determine eligibility for each such recipient), records regarding the provision of services and all invoices submitted to the Department to obtain payment for such services.
- 8.3. **Medical Records:** Where appropriate and as prescribed by the Department regulations, the Contractor shall retain medical records on each patient/recipient of services.
9. **Audit:** Contractor shall submit an annual audit to the Department within 60 days after the close of the agency fiscal year. It is recommended that the report be prepared in accordance with the provision of Office of Management and Budget Circular A-133, "Audits of States, Local Governments, and Non Profit Organizations" and the provisions of Standards for Audit of Governmental Organizations, Programs, Activities and Functions, issued by the US General Accounting Office (GAO standards) as they pertain to financial compliance audits.
- 9.1. **Audit and Review:** During the term of this Contract and the period for retention hereunder, the Department, the United States Department of Health and Human Services, and any of their designated representatives shall have access to all reports and records maintained pursuant to the Contract for purposes of audit, examination, excerpts and transcripts.
- 9.2. **Audit Liabilities:** In addition to and not in any way in limitation of obligations of the Contract, it is understood and agreed by the Contractor that the Contractor shall be held liable for any state or federal audit exceptions and shall return to the Department, all payments made under the Contract to which exception has been taken or which have been disallowed because of such an exception.
10. **Confidentiality of Records:** All information, reports, and records maintained hereunder or collected in connection with the performance of the services and the Contract shall be confidential and shall not be disclosed by the Contractor, provided however, that pursuant to state laws and the regulations of the Department regarding the use and disclosure of such information, disclosure may be made to public officials requiring such information in connection with their official duties and for purposes directly connected to the administration of the services and the Contract; and provided further, that the use or disclosure by any party of any information concerning a recipient for any purpose not directly connected with the administration of the Department or the Contractor's responsibilities with respect to purchased services hereunder is prohibited except on written consent of the recipient, his attorney or guardian.



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

11. **Reports:** Fiscal and Statistical: The Contractor agrees to submit the following reports at the following times if requested by the Department.
 - 11.1. Interim Financial Reports: Written interim financial reports containing a detailed description of all costs and non-allowable expenses incurred by the Contractor to the date of the report and containing such other information as shall be deemed satisfactory by the Department to justify the rate of payment hereunder. Such Financial Reports shall be submitted on the form designated by the Department or deemed satisfactory by the Department.
 - 11.2. Final Report: A final report shall be submitted within thirty (30) days after the end of the term of this Contract. The Final Report shall be in a form satisfactory to the Department and shall contain a summary statement of progress toward goals and objectives stated in the Proposal and other information required by the Department.
12. **Completion of Services:** Disallowance of Costs: Upon the purchase by the Department of the maximum number of units provided for in the Contract and upon payment of the price limitation hereunder, the Contract and all the obligations of the parties hereunder (except such obligations as, by the terms of the Contract are to be performed after the end of the term of this Contract and/or survive the termination of the Contract) shall terminate, provided however, that if, upon review of the Final Expenditure Report the Department shall disallow any expenses claimed by the Contractor as costs hereunder the Department shall retain the right, at its discretion, to deduct the amount of such expenses as are disallowed or to recover such sums from the Contractor.
13. **Credits:** All documents, notices, press releases, research reports and other materials prepared during or resulting from the performance of the services of the Contract shall include the following statement:
 - 13.1. The preparation of this (report, document etc.) was financed under a Contract with the State of New Hampshire, Department of Health and Human Services, with funds provided in part by the State of New Hampshire and/or such other funding sources as were available or required, e.g., the United States Department of Health and Human Services.
14. **Prior Approval and Copyright Ownership:** All materials (written, video, audio) produced or purchased under the contract shall have prior approval from DHHS before printing, production, distribution or use. The DHHS will retain copyright ownership for any and all original materials produced, including, but not limited to, brochures, resource directories, protocols or guidelines, posters, or reports. Contractor shall not reproduce any materials produced under the contract without prior written approval from DHHS.
15. **Operation of Facilities: Compliance with Laws and Regulations:** In the operation of any facilities for providing services, the Contractor shall comply with all laws, orders and regulations of federal, state, county and municipal authorities and with any direction of any Public Officer or officers pursuant to laws which shall impose an order or duty upon the contractor with respect to the operation of the facility or the provision of the services at such facility. If any governmental license or permit shall be required for the operation of the said facility or the performance of the said services, the Contractor will procure said license or permit, and will at all times comply with the terms and conditions of each such license or permit. In connection with the foregoing requirements, the Contractor hereby covenants and agrees that, during the term of this Contract the facilities shall comply with all rules, orders, regulations, and requirements of the State Office of the Fire Marshal and the local fire protection agency, and shall be in conformance with local building and zoning codes, by-laws and regulations.
16. **Equal Employment Opportunity Plan (EEOP):** The Contractor will provide an Equal Employment Opportunity Plan (EEOP) to the Office for Civil Rights, Office of Justice Programs (OCR), if it has received a single award of \$500,000 or more. If the recipient receives \$25,000 or more and has 50 or



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

17. **Limited English Proficiency (LEP):** As clarified by Executive Order 13166, Improving Access to Services for persons with Limited English Proficiency, and resulting agency guidance, national origin discrimination includes discrimination on the basis of limited English proficiency (LEP). To ensure compliance with the Omnibus Crime Control and Safe Streets Act of 1968 and Title VI of the Civil Rights Act of 1964, Contractors must take reasonable steps to ensure that LEP persons have meaningful access to its programs.

18. **Pilot Program for Enhancement of Contractor Employee Whistleblower Protections:** The following shall apply to all contracts that exceed the Simplified Acquisition Threshold as defined in 48 CFR 2.101 (currently, \$150,000)

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

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

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

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

19. **Subcontractors:** DHHS recognizes that the Contractor may choose to use subcontractors with greater expertise to perform certain health care services or functions for efficiency or convenience, but the Contractor shall retain the responsibility and accountability for the function(s). Prior to subcontracting, the Contractor shall evaluate the subcontractor's ability to perform the delegated function(s). This is accomplished through a written agreement that specifies activities and reporting responsibilities of the subcontractor and provides for revoking the delegation or imposing sanctions if the subcontractor's performance is not adequate. Subcontractors are subject to the same contractual conditions as the Contractor and the Contractor is responsible to ensure subcontractor compliance with those conditions.

When the Contractor delegates a function to a subcontractor, the Contractor shall do the following:

- 19.1. Evaluate the prospective subcontractor's ability to perform the activities, before delegating the function
- 19.2. Have a written agreement with the subcontractor that specifies activities and reporting responsibilities and how sanctions/revocation will be managed if the subcontractor's performance is not adequate
- 19.3. Monitor the subcontractor's performance on an ongoing basis



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

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

DEFINITIONS

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

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

DEPARTMENT: NH Department of Health and Human Services.

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

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

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

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

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

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



Exhibit C-1

REVISIONS TO GENERAL PROVISIONS

1. Subparagraph 4 of the General Provisions of this contract, Conditional Nature of Agreement, is replaced as follows:

4. **CONDITIONAL NATURE OF AGREEMENT.**

Notwithstanding any provision of this Agreement to the contrary, all obligations of the State hereunder, including without limitation, the continuance of payments, in whole or in part, under this Agreement are contingent upon continued appropriation or availability of funds, including any subsequent changes to the appropriation or availability of funds affected by any state or federal legislative or executive action that reduces, eliminates, or otherwise modifies the appropriation or availability of funding for this Agreement and the Scope of Services provided in Exhibit A, Scope of Services, in whole or in part. In no event shall the State be liable for any payments hereunder in excess of appropriated or available funds. In the event of a reduction, termination or modification of appropriated or available funds, the State shall have the right to withhold payment until such funds become available, if ever. The State shall have the right to reduce, terminate or modify services under this Agreement immediately upon giving the Contractor notice of such reduction, termination or modification. The State shall not be required to transfer funds from any other source or account into the Account(s) identified in block 1.6 of the General Provisions, Account Number, or any other account, in the event funds are reduced or unavailable.

2. Subparagraph 10 of the General Provisions of this contract, Termination, is amended by adding the following language;

- 10.1 The State may terminate the Agreement at any time for any reason, at the sole discretion of the State, 30 days after giving the Contractor written notice that the State is exercising its option to terminate the Agreement.
- 10.2 In the event of early termination, the Contractor shall, within 15 days of notice of early termination, develop and submit to the State a Transition Plan for services under the Agreement, including but not limited to, identifying the present and future needs of clients receiving services under the Agreement and establishes a process to meet those needs.
- 10.3 The Contractor shall fully cooperate with the State and shall promptly provide detailed information to support the Transition Plan including, but not limited to, any information or data requested by the State related to the termination of the Agreement and Transition Plan and shall provide ongoing communication and revisions of the Transition Plan to the State as requested.
- 10.4 In the event that services under the Agreement, including but not limited to clients receiving services under the Agreement are transitioned to having services delivered by another entity including contracted providers or the State, the Contractor shall provide a process for uninterrupted delivery of services in the Transition Plan.
- 10.5 The Contractor shall establish a method of notifying clients and other affected individuals about the transition. The Contractor shall include the proposed communications in its Transition Plan submitted to the State as described above.

3. Extension:

This competitively procured Agreement has the option to renew for two (2) additional years, contingent upon satisfactory delivery of services, available funding, agreement of the parties and approval of the Governor and Council.

4. Insurance

Subparagraph 14.1.1 of the General Provisions of this contract is deleted and the following subparagraph is added:

14.1.1 Comprehensive general liability against all claims of bodily injury, death or property damage, in amounts of not less than \$250,000 per claim and \$1,000,000 per occurrence and umbrella liability coverage in the amount of \$1,000,000 per occurrence.

Contractor Initials *JS*
Date 2/11/15



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

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

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

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

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

Exhibit G- Amendment #1

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

Contractor Initials

**New Hampshire Department of Health and Human Services
Exhibit G – Amendment #1**



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

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

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

Contractor Name: JSI Research and Training Institute, Inc., dba
Community Health Services

2/11/15
Date

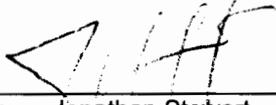

Name: Jonathan Stewart
Title: Director

Exhibit G- Amendment #1

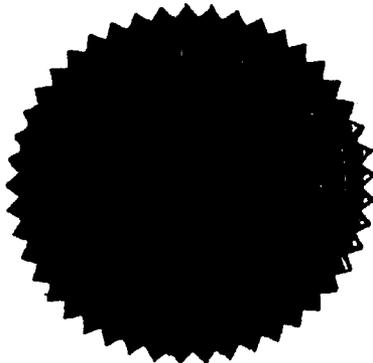
Certification of Compliance with requirements pertaining to Federal Nondiscrimination, Equal Treatment of Faith-Based Organizations and Whistleblower protections

Contractor Initials 

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 Community Health Institute is a New Hampshire trade name registered on March 29, 2007 and that JSI RESEARCH AND TRAINING INSTITUTE, INC. presently own(s) this trade name. I further certify that it is in good standing as far as this office is concerned, having paid the fees required by law.



In TESTIMONY WHEREOF, I hereto
set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 12th day of May, A.D. 2014

A handwritten signature in black ink, appearing to read "William M. Gardner". The signature is written in a cursive style.

William M. Gardner
Secretary of State

CERTIFICATE OF VOTE/AUTHORITY

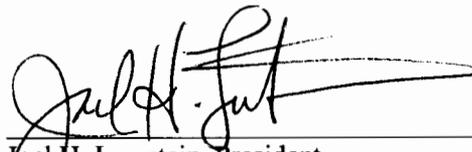
I, Joel H. Lamstein, of the JSI Research & Training Institute, Inc., d/b/a Community Health Institute, do hereby certify that:

1. I am the duly elected President of the JSI Research & Training Institute, Inc., d/b/a Community Health Institute;
2. By Unanimous Consent in Writing of the Board of Directors in Lieu of the 2008 Annual Meeting, the following is true copy of one resolution duly adopted by the Board of Directors of the JSI Research & Training Institute, Inc., d/b/a Community Health Institute, duly dated October 24, 2008;

RESOLVED: Appointment of Jonathan Stewart as Director of the Community Health Institute with the authority to enter into contracts and agreements binding the Corporation.

3. I further certify that the foregoing resolutions have not been amended or revoked and remain in full force and effect as of February 11, 2015.

IN WITNESS WHEREOF, I have hereunto set my hand as the President of the JSI Research & Training Institute, Inc., d/b/a Community Health Institute this 11th day of February, 2015.

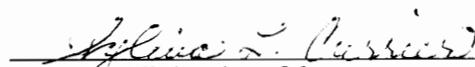


Joel H. Lamstein, President

STATE OF New Hampshire

COUNTY OF Merrimack

The foregoing instrument was acknowledged before me this 11th day of February, 2015 by Joel H. Lamstein.



Notary Public/Justice of the Peace
My Commission Expires: 12/20/18

SYLVIA L. CURRIER
Notary Public - New Hampshire
My Commission Expires December 20, 2018



JOHNSNO-01 DMEANEY

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

2/11/2015

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

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

PRODUCER Mason & Mason Technology Insurance Services, Inc. 458 South Ave. Whitman, MA 02382	CONTACT NAME: Judy Yeary
	PHONE (A/C, No, Ext): (781) 447-5531 FAX (A/C, No): (781) 447-7230
	E-MAIL ADDRESS: info@masoninsure.com
	INSURER(S) AFFORDING COVERAGE
	INSURER A: Federal Insurance Company NAIC # 20281
	INSURER B: Executive Risk Indemnity NAIC # 35181
	INSURER C:
	INSURER D:
	INSURER E:
	INSURER F:

INSURED
JSI d/b/a Community Health Institute
501 South Street
2nd Floor
Bow, NH 03304

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL 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"/> PROJECT <input checked="" type="checkbox"/> LOC OTHER:			35873320	09/09/2014	09/09/2015	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			73546634	09/09/2014	09/09/2015	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ 1,000,000 BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ 1,000,000
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			79861066	09/09/2014	09/09/2015	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y/N N/A	71733182	09/09/2014	09/09/2015	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
A	DIRECTORS & OFFICERS			81595534	11/09/2014	11/09/2015	EACH OCC/GEN AGG 3,000,000
B	ERRORS & OMISSIONS			82120859	09/09/2014	09/09/2015	GEN AGG/EACH OCC 1,000,000

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

It is understood and agreed that the State of NH Department of Health and Human Services is included as an additional insured as respects General Liability as required by written contract per the terms and conditions of the policy.

CERTIFICATE HOLDER Director Div. of Public Health Services NH DHHS 29 Hazen Drive Concord, NH 03301	CANCELLATION 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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**JSI RESEARCH AND TRAINING INSTITUTE, INC.
AND
AFFILIATE**

**Audited Consolidated Financial Statements and Reports
Required by Government Auditing Standards and OMB Circular A-133**

September 30, 2013

**JSI Research and Training Institute, Inc. and Affiliate
September 30, 2013**

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NORMAN R. FOUGERE, JR. CPA
99 HERITAGE LANE
DUXBURY, MA 02332-4334



PHONE: 781-934-0460
FAX: 781-934-0606

INDEPENDENT AUDITOR'S REPORT

To the Board of Directors
JSI Research and Training Institute, Inc. and Affiliate

Report on the Consolidated Financial Statements

We have audited the accompanying consolidated financial statements of JSI Research and Training Institute, Inc. and Affiliate (both non-profit organizations), which comprise the consolidated statement of financial position as of September 30, 2013, and the related consolidated statements of activities, functional expenses, and cash flows for the year then ended, and the related notes to the consolidated financial statements.

Management's Responsibility for the Consolidated Financial Statements

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

Auditor's Responsibility

Our responsibility is to express an opinion on these consolidated financial statements based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the consolidated financial statements are free of material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the consolidated financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the consolidated financial statements, whether due to fraud or error. In making those risk

assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the consolidated financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the consolidated financial statements.

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

Opinion

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of JSI Research and Training Institute, Inc. and Affiliate as of September 30, 2013, and the changes in their net assets and their cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Other Matters

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

Other Reporting Required by *Government Auditing Standards*

In accordance with *Government Auditing Standards*, we have also issued a report dated March 17, 2014, on our consideration of JSI Research and Training Institute, Inc. and its affiliate's internal control over financial reporting and on our tests of their compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the internal control over financial reporting or on compliance. That report is an integral part of an audit

performed in accordance with *Government Auditing Standards* in considering JSI Research and Training Institute, Inc. and its affiliate's internal control over financial reporting and compliance.

A handwritten signature in black ink, appearing to read "Samuel R. Zengone CPA". The signature is written in a cursive style with a large, stylized initial 'S'.

Duxbury, Massachusetts
March 17, 2014

JSI Research and Training Institute, Inc. and Affiliate
CONSOLIDATED STATEMENT OF FINANCIAL POSITION
September 30, 2013

	2013
ASSETS	
Current Assets:	
Cash and cash equivalents	\$ 40,491,257
Receivables for program work	5,530,251
Loans receivable	330,711
Field advances - program	2,855,789
Employee advances	181,854
Prepaid expenses	3,864
Total Current Assets	49,393,726
Property and Equipment:	
Furniture and equipment	625,102
Leasehold improvements	30,355
	655,457
Less: Accumulated depreciation	(585,250)
Net Property and Equipment	70,207
Other Assets	80,198
TOTAL ASSETS	\$ 49,544,131
 LIABILITIES AND NET ASSETS	
Current Liabilities:	
Accounts payable and payroll withholdings	\$ 4,013,743
Accrued vacation	1,456,613
Advances for program work	24,753,370
Loans payable	-
Notes payable	-
Contingencies	-
Total Current Liabilities	30,223,726
Net Assets:	
Unrestricted	19,315,405
Temporarily restricted	5,000
Total Net Assets	19,320,405
TOTAL LIABILITIES AND NET ASSETS	\$ 49,544,131

See notes to consolidated financial statements.

JSI Research and Training Institute, Inc. and Affiliate
CONSOLIDATED STATEMENT OF ACTIVITIES
Year Ended September 30, 2013

	2013
UNRESTRICTED NET ASSETS:	
Public Support and Revenue	
Public Support:	
Government grants and contracts:	
U.S. Government	\$ 151,661,231
Commonwealth of Massachusetts	5,293,338
Other grants and contracts	40,181,675
Program income	125,762
Contributions	261,260
In kind project contributions	10,537,825
Interest income	47,775
Total Unrestricted Support and Revenue	208,108,866
 Expenses	
Program Services:	
International programs	171,082,230
Domestic programs	12,226,257
Total Program Services	183,308,487
Supporting Services:	
Management and General	21,788,613
Fundraising	219,210
Total Supporting Services	22,007,823
Total Expenses	205,316,310
 Increase (Decrease) in Unrestricted Net Assets	2,792,556
 Net Assets at Beginning of Year	16,527,849
 Net Assets at End of Year	\$ 19,320,405

See notes to consolidated financial statements.

JSI Research and Training Institute, Inc. and Affiliate
CONSOLIDATED STATEMENT OF FUNCTIONAL EXPENSES
Year Ended September 30, 2013

	PROGRAM SERVICES			SUPPORTING SERVICES			TOTAL EXPENSES
	International Programs	Domestic Programs	Total	Management And General	Fundraising	Total	
Salaries	\$ 18,109,419	\$ 6,124,528	\$ 24,233,947	\$ 4,978,668	\$ 148,767	\$ 5,127,435	\$ 29,361,382
Consultants	10,904,636	3,112,850	14,017,486	1,129,284	20,269	1,149,553	15,167,039
Cooperating National Salaries	25,215,846	-	25,215,846	394,291	-	394,291	25,610,137
Travel	10,045,652	536,038	10,581,690	625,268	(168)	625,100	11,206,790
Allowance & Training	6,019,126	2,247	6,021,373	268,858	-	268,858	6,290,231
Sub-contracts	38,240,080	1,148,501	39,388,581	-	37	37	39,388,618
Equipment, Material and Supplies	4,426,228	53,801	4,480,029	313,936	920	314,856	4,794,885
Other Costs	47,583,418	1,248,292	48,831,710	14,066,276	49,385	14,115,661	62,947,371
In-kind project expenses	10,537,825	-	10,537,825	-	-	-	10,537,825
Depreciation	-	-	-	12,032	-	12,032	12,032
TOTAL EXPENSE	\$ 171,082,230	\$ 12,226,257	\$ 183,308,487	\$ 21,788,613	\$ 219,210	\$ 22,007,823	\$ 205,316,310

See notes to consolidated financial statements.

JSI Research and Training Institute, Inc. and Affiliate
CONSOLIDATED STATEMENT OF CASH FLOWS
Year Ended September 30, 2013

	2013
Cash Flows From Operating Activities:	
Increase (Decrease) in net assets	\$ 2,792,556
Adjustments to reconcile change in net assets to net cash provided by operating activities:	
Depreciation	12,032
(Increase) Decrease in receivables for program work	(2,979,106)
(Increase) Decrease in loans receivable	(330,711)
(Increase) Decrease in field advances - program	(706,652)
(Increase) Decrease in employee advances	3,766
(Increase) Decrease in other assets - deposits	762
Increase (Decrease) in accounts payable and payroll withholdings	1,203,439
Increase (Decrease) in accrued vacation	93,070
Increase (Decrease) in advances for program work	2,883,650
Net Cash Provided (Used) By Operating Activities	2,972,806
 Cash Flows From Investing Activities:	
Acquisition of property and equipment	(34,047)
Net Cash Provided (Used) By Investing Activities	(34,047)
 Cash Flows From Financing Activities:	
Proceeds from loans payable	2,910,553
Payments of loans payable	(3,395,271)
Net Cash Provided (Used) By Financing Activities	(484,718)
 Net Increase (Decrease) in Cash and Cash Equivalents	2,454,041
 Cash and Cash Equivalents at Beginning of Year	38,037,216
 Cash and Cash Equivalents at End of Year	\$ 40,491,257

See notes to consolidated financial statements.

JSI Research and Training Institute, Inc. and Affiliate
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
September 30, 2013

NOTE 1 – ORGANIZATION AND NATURE OF ACTIVITIES

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

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

World Education, Inc. (Affiliate) was founded in 1951 and incorporated in the state of New Jersey. Working in partnership with community, national, and international agencies in Asia, Africa, and the United States, it provides professional assistance in the design and implementation of non-formal adult education programs. These programs integrate functional education with relevant problem-solving aspects of individual growth and national development such as health, nutrition, family planning, childcare, refugee education, agricultural practices, literacy, and income generation.

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

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Principles of Consolidation

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

Basis of Accounting

The consolidated financial statements of the Organization have been prepared utilizing the accrual basis of accounting and include the accounts of JSI Research and Training Institute, Inc. and its affiliate in conformity with accounting principles generally accepted in the United States of America.

JSI Research and Training Institute, Inc. and Affiliate
NOTES TO FINANCIAL STATEMENTS - CONTINUED
September 30, 2013

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES – continued

Use of Estimates

The preparation of consolidated financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Fair Value

The Organization values its qualifying assets and liabilities under a fair value hierarchy that prioritizes the inputs and assumptions used to measure fair value. The hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and liabilities and have the highest priority, Level 2 inputs consist of observable inputs other than quoted prices for identical assets, and Level 3 inputs have the lowest priority. The Organization uses appropriate valuation techniques based on the available inputs to measure the fair value of its assets and liabilities. When available, the Organization measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value.

Cash and Cash Equivalents

The Organization considers all monies in banks and highly liquid investments with maturity dates of three months or less to be cash equivalents. The carrying value of cash and cash equivalents approximates fair value because of the short maturities of those financial instruments.

Investments

Investments in marketable securities with readily determinable fair values and all investments in debt securities (marketable investments) are measured at fair values based on quoted market prices in the consolidated statement of financial position. Unrealized gains and losses are included in the statement of activities.

Property and Equipment

Property and equipment is reported on the basis of cost less accumulated depreciation. Acquisitions of property and equipment in excess of \$1,500 are capitalized. Depreciation is computed using the straight-line method calculated to extinguish the book value of the respective assets over their estimated useful lives (5 - 7 years) of the related assets.

Revenue Recognition

Unrestricted and restricted contributions are recognized as revenue at the date the pledge is made or the gift is received, whichever is earlier. Revenue from cost reimbursement contracts and grants is recorded as the related expenditures are incurred.

JSI Research and Training Institute, Inc. and Affiliate
NOTES TO FINANCIAL STATEMENTS - CONTINUED
September 30, 2013

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES – continued

Contributions

Contributions received are recorded as unrestricted, temporarily restricted, or permanently restricted support depending on the existence and/or nature of any donor restrictions. Contributions are reported as temporarily restricted support and are then reclassified to unrestricted net assets upon expiration of the time restriction. Temporarily restricted support, whose restrictions are met in the same reporting period, is shown as unrestricted support.

Donated Materials and Services

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

Income Taxes

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

The Organization has evaluated its tax positions and believes that there would be no material changes to the results of its operations or financial position as a result of an audit by the applicable taxing authorities, federal or state. The Organization has filed all of its known and required returns in a timely manner including as permitted allowed extensions. Following administrative practice of the taxing authorities, the tax years 2010, 2011, 2012 and 2013, remain open years subject to examination and review.

JSI Research and Training Institute, Inc. and World Education, Inc. (Affiliate) file separate unconsolidated tax returns. JSI Research and Training Institute, Inc. files tax returns based on a September 30th year end and its affiliate files tax returns based on a June 30th year end.

Functional Allocation of Expenses

The costs of providing the various programs and other activities have been summarized on a functional basis in the consolidated statement of activities. Accordingly, certain costs have been allocated among the programs and supporting services benefited.

Financial Statement Presentation

In accordance with accounting principles generally accepted in the United States of America, the Organization reports information regarding its financial position and activities according to three classes of net assets: unrestricted net assets, temporarily restricted net assets, and permanently restricted net assets based upon the existence or absence of donor imposed restrictions. For the

JSI Research and Training Institute, Inc. and Affiliate
NOTES TO FINANCIAL STATEMENTS - CONTINUED
September 30, 2013

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES – continued

year ended September 30, 2013 there was no activity in temporarily restricted or permanently restricted net assets.

NOTE 3 – CONCENTRATION OF CREDIT RISK

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

NOTE 4 – INVESTMENTS

Fair Value

In accordance with accounting principles generally accepted in the United States of America, the Organization values its qualifying assets and liabilities under a fair value hierarchy that prioritizes the inputs and assumptions used to measure fair value. The three levels of the fair value hierarchy are as follows:

- Level 1 – Observable inputs that reflect unadjusted quoted prices in active markets for identical assets or liabilities at the measurement date.
- Level 2 – Inputs other than quoted prices in active markets that are observable for the asset either directly or indirectly, including inputs from markets that are not considered to be active.
- Level 3 – Unobservable inputs which reflect the Organization's assessment of the assumptions that market participants would use in pricing the asset or liability including assumptions about risk.

A qualifying asset or liability's level within the framework is based upon the lowest level of any input that is significant to the fair value measurement.

JSI Research and Training Institute, Inc. and Affiliate
NOTES TO FINANCIAL STATEMENTS - CONTINUED
September 30, 2013

NOTE 4 – INVESTMENTS - continued

The following is a summary of fair values of investments which are measured on a recurring basis using Level 1 inputs as recorded in the Consolidated Statement of Financial Position at September 30, 2013:

Current assets:	
Cash and cash equivalents (invested)	\$ 22,195,838
	<u>\$ 22,195,838</u>

No assets or liabilities were measured at Level 2 or Level 3.

The following schedule summarizes the investment return and its classification in the Consolidated Statement of Activities for the year ended September 30, 2013:

	<u>Unrestricted</u>
Interest income	\$ 47,775
Total investment return	<u>\$ 47,775</u>

NOTE 5 – RECEIVABLES FOR PROGRAM WORK

Receivables for program work are stated at the amount management expects to collect from outstanding balances. Management provides for probable uncollectable amounts through a provision for bad debt expense and an adjustment to a valuation allowance based on its assessment of the current status of individual accounts. Balances that are still outstanding after management has used reasonable collection efforts are written off through a charge to the valuation allowance and a credit to accounts receivable. The allowance for doubtful accounts at September 30, 2013 was \$0.

Receivables for program work consist of the following at September 30, 2013:

U.S. Agency for International Development	\$ 1,964,024
Commonwealth of Massachusetts	827,417
Other - non-governmental	<u>2,738,810</u>
	<u>\$ 5,530,251</u>

JSI Research and Training Institute, Inc. and Affiliate
NOTES TO FINANCIAL STATEMENTS - CONTINUED
September 30, 2013

NOTE 6 – LOANS RECEIVABLE

Loans receivable consist of various unsecured short-term loans, due on demand, from John Snow, Inc., a related party (See NOTE 17). No interest is charged on the loans. The loans receivable balance at September 30, 2013 is \$330,711.

NOTE 7 – PROPERTY AND EQUIPMENT AND ACCUMULATED DEPRECIATION

Property and equipment and accumulated depreciation account balances are as follows:

	<u>Cost</u>	<u>Accumulated Depreciation</u>	<u>Net</u>
Furniture and equipment	\$ 625,102	\$ (559,557)	\$ 65,545
Leasehold Improvements	<u>30,355</u>	<u>(25,693)</u>	<u>4,662</u>
	<u>\$ 655,457</u>	<u>\$ (585,250)</u>	<u>\$ 70,207</u>

Depreciation expense was \$12,032 for the year ended September 30, 2013.

NOTE 8 – OTHER ASSETS

Other assets consist of the following at September 30, 2013:

Deposits	\$ 43,253
Artwork - donated	<u>36,945</u>
	<u>\$ 80,198</u>

NOTE 9 – ACCRUED VACATION

In accordance with formal policies, vacation was accrued at September 30, 2013 as follows:

JSI Research and Training Institute, Inc.	\$ 1,142,159
World Education, Inc. (Affiliate)	<u>314,454</u>
	<u>\$ 1,456,613</u>

JSI Research and Training Institute, Inc. and Affiliate
NOTES TO FINANCIAL STATEMENTS - CONTINUED
September 30, 2013

NOTE 10 – ADVANCES FOR PROGRAM WORK

Advances for program work consist of the following at September 30, 2013:

U.S. Agency for International Development	\$ 3,151,531
U.S. Dept. of Health and Human Services	83,811
Other - non-governmental	<u>21,518,028</u>
	<u>\$ 24,753,370</u>

NOTE 11 – LOANS PAYABLE

Loans payable consist of various unsecured short-term loans, payable on demand, from John Snow, Inc., a related party (See NOTE 17). No interest is charged on the loans. The loans payable balance at September 30, 2013 is \$0.

NOTE 12 – NOTES PAYABLE

Citizens Bank

World Education, Inc. (Affiliate) has a revolving line of credit established February 3, 2004 with Citizens Bank of Massachusetts with a borrowing limit of up to \$500,000. The revolving line of credit was renewed on March 20, 2013. The loan is payable on demand. Interest is charged by utilizing a fluctuating rate based on the LIBOR (Advantage) rate plus 2.50%. The line of credit remains in effect until December 31, 2013 and annually thereafter contingent upon performance. The loan is collateralized by a first priority interest in all the assets of World Education, Inc. No funds were borrowed during the year and as a result, as of September 30, 2013, the outstanding balance is \$0 and no interest was incurred on this loan during the year ended September 30, 2013.

John Snow, Inc.

World Education, Inc. (Affiliate) has an unsecured revolving line of credit established September 1, 2007 with John Snow, Inc. (a related party) with a borrowing limit of up to \$1,000,000. The loan was renewed on July 1, 2013. Interest is charged by utilizing a fluctuating rate based on the current prime rate plus 0.25%. The loan is payable on demand and, in any event, on or prior to June 30, 2016. The loan is not collateralized. No funds were borrowed during the year and as a result, as of September 30, 2013, the outstanding balance is \$0. No interest was incurred on this loan during the year ended September 30, 2013. (See NOTE 17)

JSI Research and Training Institute, Inc. and Affiliate
NOTES TO FINANCIAL STATEMENTS - CONTINUED
September 30, 2013

NOTE 13 – CONTINGENCIES

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

JSI Research and Training Institute, Inc. is a co-borrower of a demand loan with no balance due at September 30, 2013. Management believes that the co-borrower is current on the loan and that its collateral exceeds the balance due. (See NOTE 17)

NOTE 14 – TEMPORARILY RESTRICTED NET ASSETS

At September 30, 2013, the Welthy Fisher Fund of World Education, Inc. is the beneficiary of an irrevocable life income trust agreement. Under the terms of the agreement, the donor will receive either a fixed percentage of the initial fair market value of the gift or the actual income earned by the trust. Upon the death of the donor, the funds are released to World Education, Inc. for its unrestricted use.

No assets were released from donor restriction by occurrence of events specified by the donor during the year ended September 30, 2013. The temporarily restricted net assets balance at September 30, 2013 is \$5,000.

NOTE 15 – SURPLUS REVENUE RETENTION

In accordance with the Massachusetts Division of Purchased Services (DPS) Regulation, 808 CMR 1.19 (3), a nonprofit provider of services is allowed to retain a portion of its excess of support and revenue over expenses in a fiscal year (the “surplus”). A nonprofit provider may retain as its surplus up to 5% of its total revenue from Commonwealth of Massachusetts purchasing agencies during any fiscal year. In addition, a nonprofit provider may retain a cumulative amount of surplus over a period of years not to exceed 20% of the prior year’s total support and revenue from Commonwealth of Massachusetts purchasing agencies and the cumulative surplus must be segregated as surplus retention net assets. A current year surplus which exceeds the 5% level or a cumulative surplus exceeding the 20% amount may be: 1) reinvested in program services as stipulated by the purchasing agencies; 2) recouped or; 3) used by the Commonwealth to reduce the price of future contracts.

JSI Research and Training Institute, Inc. and Affiliate
NOTES TO FINANCIAL STATEMENTS - CONTINUED
September 30, 2013

NOTE 15 – SURPLUS REVENUE RETENTION - continued

The following summarizes the Company’s calculation of the surplus for fiscal year 2013 and on a cumulative basis:

	<u>Surplus Retention Net Assets</u>	<u>Other Net Assets</u>	<u>Total Net Assets</u>
Beginning of Year	\$ 524,405	\$ 16,003,444	\$ 16,527,849
Current Year	<u>122,685</u>	<u>2,669,871</u>	<u>2,792,556</u>
End of Year	<u>\$ 647,090</u>	<u>\$ 18,673,315</u>	<u>\$ 19,320,405</u>

NOTE 16 – COMMONWEALTH OF MASSACHUSETTS

The following is a schedule of expenditures with the Commonwealth of Massachusetts:

Accrued (deferred) Revenue at October 1, 2012	\$ 653,636
Receipts	(5,119,557)
Disbursements/expenditures	<u>5,293,338</u>
Accrued (deferred) Revenue at September 30, 2013	<u>\$ 827,417</u>

NOTE 17 – RELATED PARTY TRANSACTIONS

John Snow, Inc.

JSI Research and Training Institute, Inc. (an exempt organization) and John Snow, Inc. (a non-exempt corporation) purchase consulting services from each other. Mr. Joel Lamstein is President and Director of both organizations, and is the sole stockholder of John Snow, Inc. The two companies bill each other at the same rates that they bill the federal and state governments. During the year ended September 30, 2013, John Snow, Inc. billed JSI Research and Training Institute, Inc. \$15,408,528 for consulting services (technical support). This amount is reflected under the program services-consulting line item on the statement of functional expenses. In addition, JSI Research and Training Institute, Inc. performed consulting services (technical support) for John Snow, Inc. totaling \$8,871,652.

The two companies also share facilities and pool various overhead expenses. For the year ended September 30, 2013, JSI Research and Training Institute, Inc. incurred \$15,551,582 of overhead expenses (supporting services), of which \$4,193,889 was its share of John Snow, Inc. incurred costs.

JSI Research and Training Institute, Inc. and Affiliate
NOTES TO FINANCIAL STATEMENTS - CONTINUED
September 30, 2013

NOTE 17 – RELATED PARTY TRANSACTIONS - continued

JSI Research and Training Institute, Inc. is a co-borrower with John Snow, Inc. on a commercial demand loan-revolving line of credit with an expiration date of November 30, 2013, which allows for borrowings up to \$6,500,000. The loan is collateralized by a security agreement with a first position lien on all corporate assets of JSI Research and Training Institute, Inc. and John Snow, Inc. including assignment of promissory notes and security documents between the two companies. Interest is charged by utilizing a fluctuating rate based on LIBOR (Advantage) plus two percent (2.00%) payable monthly in arrears, which at September 30, 2013 was 2.2142%. At September 30, 2013, a balance of \$0 was outstanding on the loan. Management believes the loan payable will be extended, when due, under similar terms and conditions.

The Organization has various unsecured short-term loans receivable, due on demand, from John Snow, Inc. No interest is charged on the loans. The loans receivable balance at September 30, 2013 is \$330,711.

World Education, Inc. (Affiliate) has an agreement with John Snow, Inc. whereby John Snow, Inc. will provide administrative and technical support as deemed necessary by World Education, Inc.'s Board of Trustees. Transactions with John Snow, Inc. for the year ended September 30, 2013 are summarized as follows:

Administrative and technical support	\$ 673,546
Other direct charges (including rent of \$720,135)	<u>1,024,389</u>
	<u>\$ 1,697,935</u>

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

World Education, Inc. provided services to John Snow, Inc. during the year ended September 30, 2014 totaling \$382,527 and was recorded as revenue in the consolidated statement of activities.

World Education, Inc. has an unsecured line of credit with John Snow, Inc. with a borrowing limit of up to \$1,000,000. (See Footnote 12)

Partnership for Supply Chain Management, Inc.

Partnership for Supply Chain Management, Inc. (PSCM) (an exempt organization) was incorporated on February 14, 2005 by JSI Research and Training Institute, Inc. and Management Sciences for Health, Inc.

JSI Research and Training Institute, Inc. and Affiliate
NOTES TO FINANCIAL STATEMENTS - CONTINUED
September 30, 2013

NOTE 17 – RELATED PARTY TRANSACTIONS - continued

Partnership for Supply Chain Management, Inc. - continued

PSCM has been awarded a U.S. government contract to procure and deliver life-saving medicines and medical supplies to treat HIV/AIDS patients worldwide. The contract for the Supply Chain Management System project was awarded through the U.S. Agency for the International Development as part of the U.S. government's five-year, \$15 billion President's Emergency Plan for AIDS Relief.

Mr. Joel Lamstein, President and Director of JSI Research and Training Institute, Inc., is President and Director of PSCM.

During the year ended September 30, 2013, JSI Research and Training Institute, Inc. billed PSCM \$45,864,166 for services performed.

Other

The Organization has an agreement with a certain related company to purchase services. Transactions with this company were charged to sub-contracts expense and are as follows:

The Manoff Group, Inc. (a non-exempt corporation; 40% owned by John Snow, Inc.)	\$ 957,540
	<u>\$ 957,540</u>

NOTE 18 – RETIREMENT PLANS

JSI Research and Training Institute, Inc. has a defined contribution profit sharing/401(K) plan covering substantially all its employees. Employee contributions are voluntary. Employer contributions are based on a percentage (10% - 15% depending on length of service) of salary. The Plan was effective April 11, 1979. Pension expense was \$2,355,705 for the year ended September 30, 2013.

World Education, Inc. (Affiliate) provides retirement benefits to substantially all employees under a plan. World Education, Inc.'s contributions of 7 percent of employee salaries are used to purchase individual annuities. Additional voluntary contributions may be made by the employees. Participants of the plan are fully and immediately vested when contributions are made. Pension costs incurred by World Education, Inc. were \$335,395 in the year ended September 30, 2013.

JSI Research and Training Institute, Inc. and Affiliate
NOTES TO FINANCIAL STATEMENTS - CONTINUED
September 30, 2013

NOTE 19 – COMMITMENTS

Operating Leases

The JSI Research and Training Institute, Inc. leases space for general offices under operating leases expiring from 2013 through 2018. The leases contain renewal options for periods of up to 5 years.

During the year ended September 30, 2013, rentals under long-term lease obligations were \$454,300. Future obligations over the primary terms of the Company's long-term leases as of September 30, 2013 are:

<u>Year Ended</u> <u>September 30,</u>	
2014	\$ 459,904
2015	469,786
2016	384,243
2017	258,901
2018	170,468
Thereafter	-
	<u>\$ 1,743,302</u>

World Education, Inc. (Affiliate) leases space for general offices on a year-to-year basis. Rent expense for the year ended September 30, 2013 was \$805,192

NOTE 20 – CONCENTRATION OF FUNDING

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

The Organization received 10% or more of its revenues and support from the following sources for the year ended September 30, 2013:

	<u>Income</u> <u>Received</u>	<u>% of</u> <u>Total Income</u>
U.S. Agency for International Development	\$ 97,666,087	46.93%
Partnership for Supply Chain Management, Inc.	45,864,166	22.04%
	<u>\$ 143,530,253</u>	<u>68.97%</u>

JSI Research and Training Institute, Inc. and Affiliate
NOTES TO FINANCIAL STATEMENTS - CONTINUED
September 30, 2013

NOTE 21 – IN KIND PROJECT CONTRIBUTIONS

The Organization receives donated materials and services consisting of commodities, facilities and equipment, and services for use in its programs from overseas collaborative private voluntary organizations and from foundations providing grants directly to a project. Donated materials and services totaled \$10,537,825 for the year ended September 30, 2013, and are reflected as In Kind Project Contributions on the Consolidated Statement of Activities and In Kind Project Expenses on the Consolidated Statement of Functional Expenses.

These contributions satisfy part of the matching requirements needed to obtain full funding on certain U.S. Agency for International Development grants. During the year ended September 30, 2013, the following donated materials and services received by the Organization have been used to fulfill matching requirements on active grants:

36346	Ethiopia SNL	\$ 307
36521	Uganda STAR-EC	2,398,751
36528	Nigeria Tship	6,076,103
36529	Ghana Focus	678,840
36662	Madagascar CBIHP	452,788
36697	SPRING	507,044
62304	Nepal	107,673
63068	Benin	121,832
63101	Senegal/Journalism	4,114
63114	Uganda	78,345
64024	Tanzania	105,520
64026	Uganda	2,318
64042	Uganda	4,179
64057	Zimbabwe	11
		<u>11</u>
		<u>\$ 10,537,825</u>

NOTE 22 – SUBSEQUENT EVENTS

The Organization has evaluated subsequent events through March 17, 2014, the date on which the consolidated financial statements were available to be issued. During this period, there were no subsequent events that require adjustment to the consolidated financial statements.

JSI Research and Training

Mission Statement

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

Community Health Institute

Mission Statement

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



Community Health Institute

JSI Research & Training Institute, Inc.
d.b.a Community Health Institute

501

South Street

Second Floor

Bow

New Hampshire

03304



Voice: 603.573.3300



Fax: 603.573.3301



A Division of

JSI Research & Training

Institute, Inc.

A Nonprofit Organization

Officers

<u>Name</u>	<u>Title</u>	<u>Term</u>
Joel H. Lamstein	President	2014 - 2015
Joel H. Lamstein	Treasurer	2014 - 2015
Patricia Fairchild	Clerk	2014 - 2015
Joanne McDade	Assistant Clerk	2014 - 2015

Board of Directors

<u>Name</u>	<u>Term</u>
Joel H. Lamstein	2014 – 2015
Patricia Fairchild	2014 – 2015
Herbert S. Urbach	2014 – 2015
Norbert Hirschhorn	2014 – 2015



New Hampshire's Public Health Institute

KEY ADMINISTRATIVE PERSONNEL

NH Department of Health and Human Services

Contractor Name: JSI Research and Training Institute, Inc., dba Community Health Institute

Name of Bureau/Section: Public Health Program Services - Amendment #3

Program Area: Emergency Preparedness

Amy Cullum	Senior Consultant	\$91,008	4.13%
Alyson Cobb	Project Associate	\$48,504	3.80%
		\$0	0.00%
		\$0	0.00%
TOTAL SALARIES (Not to exceed Total/Salary Wages, Line Item 1 of Budget request)			

Program Area: Environmental Public Health Tracking

Martha Bradley	Health Educator	\$86,008	4.35%
Katie Robert	Project Manager	\$56,004	3.94%
Priscilla Davis	Project Coordinator	\$58,500	4.25%
TOTAL SALARIES (Not to exceed Total/Salary Wages, Line Item 1 of Budget request)			

Program Area: Oral Health

Karyn Madore	Project Director	\$96,500	3.91%
Martha Bradley	Communications Team	\$86,008	2.17%
Buffi Dudley	Graphic Designer	\$59,750	2.18%
Lisa Bryson	Administrative & Graphic Support	\$41,000	1.82%
TOTAL SALARIES (Not to exceed Total/Salary Wages, Line Item 1 of Budget request)			

Program Area: Lead Prevention

Alyson Cobb	Project Associate	\$48,500	5.82%
Lori Walter	Project Associate	\$49,000	5.38%
Lisa Bryson	Project Associate	\$41,000	2.17%
Heather Brack	Web Developer	\$59,064	0.76%
TOTAL SALARIES (Not to exceed Total/Salary Wages, Line Item 1 of Budget request)			

AMY LEE CULLUM

JSI Research & Training Institute, Inc. , d/b/a Community Health Institute
501 South Street, Bow, New Hampshire 03304

acullum@jsi.com
(603) 573-3316

DEGREES

HARVARD SCHOOL OF PUBLIC HEALTH, BOSTON, MASSACHUSETTS
M.P.H., Population and International Health, 2000

AMERICAN UNIVERSITY, SCHOOL OF INTERNATIONAL SERVICE, WASHINGTON, D.C.
M.A., International Development, 1995

BROWN UNIVERSITY, PROVIDENCE, RHODE ISLAND
B.A., International Relations, 1990

ADDITIONAL EDUCATION

HOMELAND SECURITY EXERCISE AND EVALUATION PROGRAM, BOW, NEW HAMPSHIRE AND BURLINGTON, VERMONT
Evaluator Certification, January 2008
Exercise Evaluation and Improvement Training Course, June 2006

NEW HAMPSHIRE DEPARTMENT OF SAFETY, DIVISION OF FIRE STANDARDS AND TRAINING, BRADFORD, NEW HAMPSHIRE
IS-701: NIMS Multi-Agency Coordination System, September 2008
IS-700: NIMS An Introduction, March 2007
IS-100: Introduction to ICS, March 2007
IS-200: ICS for Single Resources and Initial Action Incidents, March 2007
ICS-300: Incident Management/Unified Command for Complex and Expanding Incidents, July 2012

EXPERIENCE

JSI, Bow, New Hampshire

Senior Consultant, JSI, Health Services Division, June 2002 to present

Provide technical assistance to local, state and national and international public health organizations and programs in the areas of planning, assessment, and evaluation to support the development of effective public health delivery systems. Topical expertise in local public health infrastructure development and public health emergency preparedness.

Selected projects:

New Hampshire Public Health Emergency Planning Technical Assistance and Training, New Hampshire Department of Health and Human Services, Division of Public Health Services, Office of Community and Public Health. Lead project to assist regional planning groups to develop emergency plans and procedures for medical surge, medical countermeasure dispensing, emergency public information and warning, and emergency operations coordination. Implemented and evaluated Homeland Security Exercise Evaluation Program (HSEEP)-compliant exercises to test regional plans. Developed and implemented multi-modality training programs targeting regional public health emergency response professionals and volunteers on such topics as continuity of operations planning (COOP); disease case investigation; social media in emergency response; working with the media in emergencies; family emergency preparedness, and health information privacy in emergencies. Developed templates and materials to support the NH's Influenza A (H1N1) and Hepatitis C responses. Authored NH's H1N1 and Hepatitis C After Action Reports, conducting a analysis of multiple data sets including two JSI-developed surveys of enrolled vaccine providers and the general population, as well as multiple focus groups. Spearheaded planning group with DPHS and NH Homeland Security and Emergency Management to design and implement an annual one-day statewide emergency preparedness conference targeted to professional and volunteer emergency responders.

Public Health and Health Care Hazard Vulnerability Assessments (HVAs), New Hampshire Department of Health and Human Services, Massachusetts Department of Public Health. Technical Lead for an assessment of the public health, behavioral health and health care system impacts of natural and manmade hazards for public health planning regions of Massachusetts and New Hampshire. Researched and adapted HVA tools for assessing hazard impacts for this data-driven



HVA, including spearheading an indicator selection process, researching likely impacts from historical data and models; and designing participatory process involving a wide variety of stakeholders to assess impacts and identify risk mitigation strategies for regional health care, public health and behavioral health systems.

Poison Control Center Innovation and Transformation, American Association of Poison Control Centers. Team lead for the market research component of a project to develop a three-year plan to increase the relevance of poison control centers (PCCs). Oversaw development, implementation and analysis of a PCC survey to assess PCC use and inclination to use new communications modalities to reach consumers of PCC services, conduct of an environmental scan of organizations with characteristics similar to PCCs, and conduct of focus groups and key informant interviews. Produced market research report focusing on identification of opportunities for PCCs to expand their role and visibility through the use of new partnerships and communications modalities while maintaining quality in the assessment triage and management of poison exposures.

Supplemental Oxygen in Alternate Care Sites Exercises, New Hampshire Department of Health and Human Services, Division of Public Health Services, Bureau of Infectious Disease Control. Project Director on project to develop regional capacity to provide low-flow supplemental oxygen in Alternate Care Sites in public health emergencies. Worked with Division of Public Health Services Staff to finalize the NH State Guidance on Supplemental Oxygen in Alternate Care Sites. Developed and implemented regional HSEEP-compliant workshops to develop regional plans, and HSEEP-compliant functional exercises to test plan assumptions regarding low-flow oxygen operationalization.

Public Health Emergency Preparedness (PHEP) Data Collection and Reporting Training, Centers for Disease Control and Prevention (CDC) Office of Public Health Preparedness and Response /Division of State and Local Readiness (OPHPR /DSLRL). Provide training and technical assistance to 62 CDC-funded state, territorial, and municipal PHEP awardees on the collection, reporting, and use of public health emergency preparedness data for program evaluation and monitoring. Training program incorporates on-line, downloadable training modules, quick reference guides and data collection forms, 1:1 technical assistance and presentations. Activities included conduct of a needs assessment to inform training program development, development and implementation of a comprehensive training program using state of the art technologies. Serve as the Emergency Preparedness Performance Improvement Advisor, providing technical content for training program.

Community Health Center Preparedness Technical Assistance, New Hampshire Department of Health and Human Services, Division of Public Health Services; Bi-State Primary Health Care Association. Researched and developed template emergency operations plan for New Hampshire's Community Health Centers and provided training in the completion of the template; developed HSEEP-compliant tabletop exercise materials and a train-the-trainer program to enable Community Health Centers to test the adequacy of their Emergency Operations Plans.

JSI, International Division, Boston Massachusetts and Washington, DC
Consultant, April 1995 to June 2002

Selected projects:

Urban Family Health Partnership (UFHP), US Agency for International Development, Dhaka, Bangladesh. Served as Team Leader, Program Development. Responsible for leading the design and evaluation of new service initiatives, including a safe delivery pilot program, based on community-level needs assessments using both qualitative and quantitative methods. Held lead responsibility for the conduct of internal reviews of program activities, and for ensuring that findings were fed back into the program. Managed the technical assistance activities of the Behavior Change Communications (BCC) Team, leading the development and review of health BCC materials and BCC and counseling-related curricula for the project, and overseeing technical staff. The UFHP contracts with 25 non-governmental organizations (NGOs) to provide high quality and high impact family health services (*Essential Service Package*) to residents of urban communities, especially low income, vulnerable populations. UFHP has created a network of over 250 clinics and 2000 satellite locations, serving 85 Bangladeshi municipalities (1997–2002).

OTHER ACTIVITIES

NH Medical Reserve Corps, Concord, New Hampshire
Member, January 2010 to present



ALYSON M. COBB

JSI Research & Training Institute, Inc. d/b/a Community Health Institute
501 South Street, 2nd floor, Bow, New Hampshire 03304

acobb@jsi.com
(603) 573-3319

EDUCATION

BOSTON UNIVERSITY SCHOOL OF PUBLIC HEALTH, BOSTON, MASSACHUSETTS
Masters of Public Health, Concentration: Epidemiology, Expected Graduation Date: May 2015

BUCKNELL UNIVERSITY, LEWISBURG, PENNSYLVANIA
Bachelor of Arts in Chemistry, Minor in American Literature, 2009

EXPERIENCE

Community Health Institute/JSI, Bow, New Hampshire
Project Associate, August 2010 to present
*AmeriCorps*VISTA Member, August 2009 to August 2010*

Selected Projects Include:

New Hampshire Public Health Emergency Planning Technical Assistance and Training Provide technical assistance and support to six of the 13 Public Health Networks in NH around Public Health Advisory Council development and public health emergency preparedness, planning, and response. Develop and deliver trainings and tools on a variety of public health and emergency response topics. Develop and offer social media trainings for emergency responders, regional emergency planning committees, volunteer organizations, and local health departments. Through hands-on simulated training exercise, increased the number of participants who reported feeling comfortable using Facebook as a professional by 75% and using Twitter as a professional by 325%. Facilitate planning process of the annual NH Emergency Preparedness and NH Integrated Emergency Volunteer Training Conferences, which draw more than 700 and 200 attendees, respectively. In collaboration with the NH State Medical Reserve Corps (MRC) coordinator, implement activities to strengthen the statewide volunteer system, including convening monthly meetings of unit coordinators, providing individual technical assistance, organizing statewide recruitment efforts, developing and implementing volunteer surveys, and developing and providing trainings for volunteers. Develop and facilitate annual National Preparedness Month Public Information and Warning Exercise, including developing social media content for emergency response agencies to communicate to their networks and evaluation social media use by participating agencies for conveying preparedness information and willingness of the public to improve their level of preparedness.

Healthy Farms, Healthy People Policy Research & Analysis Project Conducted a formative research process of barriers and innovative strategies to foster connections between consumers and producers of local foods in NH. Held key informant interviews and focus groups with opinion leaders, including state government, education, bulk purchasers, public health, farmers, and organizers of various local food programs and initiatives. Conducted survey of over 500 food producers and consumers from around the state and analyzed survey responses. Drafted and finalized a white paper on key findings. Final white paper available at <http://bit.ly/14iil0L>.

NH Center for Excellence Facilitate operations and meetings of the State Epidemiological Outcomes Workgroup on Mental, Emotional, and Behavioral Health (SEOW-MEB). Assist in the development of data briefs and reports. Facilitate process to determine challenges and gaps in state data sources and recommendations to enhance and improve data collection, analysis, and utilization to meet state plan recommendations relative to improved data. Conducted six focus groups as part of the state's Strategic Prevention Enhancement planning process and assisted in the development of the plans.

Tobacco and Obesity Policy Project In collaboration with NH Department of Health & Human Services, Obesity Prevention Program (OPP) and NH Department of Education, Bureau of Nutrition Programs and Services, assessed NH schools' wellness policies, including surveying schools on their policy content and implementation, coordinating a policy review process, and developing data profiles for each school reporting their level of compliance with the federal law governing school wellness policies. In addition, developed toolkit to help schools comply with recently adopted NH rules mandating healthier competitive foods.



Public Health, Behavioral Health, and Health Care System Hazard Vulnerability Assessment Support project to assess the public health, behavioral health, and health care system impacts of natural and manmade hazards. Facilitate participatory meetings with local stakeholders to assess anticipated impact of various hazards, assess regional preparedness to respond to the hazards, and identify of risk mitigation strategies. Results of the three-step process are summarized in an action plan for each region to improve their preparedness. Currently in the process of conducting assessments for all regions in New Hampshire and Massachusetts.

Functional Needs Support Services Shelter Workshops for Medical Reserve Corps Volunteers Plan, develop materials for, and conduct four discussion-based exercises for NH Medical Reserve Corps volunteers to prepare them to accommodate all residents in an emergency shelter.

Child and Adult Care Food Program (CACFP) Trainings Worked with NH Department of Education, Bureau of Nutrition Programs and Services to develop a training curriculum to be offered to child care providers throughout the state. Developed training objectives, slides used for the training, workshop checklist, activity cards with ideas for incorporating active play, references and resources list, workshop sign-in sheet, and workshop evaluation.

Exercises and Regional Plans for Administering Supplemental Oxygen in Public Health Emergencies Plan, develop materials for, and conduct 10 discussion-based and 12 functional exercises for NH Public Health Networks to develop their ability to provide low-flow oxygen in a medical surge setting. Corrective actions for each region, as well as the State, are summarized following each exercise to improve the ability of the regions to provide oxygen services.

OTHER PROFESSIONAL EXPERIENCE

NH Department of Health & Human Services, Infectious Disease Surveillance Section, Concord, New Hampshire
Student Intern, March 2014 to present

Under the direction of the Infectious Disease Surveillance Section Chief, collect, manage, and analyze reportable disease information for Lyme disease cases, including entering case information into the NH Electronic Disease Surveillance System (NHEDSS). Develop report cards evaluating individual providers around the state regarding timeliness of Lyme disease case reporting, including selecting measures, analyzing data, developing and disseminating individual provider report cards, and writing a procedure to be followed in future years to allow for the assessment of trend data. Internship fulfills practicum requirement of Boston University School of Public Health's Masters of Public Health program.

COMMUNITY & VOLUNTEER ACTIVITIES

Bicycles Against Poverty, Gulu, Uganda and New York, New York
Founding Member, Former Director of External Operations, August 2008 to present

Manchester Food Co-op, Manchester, New Hampshire
Volunteer, January 2010 to present

AmeriCorps Alums: New Hampshire Chapter, Concord, New Hampshire
Member, March 2011 to present

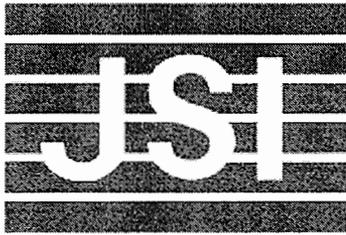
Greater Manchester Medical Reserve Corps, Manchester, New Hampshire
Volunteer, January 2012 to present

COMPUTER SKILLS

Proficient in:

Microsoft Office: Word, Excel, Power Point, and Publisher
Website Management: Dreamweaver, WordPress
Social media tools: Facebook, Twitter, LinkedIn, and blogs
Online tools: SurveyMonkey, Google Drive
Statistical Analysis: SAS (version 9.3)





Martha Bradley, MS

Martha Bradley provides consultation on a wide variety of public health projects in New Hampshire. Her areas of expertise include health promotion, communication strategies, community mobilization, training, program development and implementation.

Ms. Bradley has a wide breadth of experience creating and managing targeted interventions for various audiences. She has designed several office systems-change and quality improvement initiatives targeting healthcare and childcare professionals. In the area of tobacco prevention and control, she has worked to design specific interventions for healthcare practices, dentist, and mental health providers to offer a brief intervention to clients in their in their clinical setting. Recently she worked with the NH Women, Infants and Children program (WIC) to modify their workflow and office systems to routinely intervene with clients who smoke. In all these settings, Ms. Bradley works with the learners to change internal practices, tailor training material, modify protocols for documentation and identify performance measures to track change and improve performance. These changes usually require modifications to electronic medical records or case management software. Ms. Bradley is currently working on a project funded by the Centers for Disease Control and Prevention that seeks to explore the feasibility of developing cost-sharing agreements with carriers of commercial and public health insurance and purchasers of health insurance to pay for cessation treatment services provided by the NH Tobacco Helpline.

Recently she successfully leveraged private foundation funds to connect low-income smokers with evidence-based cessation resources through two non-traditional channels. The *Tobacco and Health Literacy* project engaged adult literacy instructors and adult learners and *Engaging Smokers through Financial Assistance Programs* reached individuals through financial assistance and credit counseling programs.

Ms. Bradley has worked extensively on a federally-funded project to support healthier nutrition, physical activity, screen time, and tobacco-free environments for NH children in childcare programs, and in NH schools. As part of this project, Ms. Bradley led a team that developed lessons to educate childcare staff on strategies to adopt stronger policies related to nutrition, physical activity, screen time, and exposure to environmental smoke. She also developed material to assist the NH Department of Education (DOE) implement new statewide rules regarding foods served in schools. She created easy-to-read tip sheets to help school personnel adopt the new rules; employing a learner-centered process to identify topic ideas. Most recently, Ms. Bradley worked with the ten childcare programs that comprise Seacoast Early Learning Alliance in an Action Learning Collaborative to develop and adopt a SELA-wide wellness policy for their staff, children and families.

Other work with this sector includes the recent development of content for two lessons and supplemental activities on the topics of nutrition and physical activity for the Child and Adult Care Food Program (CACFP) administered by DOE. The aim of the lessons was to increase the knowledge and capacity of childcare professionals to serve healthier foods to the children they serve and to engage the children in physical activity using the most up-to-date science-based practices, and CACFP rules and regulations.

KATHERINE ROBERT, MPA

JSI Research & Training Institute, Inc.
501 South Street 2nd floor, Bow, New Hampshire 03304 · (603) 573-3331

krobert@jsi.com

EDUCATION

UNIVERSITY OF NEW HAMPSHIRE, DURHAM, NEW HAMPSHIRE
Master of Public Administration, 2009
Bachelor of Arts in Political Science, 2006

EXPERIENCE

JSI Research & Training Institute, Inc., Bow, New Hampshire

Project Manager, December 2007 to present

JSI provides consultation to health care organizations in the areas of health services delivery, public health, practice management, information for decision-making, and program evaluation. Clients include government agencies, public and private health care providers (hospitals, group practices, community health centers, family planning organizations, health maintenance organizations, community-based coalitions and social service agencies). JSI is a health care consulting firm working with clients in the public and private sectors. Since 1978, JSI has provided consulting, research and training services for agencies and organizations seeking to improve the health of individuals, communities and nations.

NH Immunization Marketing *June 2010 to present* Provides project coordination support, and works with the NH DHHS Immunization Program staff and community stakeholders to research, and assist in the development and implementation of a statewide marketing and awareness campaign aimed at increasing immunization rates for the priority population. Assists in the development of provider trainings, and provides technical support in planning an annual conference.

NH Environmental Public Health Tracking Program Data Utilization and Outreach Project *April 2012 to present* Works with NH DHHS Environmental Public Health Tracking Program (EPHT) staff and partners to increase the utilization of the EPHT's data portal and other communication tools by developing a communication plan consisting of contemporary marketing and outreach strategies. Assist EPHT in developing a user analytics data collection process for web-based tools.

Poison Control Innovation/Transformation Project *September 2013 to present* Developed market research protocol to inform the development of a three-year innovation/transformation plan for the American Association for Poison Control Centers. Designed a survey to assess poison control centers' (PCC) use and inclination to use new communications modalities to reach consumers of PCC services, conducted an environmental scan of organizations with characteristics similar to PCCs, and conducted focus groups and key informant interviews. Produced market research report focusing on identification of opportunities for PCCs to expand their role and visibility through the use of new partnerships and communications modalities while maintaining quality in the assessment triage and management of poison exposures.

Cheshire County Adult Drug Court Program *September 2013 to present* Manage the development of an evaluation protocol, data management systems, and periodic evaluation reports for the SAMHSA/CSAT-funded Cheshire County Drug Court (CCDC). Provide on-going technical assistance to ensure adherence to drug court model.

Nashua Community Health Assessment *September 2013 to present* Worked with client to develop appropriate protocols for focus groups with targeted segments of population, varying from topic-specific issues, to general health issues. Facilitated and summarized focus group findings.

SHARE Needs Assessment *September 2013 to May 2014* Developed methodology for local non-profit needs assessment, covering five towns in Southern NH. Developed protocols for focus groups and key informant interviews, designed and analyzed community service provider survey. Developed and presented final needs assessment report

Nutrition and Physical Activity Self-Assessment for Child Care (NAP SACC) Services *May 2012 to June 2013* Recruit and hire qualified consultants to implement NAP SACC in targeted NH communities. Provide technical



assistance to consultants during the project period through program recruitment support, logistical support, and implementation support. Conduct an evaluation of past NAP SACC interventions from the perspective of trained sites and trainers.

NH Breast and Cervical Cancer Program Focus Groups *April 2012 to June 2012* Convened, facilitated, and summarized findings of four market research focus groups around promotional materials promoting breast and cervical cancer screenings. Finalized a focus group script, developed relevant recruitment and logistical materials, and developed a final report with recommendations for promotional materials development.

Dartmouth-Hitchcock Colorectal Cancer Screening Focus Groups *April 2012 to June 2012* Convened, facilitated, and summarized findings of two market research focus groups around six posters designed by the Dartmouth-Hitchcock Colorectal Cancer Screening Program. Finalized a focus group script, developed relevant recruitment and logistical materials, and developed a final report with recommendations for promotional materials development.

Tobacco and Obesity Policy Project *June 2010 to January 2012* Provided project management support, and worked with NH DHHS Obesity Prevention Program and Tobacco Prevention and Control Program staff and partners to assist in the development of strategies and creation of trainings and materials for licensed childcare settings, schools, and workplaces to develop and adopt evidence-based guidelines around nutrition, physical activity, screen time, and tobacco exposure. Conduct qualitative research to inform process.

Dartmouth-Hitchcock Early Childhood Messaging Collaborative Focus Groups *December 2011 to January 2012* Convened, facilitated, and summarized findings of four market research focus groups around six logos and three graphic sets designed for the HNHfoundation-funded Early Childhood Messaging collaboration. Finalized a focus group script, developed relevant recruitment and logistical materials, and developed a final report with recommendations for the logo and graphic development.

NH County Rankings Video Project *September 2011 to December 2011* Participated in a collaborative process of the NH State County Health Rankings Team to produce video vignettes focusing on state and local Public Health. Data from the NH County Health Rankings and the NH State Health Report were linked to stories gathered around the state that illustrate community actions to improve health or people impacted by improvements in public health. The video(s) will be used to educate and motivate individuals and communities into action to improve the health of their community and state.

Strategic Prevention Framework – Local Regional Evaluation *January to March 2009* Data entry and data analysis for surveys of four strategic prevention framework regions. Worked in SPSS to clean and analyze the data. Created summary reports to provide to the client.

Manchester Community Needs Assessment *December 2008 to December 2009* Provided logistical support to the project by serving as a liaison between the MSAP Data Committee and the Community Health Institute team. Assigned team roles, managed the budget, and defined key deadlines. Collected quantitative state and local data, as well as analyzed and summarized focus group and key informant survey data. Assisted in the development and editing of the final Needs Assessment Report.

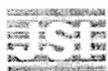
PROFESSIONAL ASSOCIATIONS

NH Public Health Association, President-Elect

- Board of Directors – 2012 – Present
- Communications Committee, chair – 2012 - Present

COMPUTER SKILLS

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



Priscilla Davis

Priscilla Davis, BS, has worked at the Community Health Institute/JSI since 1999. Through various projects, including working with Federally Qualified Health Centers, Urban Indian Health Programs and the National Health Service Corps, she has gained extensive experience with data analysis and program evaluation. She is a trainer and reviewer for the Uniform Data System (UDS), a national reporting requirement for health centers which encompasses demographic, financial, staffing and clinical measures. Ms. Davis also managed the NH Conference on Aging an annual event for older adults, caregivers and providers to promote awareness, self-determination, advocacy, collaboration and independence. She also worked on a project to conduct a series of one-on-one interviews to evaluate community readiness related to the region's substance abuse prevention efforts. In this role she conducted over thirty interviews with community members representing business, education, safety, health and local government sectors. Ms. Davis has experience coordinating and conducting focus groups in various settings from teens to older adults. She is experienced in website creation, event marketing, development of relational databases and web-based survey tools. Ms. Davis received her Bachelor of Science from Granite State College and is currently working toward a Master of Health Administration at St. Joseph's College of Maine.

KARYN DUDLEY MADORE

Community Health Institute/JSI Research & Training Institute, Inc., 501 South Street, 2nd floor, Bow, New Hampshire 03304
(603) 573-3305 kmadore@jsi.com

EDUCATION

UNIVERSITY OF SOUTH FLORIDA, TAMPA, COLLEGE OF PUBLIC HEALTH GRADUATE CERTIFICATE PROGRAM
HEALTH COMMUNICATION IN PUBLIC HEALTH GRADUATION SUMMER 2014

PLYMOUTH STATE COLLEGE, PLYMOUTH, NEW HAMPSHIRE
M.Ed. 1995

PLYMOUTH STATE COLLEGE, PLYMOUTH, NEW HAMPSHIRE
B.S., Marketing 1987

EXPERIENCE

Community Health Institute/JSI Research & Training Institute, Inc., Bow, New Hampshire
Operations Director, August 1998 to present

Operations Director

Serve as Operations Director for the JSI-NH office, d.b.a. Community Health Institute. Provide operational oversight of office functions and operations including project and support staff workload division, professional and skill development and liaison to other JSI offices and departments.

JSI-NH Health Communications Director

Serve as Health Communications Director for the JSI-NH office, d.b.a. Community Health Institute. As Health Communications Director, provide overall strategic direction, administration, and management of health communications services to a variety of projects. Oversee the development of marketing and communication campaigns, print materials, and collateral as well as print material distribution services to ensure that all materials and campaigns are of high quality, effective, and innovative.

National Healthy Start Branding and Communications Lead

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

NH Immunization Marketing (SFY2011 – Present)

Serve as Project Director to develop a creative health marketing campaign, for the NH Immunization Program. that identifies priority audiences, best-practice outreach strategies, partner communication channels, effective educational outreach materials to advance the understanding of the health benefits of vaccines and immunizations and increase NH immunization rates. The team will review existing state and national materials, and create new graphics and logos.

NH Tobacco Addiction Treatment Services (TATS) – SFY2001 - Present

Serve as Project Director and Media Lead for the NH TATS project, which is a follow on to the NH Tobacco Use Cessation and Counter Marketing Project completed in FY07. This contract serves as the hub for the NH Tobacco Resource Center, which incorporates: 1) the NH Smokers' Helpline offering free and confidential counseling and services in English, Spanish and Portuguese; 2) the promotion of the NH Smokers' Helpline through a variety of traditional and non-traditional media outlets; and 3) www.trytostophn.org, a web-based resource for NH tobacco users and 4) QuitWorks-NH a resource for NH clinicians working with their patients to quit using tobacco by providing them with a single portal for referring their patients who use tobacco for state-of-the-art treatment (www.quitworksnh.org). This initiative also includes the continued development of a consortium of health insurers who are willing to promote TTS-NH to their subscribers directly and endorse QuitWorks-NH to their contracted health care providers.

NH Environmental Public Health Tracking Program Outreach Project April 2012 to July 2014

Worked with NH DHHS Environmental Public Health Tracking Program (EPHT) staff and partners to increase the utilization of the EPHT's data portal and other communication tools by developing a communication plan consisting of contemporary marketing and outreach strategies. Assisted EPHT in developing a user analytics data collection process for web-based tools.



NH County Rankings Video Project –MATCH 2012

Co-Lead the process to collaborate with the NH State County Health Rankings Team to produce three 5-minute videos and one 15-minute video. The videos focus on Public Health in NH as it relates to the NH County Health Rankings and the NH State Health Report. Data from the reports will be linked to stories gathered around the state that illustrate community actions to improve health or people impacted by improvements in public health. The videos serve to educate and motivate NH individuals and communities into action to improve the health of their community and state.

Mobilizing Action Toward Community Health (MATCH) 2011

In partnership with DHHS and the North Country Health Consortium, developed the overarching concept for four videos. These videos highlight data found in the County Health Rankings Report, the NH State Health Report and highlights the role of public health in the state. CHI worked with the state in identifying local or statewide “success stories” to highlight. Lead script development process and worked with videographers to complete the video projects.

Expand and Promote Try-To Stop Resource Center

Served as Project Director to expand and promote the NH Tobacco Helpline. With funding from the American Recovery and Reinvestment Act (ARRA), this project includes a population based media campaign that promotes free Nicotine Replacement Therapy (NRT) kits to a variety of audiences, including a pilot with employees of the Department of Transportation and their families, and then the entire state of NH. A variety of media was used to promote the NH Tobacco Helpline including radio, TV, newspaper, bus and web advertising. Additionally, the plan includes a pilot project to implement systems change through Families First, where they will implement an electronic referral form to contact the Helpline rather than the fax referral currently in place.

NH Tobacco & Obesity Policy Project

Served as Project Director to implement a feasibility assessment for implementing high-impact public policy in three identified domains of licensed child care settings, public schools and workplaces. This assessment is timely and a critical opportunity for NH stakeholders to engage in a collaborative educational process that will likely result in strengthening regulatory rules, implementation of high-impact public policy access strategies, educating municipalities and legislators and building stronger public health partnerships.

New Hampshire Public Health Emergency Planning Technical Assistance and Training

Co-created the development and implementation of a Public Information Officer Training for public health and safety officials and representatives of human service organizations likely to be called upon to fill a Public Information Officer (PIO) role in a public health event. The goal of this Regional PIO Training is to strengthen the communication skills of individuals to perform the role of a PIO in a public health emergency, including but not limited to press releases, speaking with the press, key messaging, and audience definition. The training continues on an as needed basis.

Communication Training

Researched, customized and implement a social communication training to help individuals identify their personal communication strengths and weaknesses in times of stress through interactive workshops. This training is an effective tool in organizational and leadership development, team building, and career planning and conflict resolution. To date this training has been provided to the following organizations: NH Tobacco Prevention and Control Program, NH Red Cross Granite Chapter, Community Health Institute, MIT Medical and JSI and continues to be offered by request.

NH Tobacco Use Cessation and Counter Marketing (TUCCM)

Served as Program and Media Manager for the NH TUCCM project completed June 30, 2007. This project incorporated three major components: 1) the toll free NH Smokers’ Helpline offering services in English, Spanish and Portuguese through which smokers and other citizens of NH receive information on any aspect of tobacco and may be referred to state-of-the-art prevention and tobacco treatment resources, if appropriate; 2) the promotion of the NH Smokers’ Helpline through a variety of traditional and non-traditional media outlets; and 3) a Tobacco Education Clearinghouse.

PROFESSIONAL ASSOCIATIONS

National Public Health Information Coalition, Member

CDC Media Network Representative for NH

Circle Program, Mentor, 1993 to present

NH Tobacco-Free Coalition, Member

Public Relations Society of America, Member

Concord Area Red Cross Board of Directors: 2001–2007, Vice-Chair, 2004–2005, President, 2005–2007

Comprehensive Cancer Collaborative Tobacco Prevention Workgroup, Past Member

MSA Violation Monitoring National Workgroup, Past Member



BUFFI A. DUDLEY

*JSI Research & Training Institute, Inc., d.b.a. Community Health Institute
501 South Street, 2nd Floor, Bow, New Hampshire 03304 (603) 573-3329*

bdudley@jsi.com

EDUCATION

FUTURE MEDIA CONCEPTS, INC., BOSTON, MASSACHUSETTS
Adobe Certified Expert: Illustrator CS3, InDesign CS3, 2008

WILMA BOYD TRAVEL SCHOOL, PITTSBURGH, PENNSYLVANIA
Occupational Degree, 1986

EXPERIENCE

JSI Research & Training Institute, Inc. d/b/a Community Health Institute, Bow, New Hampshire
Graphic Designer, August 2005 to present

NH Tobacco Addiction Treatment Services (TATS)

Graphic Designer for the NH TATS project, which is a follow on to the NH Tobacco Use Cessation and Counter Marketing Project completed in FY07. This contract serves as the hub for the NH Tobacco Resource Center, which incorporates: 1) the NH Smokers' Helpline offering free and confidential counseling and services in English, Spanish and Portuguese; 2) the promotion of the NH Smokers' Helpline through a variety of traditional and non-traditional media outlets; and 3) www.trytostopnh.org, a web-based resource for NH tobacco users and 4) QuitWorks-NH a resource for NH clinicians working with their patients to quit using tobacco by providing them with a single portal for referring their patients who use tobacco for state-of-the-art treatment (www.quitworksnh.org). Responsible for print ads, bus signs, displays, graphics for web and social media as well as brochures, informational materials and promotional materials.

NH Immunization Marketing

Designer on team to develop a creative health marketing campaign that identifies priority audiences, best-practice outreach strategies, partner communication channels, effective educational outreach materials to advance the understanding of the health benefits of vaccines and immunizations and increase NH immunization rates. Responsible for web graphics, display panels, print materials for conferences, bulletin boards and other materials as needed.

Citizens Health Initiative

Program manager: provided administrative and graphic design support for a state-wide health initiative. Logistic coordinator for three policy teams, an executive team, an advisory board and various work groups. Designed all reports, presentations and marketing materials including new logo, posters and an online newsletter. Managed and updated website, blog, social marketing sites and member database. Wrote and distributed press releases for projects and events. Logistic coordinator for at least two conferences a year.

Centers for Disease Control and Prevention (CDC)

Provide graphic design support and Articulate templates for online trainings. JSI is developing a training program which incorporates on-line, downloadable training modules, quick reference guides and data collection forms, technical assistance and presentations..

HEAL (Healthy Eating Active Living)

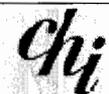
Designed logo, conference brochure, program and Action Plan for the HEAL project.

State of New Hampshire, Dept of Health and Human Services

Design and layout of the 2007 State of New Hampshire's Health Report. Created charts and graphics from report for various presentations. Assisted with layout of 2012 Health Report. Design and layout of NH regional health reports.

Uniform Data System (UDS)

Graphic designer responsible for creating annual software logos for the training software CDs and software menus for Bureau of Primary Health Care (BPHC); National Health Service Corps (NHSC); and the Urban Indian Health Program.



New England Rural Health RoundTable (NERHRT)

Design and layout of the Rural Health Data Report. Provided a nameplate for newsletter and cleaned up existing logo for use on newsletter as well as other NERHRT materials. Design and layout of an 8-page brochure and 16-page program with cover graphics for annual symposium.

New Hampshire Public Health Networks

Graphic work includes: PHN brochure, PHN marketing pamphlet, emergency preparedness brochure.

New Hampshire Diabetes Assessment

Logistics coordinator for all assessment and priority-setting meetings. Created save-the-date card, conference mailer and was responsible for all data spreadsheets and graphics and layout for final report. The New Hampshire Diabetes Education Program, Division of Public Health Services contracted with the Community Health Institute to facilitate a process to complete a statewide assessment of the diabetes prevention and control system in New Hampshire as part of a comprehensive strategic planning process.

New Hampshire Public Health Association (NHPHA)

Responsible for designing of organization's conference programs, quarterly brochures, promotional materials, hand washing poster, and e-newsletter templates. The New Hampshire Public Health Association contracted with the CHI to provide administrative support for the organization. Duties included logistical support for two annual conferences: drafting, layout and dissemination of a quarterly newsletter, *In the Public's Health*.

Freelance Designer

1995 to present

Work with corporations, small businesses, state agencies and nonprofit organizations with the focus on meeting client's design needs while staying within their budget and meeting deadlines. Design annual reports, brochures, cookbooks, corporate identities, gift certificates, graphs and charts for presentations, handbooks, logos, manuals, menus, newsletters, posters, print ads, point of purchase displays, package design and trade show booths. Clients include: Bi-Wise Market (Allenstown, NH), New Hampshire Healthy Kids (Concord, NH), Our Town Publishing (Barnstead, NH), NH Public Health Association (Concord, NH), American Red Cross (Concord, NH), Injury Prevention Center (DHMC-Lebanon, NH), The Case Place (St. Croix, VI), IQRA Academy (St. Croix, VI), Undercover Books (St. Croix, VI), IFW, LLP (St. Croix, VI), Candle Reef (St. Croix, VI), Sunshine Mall (St. Croix, VI), Island Angels (St. Croix, VI), Endowment for Health (Concord, NH).

Sunshine Shopping Center, Inc., St. Croix, United States Virgin Islands

Graphics and Admin Support, June 2005 to May 2010

Assistant Manager/Graphic Designer, February 2001 to May 2005

Supervised team of 22 employees, responsible for payroll & tax liabilities; annual budget & reports; payables & receivables, hiring and employee evaluations, economic development compliance, lease administration and tenant relations. Design duties included designing and printing of all marketing materials including leasing brochures, direct mail pieces, event and promotional posters; designed and wrote employee handbook and security training manual; designed and implemented website.

American Programming Service, Bow, New Hampshire

Supervisor/Graphic Designer, August 1990 to November 1995

Designed and printed in-house promotions and contest materials, multi-page price lists and annual reports; created camera-ready art for print ads in national programming magazines; designed booth displays and hand-outs for national trade shows.

COMPUTER SKILLS

Adobe InDesign CS4

Adobe Illustrator CS4

Adobe Photoshop CS4

Adobe Flash CS4

Adobe PageMaker

Quark Xpress

CorelDRAW Graphics Suite X4

Articulate Engage

Articulate Presenter

Articulate Quizmaker

Dreamweaver

QuickBooks



LISA M. BRYSON

CHI/JSI, 501 South Street, Bow, New Hampshire 03304 (603) 573-3359

lisa_bryson@jsi.com

EDUCATION

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

EXPERIENCE

CHI/JSI, Bow, New Hampshire

Staff Associate, November 2013 to present

Supports a variety of on-going public health projects in regards to design, formatting and layout of reports and literature as well as administrative assistance. JSI is a health care consulting firm working with clients in the public and private sectors. Since 1978, JSI has provided consulting, research and training services for agencies and organizations seeking to improve the health of individuals, communities and nations.

Selected Projects:

Poison Control Innovation/Transformation Project

Develop and implement multi-pronged market research protocol to inform the development of a three-year innovation/transformation plan for the American Association for Poison Control Centers. Served as administrative and research assistant.

New Hampshire Center for Excellence

Support staff for the NH Center for Excellence, a state-wide technical assistance and resource center for the implementation of evidence-based interventions in alcohol and other drug prevention, intervention, treatment and recover services. Primary role responsibilities include supporting the operational functions of the center, preparing literature reviews, presentation and other materials, and providing other technical assistance needs.

Bureau of Primary Health Care (BPHC)

Data Coordinator for the Uniform Data System, an initiative that collects information from the BPHC-funded practice sites throughout the country. The data collected provides insight for the financial and operational parameters of the health centers and informs decisions made by legislature. Primary role responsibilities include technical phone assistance for health centers and consultants, software validation testing, resource development, and data management.

Manchester Department of Public Health, Manchester Neighborhood Health Improvement Strategy

Provide project support and final report design to Manchester Department of Public Health in six community forums with community stakeholders and leaders in creation of a Neighborhood Health Improvement Strategy (NHIS).

Granite State Management & Resources, Concord, New Hampshire

Graphic Designer, 2003–2013

Designed and revamped a multitude of print-ready projects including but not limited to corporate identity, brochures, newsletters, reports, posters and booklets. Worked with Marketing Director as well as several internal customers on concept, design and coordination of projects from start to finish.

COMPUTER SKILLS

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

CREATIVE SKILLS

Photography
Color Matching
Drawing



LORI WALTER, CMP

JSI, 501 South Street, Bow, New Hampshire 03301 (603) 573-3306

lwalter@jsi.com

EDUCATION

ASHWORTH UNIVERSITY, NORCROSS, GEORGIA
A.S., Business Management (anticipated completion in 2016)

CONVENTION INDUSTRY COUNCIL, WASHINGTON, D.C.
Certified Meeting Professional (CMP) designation 2005

PROFESSIONAL CAREER DEVELOPMENT INSTITUTE, ASHWORTH UNIVERSITY, NORCROSS, GEORGIA
Certified in Bridal Consulting, 2003
Certified in Travel & Tourism, 1998

NEW HAMPSHIRE TECHNICAL INSTITUTE, CONCORD, NEW HAMPSHIRE
Coursework in hospitality sales & management, hotel management, and convention planning, 1999–2001

EXPERIENCE

JSI, Boston, Massachusetts
Project Assistant, July 2007 to present

Public Health Emergency Preparedness Training and Technical Assistance *July 2007 to present*
Provides administrative support and conference and training logistics management for the Public Health Emergency Preparedness Technical Assistance and Training projects funded by the NH DHHS and NH Homeland Security and Emergency Managements (HSEM) to provide training and technical assistance to public health emergency planning partners in New Hampshire's Public Health Regions. As part of the Technical Assistance and Training project, provides training logistics for contracted training, workshops and events as well as conference management for the one-day NH Emergency Preparedness Conference held annually for over 800 attendees, speakers and vendors. In addition, manages logistics for the NH Integrated Emergency Volunteer Training Conference held annually for 200 emergency volunteers. Also provided conference logistics for the 2010 Functional Needs Conference for 150 participants.

Marketing the Immunization Message in NH *July 2010 to present*
Provides project support and conference logistics for the NH DHHS Immunization Program's annual NH Immunization Conference. The conference team provides promotion, registration, fiscal management, exhibitor solicitation, planning committee management, speaker coordination, CEU/CME management, set-up and day-of onsite management. The goal of the conference is to educate healthcare providers on immunization specific topics.

NH Center for Excellence *January 2009 to present*
Provides logistical and administrative support for a statewide technical assistance resource center for evidence-based practice in substance abuse services. The Center establishes a base of evidence-based practices in prevention, developing a learning collaborative of networks and practitioners to engage in systems change to support evidence-based practice, and establishes data dissemination systems to ensure that data is both an input to and output of evidence-based practice. An expert panel endorses evidence-based practice selections, outcome measurement designs, and the process by which promising practices may develop a base of evidence of effectiveness in New Hampshire.

Continuing Nursing Education Coordinator *January 2012 to present*
Provides ongoing support and administration of JSI's continuing nursing education (CNE) accreditation through the Northeast Multi-State Division of Continuing Education. Works with JSI staff to develop programs that adhere to the strict NEMSD and American Nursing Association guidelines for CNE approval. In addition, works with JSI staff on researching and developing programs that adhere to other accreditation guidelines such as continuing medical education, social worker education, licensed drug and alcohol counselors, prevention specialists, etc.

Weight of the Nation Community Screenings & Events *December 2012 to January 2014*
Provides project management and logistical coordination. The project, funded by HNH Foundation, is to provide logistical support and coordination to coordinating partners for 8–12 community screenings of the Weight of the Nation



film four *Challenges*. The objective of the screening project is to raise awareness of the social costs and implication of obesity and to begin to build local and regional action to create access to healthy food and enhance recreational opportunities.

Uniform Data System for the Bureau of Primary Care *September 2008 to 2014*

Serves as a training logistics coordinator for a major initiative to collect 'Uniform Data System' (UDS) information from all BPHC funded sites across the country. Responsibilities include coordinating training logistics with the training coordinator, host primary care associations (PCAs) and trainers, compilation and distribution of training materials to the host PCAs, and compiling and summarizing training evaluations.

Uniform Data System for the Indian Health Services Urban Indian Health Program *September 2008 to 2014*

Serves as a training coordinator for a major initiative to collect 'Uniform Data System' (UDS) information. The UDS is a standardized reporting system that provides consistent information about the administrative, financial and clinical performance of 34 UIHP funded grantees nationwide. Responsibilities includes coordinating several annual one or two day trainings around the United States, informing grantees of training in their area, registering grantees, trainer travel arrangements, facility site selection and logistical management, compilation and distribution of training materials, and compiling and summarizing training evaluations.

New England Meat Conference *September 2012 to July 2013*

Provided project management and event logistics and management for the first ever New England Meat Conference and New England Meat Ball in March 2013 which over the course of two-days, attracted over 350 participants. The goal of the conference was to enhance the production, processing, and marketing of sustainable, nutritious, humanely-raised, and delicious meat from New England farms by providing education and networking opportunities for meat producers, processors, government officials, and consumers.

NH Teen Foster Conference *July 2007 to September 2009*

Provided administration support coordination and conference management for the third, fourth and fifth annual NH Teen Foster Conferences. The CHI team worked closely with the DCYF staff and Youth Advisory Board, to develop workshops and materials that are most interesting and helpful to the youth and meet their mission and goals. CHI provided conference management services including developing and managing a confidential registration system and day-of, onsite logistical support.

Healthy Eating Active Living (HEAL) *August–November 2007*

Provided administrative support and conference management for the state wide HEAL conference in 2007. The HEAL objectives were to develop a statewide plan for promoting health eating and active living. The ultimate goal of the project is to promote personal wellness through active living and healthy eating. CHI facilitated a process lead by a statewide Steering Committee composed of representatives from schools, business, communities, and government. Five work groups were established to identify priority policy, educational and programmatic interventions to promote individual wellness including: schools, health care industry, worksites, food and recreational industry, community, and built and natural environment. The project includes a statewide conference to present the plan to stakeholders and technical assistance to community-based collaborative to develop active plans for implementing the statewide plan.

NH Center for Nonprofits, Concord, New Hampshire

Member Services Coordinator, November 2006 to February 2007

Processing event registrations and payments; processing membership applications and payments; ongoing correspondence with members both current and prospective; event planning including coordination of speakers, materials, site details, and onsite registrations management; administrative assistance for executive director and assistant director.

NH Local Government Center, Concord, New Hampshire

Event Planner, September 1999 to December 2005

Event and trade show management; requests for proposals; site inspections; contract negotiation; marketing; exhibitor, sponsor and advertiser solicitation and relations; speaker coordination and support; registration; preparation of handouts; food and beverage management; on-site logistics; staff and volunteer management; event evaluation. Supervised event associate and functional supervision of support staff; in-house catering coordination and ordering; in-house audiovisual assistance; member services; coordinated Local Government Center awards and scholarship programs. Received 2003 Employee of the Year Award.

HEATHER BRACK

JSI, 44 Farnsworth Street, Boston, MA 02210

(617) 482-9485

hbrack@jsi.com

TECHNICAL SKILLS

Experienced: HTML, XML, CSS, WordPress, Google Apps, social media applications, Google Analytics, CampaignMonitor, Flash, Adobe Creative Suite, MS Office suite, content management systems

Good working knowledge: Premiere Pro, JavaScript, Captivate, MailChimp

Languages: English (native), Spanish (advanced), HTML, XML, PHP

EXPERIENCE

JSI, Boston, Massachusetts

Assistant Webmaster, 2010 – present

Designs and develops front-end websites. Develops templates and stylesheets for websites and newsletters. Edits and prepares multimedia content for websites. Provides technical assistance and training on content management software used to maintain sites and supports users by developing documentation and assistance tools. Assists Webmaster with maintenance of intranet and other internal sites for JSI and World Education.

Selected project work:

trytostophn.org

Prepared video content for website and provided customization and content updates as needed, including social media account setup, customization, and posting. New Hampshire's Tobacco Prevention & Control Program implements tobacco control strategies recommended by the Centers for Disease Control and Prevention Best Practices.

cba.jsi.com

Built original site and assisted with the redesign. JSI contracted with the Centers for Disease Control and Prevention to provide capacity building assistance to community-based organizations across the U.S. to help improve the delivery and effectiveness of HIV-prevention services for high-risk and/or racial/ethnic minority populations.

stdtac.org

Adapted original design concept for web use and built billing toolkit. Liaised with project and communications staff for content development. The CDC and OPA chose JSI to provide T&TA in billing and reimbursement, and operations best practices using a range of modalities, including individualized technical assistance, training, tools, and resources as the Region I STD-related Reproductive Health Training and Technical Assistance Center.

aims.worlded.org

Designed and built site in English and Khmer for the project client. With support from the Dream Blue Foundation, World Education Cambodia is implementing the Accessing Information to Migrate Safely (AIMS) project to help provide information for young people who are thinking about migrating or who have already migrated.

rhey.jsi.com

Designed and built site the Working with Diverse Communities component of the CDC's Teen Pregnancy Prevention project. The site will serve as a one-stop-shop for information and guidance to help Part A grantees better serve youth in diverse communities with teen pregnancy prevention programs and services.

www.riprc.org

Designed and built original site for Region RI Department of Behavioral Healthcare, Developmental Disabilities and Hospitals to provide a central source for linking substance abuse providers to appropriate TTA, a current source of local information for the public, and showcasing the services sponsored by the Department. Designed and developed newsletter template and manages monthly news dissemination via Campaign Monitor. Worked closely with project and communications staff on content development.



Web Specialist, 2006 – 2009

Assisted the Web Services team with maintenance of intranet site for John Snow, Inc. (JSI) and World Education (WEI). Designed, developed, and maintained new front-end websites. Provided technical assistance and training on use of software used to maintain sites and support users by developing documentation and assistance tools. Prepared design and specification documents. Performed quality assurance and debugging activities for all deliverables. Participated in quality improvement efforts targeting the external and internal web sites. Researched products to be used in websites.

Selected project work:

isesweb.org

Designed and built site for the International Society of Exposure Science (ISES). Facilitated development and design process with staff liaison and ISES committee members. Trained staff to maintain site. ISES is committed to creating a safer and healthier world by advancing exposure science and promoting the use of exposure science in the fields of public, occupational, and environmental health.

www.ipp.jsi.com

Adapted project design requirements for the web and built site for Region I Infertility Prevention Project (IPP). Designed and developed print materials for providers that are posted on the site and trained project staff to maintain site. IPP is part of the National Infertility Prevention Project, dedicated to promoting chlamydia and gonorrhea screening and treatment for sexually active women attending family planning, STD, and other women's healthcare clinics.

World Education, Boston, Massachusetts

SABES Data & Publications Coordinator/ Web Designer, 2005 – 2006

Maintained several project web sites and collaborated on the development of new sites. Created training materials and trained new staff in Hotline support and database management. Layout and print production for quarterly newsletter.

Selected project work:

www.massliteracyhotline.org

Led successful project on creation of searchable online Hotline database, working closely with consultants on all aspects (including content, timeframe, technical specs, and publicity). Facilitated transfer of Hotline operations to call center, determined data transfer and fields and created documentation for database structure and function, adapted developer's website.

Field Notes

Assisted editor with production of and created content for quarterly newsletter – layout, illustration, copy editing, print production. Field Notes was a quarterly newsletter by and for the Massachusetts adult education community, produced by SABES and funded by the Massachusetts Department of Education.

EDUCATION

MASSACHUSETTS COLLEGE OF ART, BOSTON, MASSACHUSETTS

Graphic Design, Interaction Design, and Computer Arts coursework

SMITH COLLEGE, NORTHAMPTON, MASSACHUSETTS

B.A., Biological Sciences & Spanish Literature



SK

(P)



Nicholas A. Toumpas
Commissioner

José Thier Montero
Director

STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICE

29 HAZEN DRIVE, CONCORD, NH 03301-6527
603-271-9563 1-800-852-3345 Ext. 9563
Fax: 603-271-8431 TDD Access: 1-800-735-2964



G&C APPROVAL DATE: 08/05/2014
ITEM # 005

July 7, 2014

G&C Approved

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

Date 8/5/14
Item # 5

100% Federal funds

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division of Public Health Services, to exercise an amendment to an agreement with JSI Research & Training Institute, Inc. dba Community Health Institute, Purchase Order # 1031592 (Vendor # #161611-B001), 501 South Street, 2nd Floor, Bow, NH 03304, by increasing the Price Limitation by \$79,398 from \$1,525,400 to \$1,604,798 to provide a broad range of programmatic support services across a number of public health programs to include public health strategic planning, needs assessment, training and technical assistance; and implementation of health communications campaigns, effective date of Governor and Council approval through June 30, 2015. This agreement was originally approved by Governor and Council on July 10, 2013, Item #40 and amended on March 12, 2014, Item #24.

Funds are available in SFY 2015, with authority to adjust amounts within the price limitation and amend the related terms of the contract without further approval from Governor and Executive Council.

See attachment for financial details

EXPLANATION

Funds in this agreement will be used to implement programs in three different areas:

Oral Health State Plan Evaluation Services: Conduct surveys and interviews with key oral health partners to assess the outcomes from the 2003 State Oral Health Plan in order to inform the development of evaluation measures for an updated plan.

Climate Change and Public Health Adaptation Planning: Assist select Regional Public Health Networks to develop regional climate and public health adaptation plans and also execute a subcontract with an environmental epidemiologist to provide technical assistance to the Division of Public Health Services.

Lead Poisoning Preventions Communications: Adapt an existing federal training program and support training to instructors of the state's Career and Technical Education Centers, who teach high school students preparing to work in the construction field. Develop and disseminate training materials targeted to a broad range of professional audiences and provide logistical support for a three-day conference of lead and asbestos licensing programs from the six New England states.

MJ7
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Her Excellency, Governor Margaret Wood Hassan
and the Honorable Council
July 7, 2014
Page 2

As stated in the Request for Proposals for the original contract, the Department sought to consolidate services that had previously been contracted by individual program areas across the Division of Public Health Services with a vendor that has the organizational and administrative capacity to implement the original services and also has the capability to implement similar services addressing the same or other public health priorities over the course of the contract. This amendment implements that goal by utilizing a vendor that has a demonstrated record of delivering high-quality services to the Department. The services to be provided through this amendment will utilize the expertise of JSI Research & Training Institute, Inc. dba Community Health Institute staff to meet specific, short-term needs of various program areas.

Should Governor and Executive Council not authorize this Request there will be a reduction in the Division's ability to produce an updated State Oral Health Plan with strong evaluation measures linked to the 2003 Plan; limit our understanding of the magnitude of potential health impacts from changes in climate; reduce the number of individuals trained in lead-safe construction techniques and other types of professionals' effectiveness in working with families who may be at-risk for exposure to lead hazards.

JSI Research & Training Institute, Inc. dba Community Health Institute was selected for this project through a competitive bid process. A Request for Proposals was posted on the Department of Health and Human Services' web site from April 2, 2013 through April 29, 2013. In addition, a bidder's teleconference was held on April 8, 2013.

Two Letters of Intent were submitted in response to this statewide competitive bid; two proposals were received. Nine reviewers who work internal and external to the Department of Health and Human Services reviewed the proposals. The reviewers represent seasoned public health administrators and managers with between five to 25 years' experience in contract and vendor management, public health administration and management, program management, emergency preparedness, client services, and case management. Each reviewer was selected for the specific skill set they possess and their experience. Their decision followed a thorough discussion of the strengths and weaknesses to the proposals. The final decision was made by taking an average of all reviewers' scores. The Bid Summary is attached.

During the first 10 months of this contract the vendor has made progress on some key performance measures that include: facilitating a strategic planning process for the Division and publishing a three-year strategic plan; initiating several technical studies to inform a public health-focused climate change adaptation plan; providing ongoing training and technical assistance to regional public health emergency planners, as well as logistical support for two conferences; developed and launched two public information campaigns to increase the number of adults receiving recommended vaccinations and also increase vaccinations against seasonal influenza among children and adults; began to develop a needs assessment among people with HIV infection; and delivered several technical reports to inform the development of a placement program for clinicians in rural areas.

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

Oral Health State Plan Evaluation Services

- Number of recommendations to revise/update the State Oral Health Plan.
- Number of existing Oral Health data sets identified from the NH Oral Health Burden document for incorporation into the revised State Oral Health plan in order to measure Oral Health improvement for vulnerable populations.

Climate Change and Public Health Adaptation Planning

- By September 30, 2014, research, identify, and submit a written draft report with a set of baseline measures of climate-related health impacts related to known climate vulnerabilities in New Hampshire (i.e. extreme heat, severe weather, floods, storm surge, etc.).
- By December 31, 2014, develop and submit an assessment that quantifies at least five (5) baseline climate-related health impacts projected to affect New Hampshire.
- By March 30, 2015, identify an assessment on the effectiveness of public health interventions to address the health impacts identified above. The report shall identify at least two (2) viable interventions for each of the five health impacts for a total of ten (10) interventions.
- By June 30, 2015, publish a final written summary report on the current and projected health impacts related to severe weather and climate change in New Hampshire. The report will be directed at an audience of Regional Public Health Network staff and other public health and emergency management stakeholders. A draft report will be made available to the Division of Public Health Services to allow for review and final revisions.

Lead Poisoning Preventions Communications

- At least 85% of participants at the three-day conference rate the elements pertaining to conference logistics as either "excellent" or "very good" in an evaluation survey.
- Delivery of a two-day *Train-the-Trainer Renovations, Repair, and Painting* course to NH's Career and Technical Centers.
- Total number of medical practices, Head Start programs, WIC clinics, and other venues that have been provided education material on *NH's Childhood Lead Poisoning Screening and Management Guidelines*.
- Approval by the Division of Public Health Services of online Lead Awareness training material.
- Total number of cities and towns that have been provided education materials on *Renovation, Repair, and Painting*.
- Events held during New Hampshire Lead Poisoning Prevention Week are rated as either "excellent" or "very good" by the Division of Public Health Services program manager.

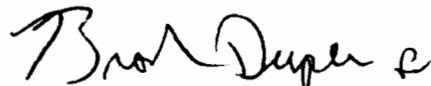
Her Excellency, Governor Margaret Wood Hassan
and the Honorable Council
July 7, 2014
Page 4

Area served is statewide.

Source of Funds: 100% Federal Funds from Centers for Disease Control and Prevention and the US Environmental Protection Agency.

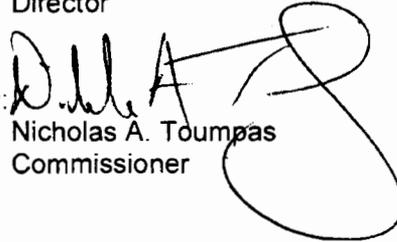
In the event that the Federal Funds become no longer available, General Funds will not be requested to support this program.

Respectfully submitted,



José Thier Montero, MD, MHCDS
Director

Approved by:



Nicholas A. Toumpas
Commissioner

**FINANCIAL DETAIL ATTACHMENT SHEET
Public Health Program Services Support Services**

**05-95-90-902510-5171 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF INFECTIOUS DISEASE CONTROL, EMERGENCY PREPAREDNESS
85.45% Federal Funds and 14.55% General Funds**

Fiscal Year	Class/Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90077021	125,000	-	125,000
SFY 2015	102-500731	Contracts for Prog Svc	90077021	115,000	-	115,000
			Sub-total	\$ 240,000	\$ -	\$ 240,000

**05-95-90-902510-2239 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF INFECTIOUS DISEASE CONTROL, HOSPITAL PREPAREDNESS
100% Federal Funds**

Fiscal Year	Class/Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90077700	170,000	-	170,000
SFY 2015	102-500731	Contracts for Prog Svc	90077700	170,000	-	170,000
			Sub-Total	\$ 340,000	\$ -	\$ 340,000

**05-95-90-901010-7965 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF PUBLIC HEALTH SYSTEMS, POLICY AND PERFORMANCE, RURAL HEALTH AND PRIMARY CARE
100% Federal Funds**

Fiscal Year	Class/Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90073000	40,000	-	40,000
SFY 2015	102-500731	Contracts for Prog Svc	90073000	40,000	-	40,000
			Sub-Total	\$ 80,000	\$ -	\$ 80,000

**05-95-90-902510-5178 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF INFECTIOUS DISEASE CONTROL, IMMUNIZATION
100% Federal Funds**

Fiscal Year	Class/Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90023013	110,000	-	110,000
SFY 2015	102-500731	Contracts for Prog Svc	90023013	110,000	-	110,000
			Sub-Total	\$ 220,000	\$ -	\$ 220,000

**05-95-90-901010-5997 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF PUBLIC HEALTH SYSTEMS, POLICY AND PERFORMANCE, STRENGTHENING PUBLIC HEALTH INFRASTRUCTURE
100% Federal Funds**

Fiscal Year	Class/Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90001001	34,200	-	34,200
SFY 2015	102-500731	Contracts for Prog Svc	90001001	3,000	-	3,000
			Sub-Total	\$ 37,200	\$ -	\$ 37,200

**FINANCIAL DETAIL ATTACHMENT SHEET
Public Health Program Services Support Services**

**05-95-90-902510-5189 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF INFECTIOUS DISEASE CONTROL, HIV/AIDS PREVENTION
100% Federal Funds**

Fiscal Year	Class/Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90024000	50,000	-	50,000
SFY 2015	102-500731	Contracts for Prog Svc	90024000	50,000	-	50,000
			Sub-Total	\$ 100,000	\$ -	\$ 100,000

**05-95-90-902510-2222 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF INFECTIOUS DISEASE CONTROL, RYAN WHITE PART B
100% Federal Funds**

Fiscal Year	Class/Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	567-500919	Title II HIV Care Assistance	90024100	75,000	-	75,000
SFY 2015	567-500919	Title II HIV Care Assistance	90024100	75,000	-	75,000
			Sub-Total	\$ 150,000	\$ -	\$ 150,000

**05-95-90-902510-2229 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF INFECTIOUS DISEASE CONTROL, PHARMACEUTICAL REBATES
100% Other Funds (Pharmaceutical Rebates)**

Fiscal Year	Class/Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	530-500371	Drug Rebates	90024600	75,000	-	75,000
SFY 2015	530-500371	Drug Rebates	90024600	75,000	-	75,000
			Sub-Total	\$ 150,000	\$ -	\$ 150,000

**05-95-90-903010-5350 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF LABORATORY SERVICES, FDA FERN MICRO
100% Federal Funds**

Fiscal Year	Class/Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	020-500239	Current Expense	90069017	5,000	-	5,000
SFY 2015				-	-	-
			Sub-Total	\$ 5,000	\$ -	\$ 5,000

**05-95-90-901510-7936 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF PUBLIC HEALTH PROTECTION, CLIMATE EFFECTS
100% Federal Funds**

Fiscal Year	Class/Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90007936	30,000		30,000
SFY 2015	102-500731	Contracts for Prog Svc	90007936	30,000	20,398	50,398
			Sub-Total	\$ 60,000	\$ 20,398	\$ 80,398

**FINANCIAL DETAIL ATTACHMENT SHEET
Public Health Program Services Support Services**

**05-95-90-902010-5190 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF POPULATION HEALTH AND COMMUNITY SERVICES, MATERNAL AND CHILD HEALTH
100% Federal Funds**

Fiscal Year	Class/Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90004102	42,000	-	42,000
SFY 2015	102-500731	Contracts for Prog Svc	90004102	42,000	-	42,000
			Sub-Total	\$ 84,000	\$ -	\$ 84,000

**05-95-90-900510-5173 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF PUBLIC HEALTH STATISTICS AND INFORMATICS, EPH TRACKING
100% Federal Funds**

Fiscal Year	Class/Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90041000	49,200	-	49,200
SFY 2015				-	-	-
			Sub-Total	\$ 49,200	\$ -	\$ 49,200

**05-95-90-902010-5190 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF POPULATION HEALTH AND COMMUNITY SERVICES, MATERNAL AND CHILD HEALTH
48% Federal Funds and 52% General Funds**

Fiscal Year	Class/Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90024000	4,000.00	-	4,000
SFY 2015	102-500731	Contracts for Prog Svc	90024000	6,000.00	-	6,000
			Sub-Total	10,000.00	-	10,000

**05-95-90-902010-2215 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF POPULATION HEALTH AND COMMUNITY SERVICES, CDC ORAL HEALTH GRANT
100% Federal Funds**

Fiscal Year	Class/Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	046-500464	Consultants		-	-	-
SFY 2015	046-500464	Consultants	90002215	-	15,000	15,000
			Sub-Total	\$ -	\$ 15,000	\$ 15,000

**05-95-90-901510-7964 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF PUBLIC HEALTH PROTECTION, LEAD PREVENTION
100% Federal Funds**

Fiscal Year	Class/Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc		-	-	-
SFY 2015	102-500731	Contracts for Prog Svc	90038000	-	44,000	44,000
			Sub-Total	\$ -	\$ 44,000	\$ 44,000
			Total	1,525,400	79,398	1,604,798



**State of New Hampshire
Department of Health and Human Services
Amendment #2 to the
JSI Research and Training Institute, Inc. dba Community Health Institute**

This 2nd Amendment to the JSI Research and Training Institute, Inc. dba Community Health Institute contract (hereinafter referred to as "Amendment Two") dated this 7th day of July, 2014, is by and between the State of New Hampshire, Department of Health and Human Services (hereinafter referred to as the "State" or "Department") and JSI Research and Training Institute, Inc. dba Community Health Institute, (hereinafter referred to as "the Contractor"), a corporation with a place of business at 501 South Street, Bow, NH 03304.

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on July 10, 2013, and as amended on March 12, 2014, the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract as amended and in consideration of certain sums specified; and

WHEREAS, the State and the Contractor have agreed to make changes to the scope of work, payment schedules and terms and conditions of the contract; and

WHEREAS, pursuant to the General Provisions, Paragraph 18, the State may modify the scope of work and the payment schedule of the contract by written agreement of the parties;

WHEREAS, the Department desires to provide additional public health program support services across a number of public health issues and Division of Public Health Service operational areas.

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

To amend as follows:

- Form P-37, to change:
Block 1.8 to read: \$1,604,798
- Exhibit A, Scope of Services to add:
Exhibit A – Amendment 2
- Exhibit B, Purchase of Services, Contract Price, to add:

Paragraph 1.1 to Paragraph 1:

The contract price shall increase by \$79,398 for SFY 2015. The contract shall total \$1,604,798 for the contract term.

Paragraph 1.2 to Paragraph 1:

Funding is available as follows:

- \$15,000 from 05-95-90-902010-2215-102-500731, 100% Federal Funds from the U.S. Centers for Disease Control and Prevention, CFDA #93.283, Federal Award Identification Number (FAIN), 1U58DP004911;

New Hampshire Department of Health and Human Services



- \$20,398 from 05-95-90-901510-7936-102-500731, 100% Federal Funds from the U.S. Centers for Disease Control and Prevention, CFDA #93.070, Federal Award Identification Number (FAIN) 5UE1EH001046;
- \$44,000 from 05-95-90-901510-7964-102-500731, 100% Federal Funds from the U. S. Environmental Protection Agency, CFDA #66.707, Federal Award Identification Number (FAIN), 99151213.
- Budget, to add:
Exhibit B-1 (2015) - Amendment 2

This amendment shall be effective upon the date of Governor and Executive Council approval.

IN WITNESS WHEREOF, the parties have set their hands as of the date written below,

State of New Hampshire
Department of Health and Human Services

7/15/14
Date

[Signature]
Brook Dupee
Bureau Chief

Jonathan Stewart

7/17/14
Date

[Signature]
Jonathan Stewart
Director

Acknowledgement:

State of New Hampshire, County of Merrimack on July 7, before the undersigned officer personally appeared the person identified above, of satisfactorily proven to be the person whose name is signed above, and acknowledged that s/he executed this document in the capacity indicated above.

[Signature]
Signature of Notary Public or Justice of the Peace

SYLVIA L. CURRIER
Notary Public - New Hampshire
~~My Commission Expires December 20, 2018~~
Name and Title of Notary or Justice of the Peace

12/20/18
Commission Expiration Date

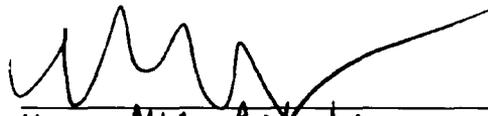
Contractor Initials: DS
Date: 7/17/14



The preceding Amendment, having been reviewed by this office, is approved as to form, substance, and execution.

OFFICE OF THE ATTORNEY GENERAL

7/23/14
Date


Name: Megan A. Apple
Title: Attorney - NH AG's Office - Civil Bureau

I hereby certify that the foregoing Amendment was approved by the Governor and Executive Council of the State of New Hampshire at the Meeting on: _____ (date of meeting)

OFFICE OF THE SECRETARY OF STATE

Date

Name:
Title:

Contractor Initials: AS
Date: 7/17/14



Exhibit A – Amendment #2

SCOPE OF SERVICES

The Department desires to further the relationship with the JSI Research and Training Institute, Inc., dba Community Health Institute to provide public health program support services across an increased number of public health issues and Division of Public Health Services operational areas including: 1) Oral Health State Plan Evaluation Services, 2) Climate Change and Public Health Adaptation Planning, and 3) Lead Poisoning Preventions Communications.

The Contractor shall:

1. Required Activities

1.1. Oral Health State Plan Evaluation Services – All of the following must be completed by December 31, 2014.

- a. Develop a workplan for evaluation of the 2003 State Oral Health Plan: A Framework for Action.
- b. Convene one meeting between the staff person designated as the State Plan evaluator, the HNH Foundation, the entity selected to revise the State Oral Health Plan, and Division of Public Health Services' Oral Health Program.
- c. Utilize focus groups, key informant interviews and/or a Survey Monkey to engage prior plan participants in evaluation of the 2003 State Oral Health Plan.
- d. Identify a minimum of one long-term outcome for each objective associated with the five principles described in the 2003 State Oral Health Plan.
- e. Disseminate five recommendations for the State Oral Health Plan revisions/updates to Oral Health partners and stakeholders statewide.

1.2. Climate Change and Public Health Adaptation Planning (CCPHAP)

- a. Execute a subcontract with an environmental epidemiologist identified by the NH DPHS to provide technical assistance to the Division of Public Health Services to:
 1. Develop estimates of current and projected climate-related health impacts on the population of New Hampshire. The results will show quantitative estimates of the trajectory; magnitude and amount of health burden (i.e. counts and rates) for at least five (5) health impacts. The contractor may use existing results from the published literature to estimate the health impacts in New Hampshire. The health impact estimates shall be linked topic areas such as severe weather and injury/death, air quality and asthma, water quality and intestinal illness, temperature and heat injury/deaths, and temperature/habitat change and tick-borne disease such as Lyme Disease.
 2. Develop an assessment of the effectiveness and suitability of community-level interventions to address the health impacts of severe weather and climate change in New Hampshire. Examples of viable interventions include, but are not limited to, asthma and home-based environmental controls, or heat waves and cooling centers/air conditioning programs.
 3. Develop a final report on climate-related health impacts that identifies resources and tools for tracking these impacts over time at the regional or community level.



Exhibit A – Amendment #2

- b. Coordinate with the DPHS program manager to identify and pursue opportunities to disseminate the health impact information to NH Regional Public Health Networks via appropriate trainings, educational materials, or direct consultations.
- c. Support Regional Public Health Networks in developing regional climate and health adaptation plans.
- d. Attend periodic meetings with staff from the DHHS, the U.S. Centers for Disease Control and Prevention, and the Regional Public Health Networks (via phone or webinar) in order to discuss the project, and how to best develop estimates of health impacts and viable interventions. The meetings are expected to be monthly, for no more than twelve (12) meetings per year, and estimated investment of time would be 1-2 hours each, with attendance at the discretion of DHHS.

1.3. Lead Poisoning Prevention Communications – All of the following must be completed by September 30, 2014.

- a. Provide logistical support to a three-day workshop for New England State Lead and Asbestos licensing programs for an estimated 20 persons. This event will be a partnership with the DHHS Healthy Homes and Lead Poisoning Program, the Northeast Lead Coordinating Committee and the U.S. Environmental Protection Agency.
- b. Using the training material originally developed and piloted by the U.S. Environmental Protection Agency, modify and update an 8-hour *Lead Renovation, Repair, and Painting* program that will be used to train New Hampshire's high school students preparing to work on pre-1978 housing or child-occupied facilities. Training materials will be a combination of Powerpoint presentations, videos, and hands-on.
- c. Using a certified U.S. Environmental Protection Agency training provider, coordinate a two-day *Train-the-Trainer EPA Renovation, Repair, and Painting* training to the instructors of New Hampshire's sixteen Career and Technical Education Centers.
- d. Develop a 1-hour narrated Powerpoint presentation to train providers on the newly revised *NH Childhood Lead Poisoning Screening and Management Guidelines*. Provide outreach and education to medical providers, Head Start and WIC program provider agencies statewide to increase practices consistent with the *Guidelines*.
- e. Develop an online 30-45 minute *Lead Awareness* training module that will target adult learners to include school nurses, educators, Head Start, WIC, Maternal and Child Health home visitors, realtors, and parents to better understand the risks of lead paint, current screening guidelines, and the federal *Renovations, Repair, and Painting* law.
- f. Using the promotional material developed by the U.S. Environmental Protection Agency, print and distribute *Renovation, Repair, and Painting* outreach material to town and city Building Code Officials throughout New Hampshire.
- g. Coordinate and oversee activities associated with the New Hampshire Lead Poisoning Prevention week. Activities may include a viewing of a documentary feature film, outreach and education, and public service announcements.

2. Performance Measures

2.1. Oral Health State Plan Evaluation Services

- a. Number of recommendations to revise/update the State Oral Health Plan.



Exhibit A – Amendment #2

- b. Number of existing Oral Health data sets identified from the NH Oral Health Burden document for incorporation into the revised State Oral Health plan in order to measure Oral Health improvement for vulnerable populations.

2.2. Climate Change and Public Health Adaptation Planning

- a. By September 30, 2014, research, identify, and submit a written draft report with a set of baseline measures of climate-related health impacts related to known climate vulnerabilities in New Hampshire (i.e. extreme heat, severe weather, floods, storm surge, etc.).
- b. By December 31, 2014, develop and submit an assessment that quantifies at least five (5) baseline climate-related health impacts projected to affect New Hampshire.
- c. By March 30, 2015, identify an assessment on the effectiveness of public health interventions to address the health impacts identified above. The report shall identify at least two (2) viable interventions for each of the five health impacts for a total of ten (10) interventions.
- d. By June 30, 2015, publish a final written summary report on the current and projected health impacts related to severe weather and climate change in New Hampshire. The report will be directed at an audience of Regional Public Health Network staff and other public health and emergency management stakeholders. A draft report will be made available to the Division of Public Health Services to allow for review and final revisions.

2.3. Lead Poisoning Preventions Communications

- a. At least 85% of participants at the 3-day conference rate the elements pertaining to conference logistics as either "excellent" or "very good" in an evaluation survey.
- b. Delivery of a 2-day *Train-the-Trainer Renovations, Repair, and Painting* course to NH's Career and Technical Centers.
- c. Total number of medical practices, Head Start programs, WIC clinics, and other venues that have been provided education material on *NH's Childhood Lead Poisoning Screening and Management Guidelines*.
- d. Approval by the Division of Public Health Services of online Lead Awareness training material.
- e. Total number of cities and towns that have been provided education materials on *Renovation, Repair, and Painting*.
- f. Events held during New Hampshire Lead Poisoning Prevention Week are rated as either "excellent" or "very good" by the Division of Public Health Services program manager.

[Handwritten Signature]

7/7/14

SM



Nicholas A. Toumpas
Commissioner

José Thier Montero
Director

STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES

29 HAZEN DRIVE, CONCORD, NH 03301-6527
603-271-9563 1-800-852-3345 Ext. 9563
Fax: 603-271-8431 TDD Access: 1-800-735-2964



G&C Date: 3/12/14
ITEM # 24

MST 24

February 18, 2014

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

SOLE SOURCE

REQUESTED ACTION

*96% Federal funds
4% General funds*

Authorize the Department of Health and Human Services, Division of Public Health Services, to exercise a **sole source** amendment to an agreement with JSI Research & Training Institute, Inc. dba Community Health Institute, Purchase Order # 1031592 (Vendor # #161611-B001), 501 South Street, 2nd Floor, Bow, NH 03304, by increasing the Price Limitation by \$163,200 from \$1,362,200 to \$1,525,400 to provide a broad range of programmatic support services across a number of public health programs to include public health strategic planning, needs assessment, training and technical assistance; and implementation of health communications campaigns, effective date of Governor and Council approval through June 30, 2015. This agreement was originally approved by Governor and Council on July 10, 2013, Item #40.

Funds are available in SFY 2014 and SFY 2015, with authority to adjust amounts within the price limitation and amend the related terms of the contract without further approval from Governor and Executive Council.

See attachment for financial details

EXPLANATION

Sole source is requested as JSI Research & Training Institute, Inc. dba Community Health Institute is well-positioned to successfully implement the required activities for Division of Public Health Services' program areas not included in the original agreement. The intent of that agreement was to improve the efficiency of government services by consolidating a number of separate agreements into a single agreement with a vendor capable of providing a broad range of programmatic support services across a number of public health issues. Services included in the original agreement were conducting strategic planning and needs assessment processes; providing training and technical assistance and implementing health communications campaigns, all of which are included in this amendment. The original agreement explicitly positioned this vendor as a lead contract for the Division of Public Health Services with the organizational and administrative capacity to implement these types of services as additional funds become available from across the Division.

Funds in this agreement will be used to implement programs in five different areas:

Training to Providers of Early Childhood Services: Develop and deliver a training program for trainers focused on trauma-informed care that is designed to inform providers of early childhood services about

Her Excellency, Governor Margaret Wood Hassan
and the Honorable Council
February 18, 2014
Page 2

the impact of trauma on child development and learn how to effectively minimize its effects without causing additional harm.

Maternal and Child Health Assessment and Technical Assistance: Assist with the 2015 Title V Maternal and Child Health 5-year Needs Assessment by helping to design a survey tool; enter and analyze survey data; and conduct focus groups to gather qualitative data.

Environmental Health Tracking Program (EPHT) Technical Assistance: Identify communication strategies and national tracking messages appropriate to Environmental Public Health Tracking target audiences; develop and deliver two training sessions with NH Environmental Public Health Track stakeholders on the use of NH Environmental Public Health Track products; and conduct two Environmental Public Health Track Technical Assistance Group meetings.

State Health Improvement Planning: Facilitate a half day meeting of Division staff and stakeholders; draft and publish a statewide cardiovascular action plan.

Public Health Preparedness Training and Technical Assistance: Increase the financial support available for an annual statewide preparedness conference to allow for up to 650 participants from an earlier target of 500 participants; and support regional Hazard Vulnerability Assessment meetings.

As stated in the Request for Proposals for the original contract, the Department sought to consolidate services that had previously been contracted by individual program areas across the Division of Public Health Services with a vendor that has the organizational and administrative capacity to implement the original services and also has the capability to implement similar services addressing the same or other public health priorities over the course of the contract. This amendment implements that goal by utilizing a vendor that has a demonstrated record of delivering high-quality services to the Department. The services to be provided through this amendment will utilize the expertise of JSI Research & Training Institute, Inc. dba Community Health Institute staff to meet specific, short-term needs of various program areas.

Should Governor and Executive Council not authorize this Request there will be a reduction in the Division's ability to enhance the ability of early childhood workers to work with children who have experienced trauma and successfully conduct a required needs assessment regarding maternal and child health. It will also delay implementation of both a communications strategy regarding the relationship between the environment and public health impacts and a state plan to address cardiovascular disease, which is one of the leading causes of morbidity and mortality in New Hampshire; and will limit the number of attendees at the state's annual emergency preparedness conference.

JSI Research & Training Institute, Inc. dba Community Health Institute was selected for this project through a competitive bid process. A Request for Proposals was posted on the Department of Health and Human Services' web site from April 2, 2013 through April 29, 2013. In addition, a bidder's teleconference was held on April 8, 2013.

Two Letters of Intent were submitted in response to this statewide competitive bid; two proposals were received. Nine reviewers who work internal and external to the Department of Health and Human Services reviewed the proposals. The reviewers represent seasoned public health administrators and managers with between five to 25 years' experience in contract and vendor management, public health administration and management, program management, emergency

preparedness, client services, and case management. Each reviewer was selected for the specific skill set they possess and their experience. Their decision followed a thorough discussion of the strengths and weaknesses to the proposals. The final decision was made by taking an average of all reviewers' scores. The Bid Summary is attached.

During the first six months of this contract the vendor has made progress on some key performance measures that include: facilitating a strategic planning process for the Division and publishing a three-year strategic plan; initiating several technical studies to inform a public health-focused climate change adaptation plan; providing ongoing training and technical assistance to regional public health emergency planners, as well as logistical support for two conferences; developed and launched two public information campaigns to increase the number of adults receiving recommended vaccinations and also increase vaccinations against seasonal influenza among children and adults; began to develop a needs assessment among people with HIV infection; and delivered several technical reports to inform the development of a placement program for clinicians in rural areas.

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

Training to Providers of Early Childhood Services

- Number of learning opportunities focused on trauma-informed care conducted per maternal and child health home visiting region.

Maternal and Child Health Assessment and Technical Assistance

- Written summary of results of the statewide MCH stakeholders meeting
- Written summary of the Capacity Assessment for State Title V (CAST-V) MCH programs
- Database created for public input paper survey data
- Electronic survey designed for public input
- Analysis of public input survey data completed
- Focus groups conducted (number to be determined) and written summary of results provided

Environmental Health Tracking Program (EPHT) Technical Assistance

- Complete an annual outreach plan for delivering key national EPHT Program messages and information to targeted local level audiences to address community concerns and key audiences identified by CDC.
- Submit a report documenting the training needs of EPHT staff.
- Number of training sessions supported by logistical services.
- Document findings from the Technical Advisory Group (TAG) meetings and, based on the findings, provide recommendations on implementation of the State EPHT Network that is interoperable and compatible with the national EPHT network standards and architecture.
- Complete a report of stakeholder needs and the status of stakeholder relationships with EPHT staff.

State Health Improvement Planning

- The state cardiovascular health improvement plan will meet at least 75% of the Public Health Accreditation Board measures for Standard 5.2: Conduct a Comprehensive Planning Process Resulting in a State Health Improvement Plan, per the DPHS state plan checklist.

Her Excellency, Governor Margaret Wood Hassan
and the Honorable Council
February 18, 2014
Page 4

Public Health Preparedness Training and Technical Assistance

- Maximum number of individuals able to attend the June preparedness conference.

Area served is Statewide.

Source of Funds: 95.92% Federal Funds from Centers for Disease Control and Prevention and 4.08% General Funds.

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

Respectfully submitted,



José Thier Montero, MD, MHCDS
Director

Approved by:


 Nicholas A. Toumpas
Commissioner

**FINANCIAL DETAIL ATTACHMENT SHEET
Public Health Program Services Support Services**

**05-95-90-902510-5171 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF INFECTIOUS DISEASE CONTROL, EMERGENCY PREPAREDNESS
85.45% Federal Funds and 14.55% General Funds**

Fiscal Year	Class/Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90077021	115,000	10,000	125,000
SFY 2015	102-500731	Contracts for Prog Svc	90077021	115,000	-	115,000
			Sub-total	\$ 230,000	\$ 10,000	\$ 240,000

**05-95-90-902510-2239 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF INFECTIOUS DISEASE CONTROL, HOSPITAL PREPAREDNESS
100% Federal Funds**

Fiscal Year	Class/Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90077700	170,000	-	170,000
SFY 2015	102-500731	Contracts for Prog Svc	90077700	170,000	-	170,000
			Sub-Total	\$ 340,000	\$ -	\$ 340,000

**05-95-90-901010-7965 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF PUBLIC HEALTH SYSTEMS, POLICY AND PERFORMANCE, RURAL HEALTH AND PRIMARY CARE
100% Federal Funds**

Fiscal Year	Class/Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90073000	40,000	-	40,000
SFY 2015	102-500731	Contracts for Prog Svc	90073000	40,000	-	40,000
			Sub-Total	\$ 80,000	\$ -	\$ 80,000

**05-95-90-902510-5178 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF INFECTIOUS DISEASE CONTROL, IMMUNIZATION
100% Federal Funds**

Fiscal Year	Class/Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90023013	110,000	-	110,000
SFY 2015	102-500731	Contracts for Prog Svc	90023013	110,000	-	110,000
			Sub-Total	\$ 220,000	\$ -	\$ 220,000

**05-95-90-901010-5997 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF PUBLIC HEALTH SYSTEMS, POLICY AND PERFORMANCE, STRENGTHENING PUBLIC HEALTH INFRASTRUCTURE
100% Federal Funds**

Fiscal Year	Class/Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90001001	27,200	7,000	34,200
SFY 2015	102-500731	Contracts for Prog Svc	90001001	-	3,000	3,000
			Sub-Total	\$ 27,200	\$ 10,000	\$ 37,200

**FINANCIAL DETAIL ATTACHMENT SHEET
Public Health Program Services Support Services**

05-95-90-902510-5189 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF INFECTIOUS DISEASE CONTROL, HIV/AIDS PREVENTION

100% Federal Funds

Fiscal Year	Class/Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90024000	50,000	-	50,000
SFY 2015	102-500731	Contracts for Prog Svc	90024000	50,000	-	50,000
			Sub-Total	\$ 100,000	\$ -	\$ 100,000

05-95-90-902510-2222 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF INFECTIOUS DISEASE CONTROL, RYAN WHITE PART B

100% Federal Funds

Fiscal Year	Class/Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	567-500919	Title II HIV Care Assistance	90024100	75,000	-	75,000
SFY 2015	567-500919	Title II HIV Care Assistance	90024100	75,000	-	75,000
			Sub-Total	\$ 150,000	\$ -	\$ 150,000

05-95-90-902510-2229 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF INFECTIOUS DISEASE CONTROL, PHARMACEUTICAL REBATES

100% Other Funds (Pharmaceutical Rebates)

Fiscal Year	Class/Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	530-500371	Drug Rebates	90024600	75,000	-	75,000
SFY 2015	530-500371	Drug Rebates	90024600	75,000	-	75,000
			Sub-Total	\$ 150,000	\$ -	\$ 150,000

05-95-90-903010-5350 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF LABORATORY SERVICES, FDA FERN MICRO

100% Federal Funds

Fiscal Year	Class/Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	020-500239	Current Expense	90069017	5,000	-	5,000
SFY 2015				-	-	-
			Sub-Total	\$ 5,000	\$ -	\$ 5,000

05-95-90-901510-7936 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF PUBLIC HEALTH PROTECTION, CLIMATE EFFECTS

100% Federal Funds

Fiscal Year	Class/Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90007936	30,000		30,000
SFY 2015	102-500731	Contracts for Prog Svc	90007936	30,000		30,000
			Sub-Total	\$ 60,000	\$ -	\$ 60,000

FINANCIAL DETAIL ATTACHMENT SHEET

Public Health Program Services Support Services

**05-95-90-902010-5190 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF POPULATION HEALTH AND COMMUNITY SERVICES, MATERNAL AND CHILD HEALTH
100% Federal Funds**

Fiscal Year	Class/Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90004102	-	42,000	42,000
SFY 2015	102-500731	Contracts for Prog Svc	90004102	-	42,000	42,000
			Sub-Total	\$ -	\$ 84,000	\$ 84,000

**05-95-90-900510-5173 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF PUBLIC HEALTH STATISTICS AND INFORMATICS, EPH TRACKING
100% Federal Funds**

Fiscal Year	Class/Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90041000	-	49,200	49,200
SFY 2015				-	-	-
			Sub-Total	\$ -	\$ 49,200	\$ 49,200

**05-95-90-902010-5190 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF POPULATION HEALTH AND COMMUNITY SERVICES, MATERNAL AND CHILD HEALTH
48% Federal Funds and 52% General Funds**

Fiscal Year	Class/Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90024000	-	4,000	4,000
SFY 2015	102-500731	Contracts for Prog Svc	90024000	-	6,000	6,000
			Sub-Total	-	10,000	10,000
			Total	1,362,200	163,200	1,525,400



**State of New Hampshire
Department of Health and Human Services
Amendment #1 to the
JSI Research and Training Institute, Inc. dba Community Health Institute**

This 1st Amendment to the JSI Research and Training Institute, Inc. dba Community Health Institute contract (hereinafter referred to as "Amendment One") dated this 12th day of February, 2014, is by and between the State of New Hampshire, Department of Health and Human Services (hereinafter referred to as the "State" or "Department") and JSI Research and Training Institute, Inc. dba Community Health Institute (hereinafter referred to as "the Contractor"), a corporation with a place of business at 501 South Street, Bow, New Hampshire 03304.

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on July 10, 2013, the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract as amended and in consideration of certain sums specified; and

WHEREAS, the State and the Contractor have agreed to make changes to the scope of work, payment schedules and terms and conditions of the contract; and

WHEREAS, pursuant to the General Provisions, Paragraph 18, the State may modify the scope of work and the payment schedule of the contract by written agreement of the parties;

WHEREAS, the Department desires to provide additional public health program support services across a number of public health issues and Division of Public Health Services operational areas.

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

To amend as follows:

- Form P-37, Block 1.8 to read:
\$1,525,400
- Exhibit A, Scope of Services, to add:
Exhibit A – Amendment 1
- Exhibit B, Purchase of Services, Contract Price, to add:
Paragraph 1.1 to Paragraph 1:
The contract price shall increase by \$112,200 for SFY 2014 and \$51,000 for SFY 2015.
The contract shall total \$1,525,400 for the contract term.

Paragraph 1.2 to Paragraph 1:
Funding is available as follows:

- \$84,000 from 05-95-90-902010-5190-102-500731, 100% Federal Funds from the US Department of Health and Human Services, Health Resources and Services Administration, CFDA #93.110.



New Hampshire Department of Health and Human Services

- \$10,000 from 05-95-90-902510-5171-102-500731, 85.45% Federal Funds from the US Department of Health and Human Services, Centers for Disease Control and Prevention, CFDA #93.069 and 14.55% General Funds;
 - \$49,200 from 05-95-90-900510-5173-102-500731, 100% Federal Funds from the US Department of Health and Human Services, Centers for Disease Control and Prevention, CFDA #93.538;
 - \$10,000 from 05-95-90-901010-5997-102-500731, 100% Federal Funds from the US Department of Health and Human Services, Centers for Disease Control and Prevention, CFDA #93.507;
 - \$10,000 from 05-95-90-902010-5190-102-500731, 48% Federal Funds from the US Department of Health and Human Services, Centers for Disease Control and Prevention, CFDA #93.994 and 52% General Funds.
- Budget, to add:
 - Exhibit B-1 (2014) - Amendment 1,
 - Exhibit B-1 (2015) - Amendment 1

This amendment shall be effective upon the date of Governor and Executive Council approval.



IN WITNESS WHEREOF, the parties have set their hands as of the date written below,

State of New Hampshire
Department of Health and Human Services

2/19/14
Date

[Signature]
Brook Dupee
Bureau Chief

JSI Research and Training Institute Inc. dba
Community Health Institute

2/12/14
Date

[Signature]
Jonathan Stewart
Director

Acknowledgement:

State of New Hampshire, County of Merrimack on 2/12/14, before the undersigned officer, personally appeared the person identified above, or satisfactorily proven to be the person whose name is signed above, and acknowledged that s/he executed this document in the capacity indicated above.

[Signature]
Signature of Notary Public or Justice of the Peace
SYLVIA L. CURRIER
Notary Public - New Hampshire
My Commission Expires December 20, 2018

Name and Title of Notary or Justice of the Peace



The preceding Amendment, having been reviewed by this office, is approved as to form, substance, and execution.

OFFICE OF THE ATTORNEY GENERAL

2/21/14
Date

Paul C. Holli
Name: Amanda C. Godlewski
Title: Attorney

I hereby certify that the foregoing Amendment was approved by the Governor and Executive Council of the State of New Hampshire at the Meeting on: _____ (date of meeting)

OFFICE OF THE SECRETARY OF STATE

Date

Name:
Title:



Exhibit A – Amendment #1

Scope of Services

The Department desires to further the relationship with the JSI Research and Training Institute, Inc. dba Community Health Institute to provide public health program support services across an increased number of public health issues and Division of Public Health Services operational areas, including: 1) Early Childhood Services, 2) Maternal and Child Health Assessment and Technical Assistance, 3) Environmental Health Tracking Program (EPHT) Technical Assistance, 4) State Health Improvement Planning, and 5) Public Health Preparedness Training and Technical Assistance.

The Contractor shall:

1. **Required Activities**

Training to Providers of Early Childhood Services

- a. Identify or develop a training for trainers focused on trauma-informed care designed to inform providers of early childhood services, including child care, home visiting, and health and mental health services, about the impact of trauma on child development and learn how to effectively minimize its effects without causing additional harm.
- b. Train a minimum of 25 individuals (at least 2 from each Maternal, Infant and Early Childhood Home Visiting (MIECHV) and Project LAUNCH region) on training others about screening for domestic violence and issues that affect families including, but not limited to, Domestic Violence, Substance Abuse, and Mental Illness.
- c. Twenty-five individuals (at least 2 from each MIECHV and Project LAUNCH region) will commit to presenting a minimum of two trainings annually in their MIECHV or Project LAUNCH region. Trainings to be completed during State Fiscal Year 2015.

Maternal and Child Health Assessment and Technical Assistance

Assist with the 2015 Title V Maternal and Child Health 5-year Needs Assessment, to include:

- a. Assist with the design and preliminary analysis of a web-based and paper public input survey
- b. Enter data from the paper public input survey into an electronic database.
- c. Assist with developing and conducting focus groups of the target population and the preliminary analysis of focus group data.
- d. Assist with planning and facilitating a statewide stakeholder meeting and
- e. Conduct CAST-V analysis <http://www.amchp.org/programsandtopics/CAST-5/Pages/default.aspx>

Environmental Health Tracking Program (EPHT) Technical Assistance

- a. By April 1, 2014 review guidance documents provided by EPHT, identify communication strategies and national tracking messages appropriate to EPHT target audiences and integrate them into the EPHT outreach plan, with the outreach plan, including communications strategy for primary audiences.
- b. Assess and document technical training needs of NH EPHT staff.
- c. Identify EPHT customers who will benefit from EPHT training.



Exhibit A – Amendment #1

- d. based on guidance provided by EPHT staff, develop a training session module for EPHT customers and facilitate two training sessions with NH EPHT stakeholders on the use of NH EPHT products (web portal, reports) and services (technical analysis services, technical facilitation services, technical training services).
- e. By June 30, 2014 conduct 2 EPHT Technical Assistance Group (TAG) meetings for the purpose of receiving independent feedback on the progress, relevance, and direction of NH EPHT work and facilitate other communication with TAG as needed.
- f. Report on common EPHT stakeholder needs and provide recommendations on the products and services NH EPHT should provide to meet those needs.
- g. Document relationship status of current EPHT stakeholders and provide recommendations on additional relationships which NH EPHT should develop.

State Health Improvement Planning

- a. Facilitate a half day meeting of DPHS staff and stakeholders to be held at the Division of Public Health Services for the purpose of identifying a state cardiovascular action plan based on the priority objectives for heart disease and stroke identified in the 2013 NH State Health Improvement Plan.
- b. Generate a written record of the information gathered at the meeting
- c. Draft, a written cardiovascular action plan based on information gathered at the meeting and submits to the DPHS for review.
- d. Following the DPHS review, revise and format a final plan and submit for approval to the DPHS.

Public Health Preparedness Training and Technical Assistance

- a. Increase the financial support available for an annual statewide preparedness conference to allow for up to 650 participants from an earlier target of 500 participants.
- b. Provide meeting support costs for Hazard Vulnerability Assessments.

2. Performance Measures:

Training to Providers of Early Childhood Services

- Number of learning opportunities focused on trauma-informed care conducted per MIECHV region.

Maternal and Child Health Assessment and Technical Assistance

- Written summary of results of the statewide MCH stakeholders meeting
- Written summary of the Capacity Assessment for State Title V (CAST-V) MCH programs
- Database created for public input paper survey data
- Electronic survey designed for public input
- Analysis of public input survey data completed
- Focus groups conducted (number to be determined) and written summary of results provided

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Exhibit A – Amendment #1

Environmental Health Tracking Program (EPHT) Technical Assistance

- Complete an annual outreach plan for delivering key national EPHT Program messages and information to targeted local level audiences to address community concerns and key audiences identified by CDC.
- Submit a report documenting the training needs of EPHT staff.
- Number of training sessions supported by logistical services.
- Document findings from the Technical Advisory Group (TAG) meetings and, based on the findings, provide recommendations on implementation of the State EPHT Network that is interoperable and compatible with the national EPHT network standards and architecture.
- Complete a report of stakeholder needs and the status of stakeholder relationships with EPHT staff.

State Health Improvement Planning

- The state cardiovascular health improvement plan will meet at least 75% of the Public Health Accreditation Board measures for Standard 5.2: Conduct a Comprehensive Planning Process Resulting in a State Health Improvement Plan, per the DPHS state plan checklist.

Public Health Preparedness Training and Technical Assistance

- Maximum number of individuals able to attend the June preparedness conference.

JS

40-B

Handwritten initials



STATE OF NEW HAMPSHIRE

DEPARTMENT OF HEALTH AND HUMAN SERVICES

129 PLEASANT STREET, CONCORD, NH 03301-3857
603-271-9564 1-800-852-3345 Ext. 9564
Fax: 603-271-8431 TDD Access: 1-800-735-2964



Nicholas A. Toumpas
Commissioner

José Thier Montero
Director

G&C Date: 7/10/13
ITEM #40

June 18, 2013

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

86.53% Fed
11.01% other (REBATES)
Retroactive

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division of Public Health Services, to enter into an agreement with JSI Research & Training Institute, Inc. dba Community Health Institute (Vendor #161611-B001), 501 South Street, 2nd Floor, Bow, NH 03304, in an amount not to exceed \$1,362,200.00, to provide a broad range of programmatic support services across a number of public health programs to include public health strategic planning, needs assessment, training and technical assistance; implementation of health communications campaigns; and a coordinated system for the placement of clinical health providers in areas of the State designated as being medically underserved, to be effective **retroactive** to July 1, 2013, through June 30, 2015.

Funds are anticipated to be available in SFY 2014 and SFY 2015 upon the availability and continued appropriation of funds in the future operating budgets, with authority to adjust amounts within the price limitation and amend the related terms of the contract without further approval from Governor and Executive Council.

See attachment for financial details

EXPLANATION

Retroactive approval is being requested for this agreement because the complexity in the procurement process of consolidating six program areas and ten funding sources was more time-consuming than originally anticipated. Lessons learned during this initial attempt to consolidate agreements will be applied in the future and result in savings of staff time and resources.

Funds in this agreement will be used to implement programs in six different areas:

State Health Improvement Planning

- Conduct a re-assessment of the National Public Health Performance Standards by convening and supporting a one-day conference and publishing a report of the findings.
- Support to revise the 2011 Division of Public Health Services Strategic Plan by convening and supporting a one-day conference and publishing a final report.

Her Excellency, Governor Margaret Wood Hassan
and the Honorable Council
June 18, 2013
Page 2

Climate Change and Public Health Adaptation Planning

- Provide training and technical assistance services to develop and implement an action plan to increase the capacity for public health systems to manage and mitigate the health impacts related to climate change.

Public Health Preparedness Training and Technical Assistance

- Provide training and technical assistance programs to strengthen local, regional, and state partners' ability to meet federal preparedness standards.
- Provide logistics support for two, one-day conferences each year sponsored by the Department of Health and Human Services and the Department of Safety, Homeland Security and Emergency Management.

Immunization Health Communications

- Develop, implement, and evaluate health communication messaging to New Hampshire residents to increase immunization rates in New Hampshire among children, adolescents, and adults.

HIV Comprehensive Needs Assessment

- Design, implement, and analyze a Comprehensive Needs Assessment for residents who are living with HIV disease.

Clinical Placement Program

- Collaborate with clinical health care provider sites in New Hampshire designated as being medically underserved, state healthcare workforce officials, and New Hampshire-based medical training programs to create a coordinated clinical placement system for primary care provider students.

Should Governor and Executive Council not authorize this Request there will be a reduction in the Division's ability to implement a recommendation of the Legislative Commission on Primary Care Workforce Issues to develop an effective system to place health care providers in underserved areas; provide training and technical expertise to local and regional public health emergency responders; and improve the quality and cost-effectiveness of services provided to individuals living with HIV. Additionally, it will delay implementation of a communications strategy to increase seasonal influenza vaccination rates, and prepare for and reduce the impacts on health from climate change.

JSI Research & Training Institute, Inc. dba Community Health Institute was selected for this project through a competitive bid process. A Request for Proposals was posted on the Department of Health and Human Services' web site from April 2, 2013 through April 29, 2013. In addition, a bidder's teleconference was held on April 8, 2013.

Two Letters of Intent were submitted in response to this statewide competitive bid; two proposals were received. Nine reviewers who work internal and external to the Department of Health and Human Services reviewed the proposals. The reviewers represent seasoned public health administrators and managers with between five to 25 years experience in contract and vendor management, public health administration and management, program management, emergency preparedness, client services, and case management. Each reviewer was selected for the specific skill set they possess and their experience. Their decision followed a thorough discussion of the strengths and weaknesses to the proposals. The final decision was made by taking an average of all reviewers' scores. The Bid Summary is attached.

As referenced in the Request for Proposals, Renewals Section, the Department of Health and Human Services in its sole discretion may decide to offer a two (2) year extension of this competitively procured agreement, contingent upon satisfactory delivery of services, available funding, agreement of the parties and approval of the Governor and Council.

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

State Health Improvement Planning

- At least 75% of participants rate the re-assessment of the National Public Health Performance Standards as either “excellent” or “very good” in an evaluation survey.

Climate Change and Public Health Adaptation Planning

State Fiscal Year 2014

- At least 85% of participants rate the planning sessions as either “excellent” or “very good” in an evaluation survey.
- The technical assistance provided to support development of project evaluation plan is rated as either “excellent” or “very good” by the Division.
- The climate-related health impact review, technical assistance, and written recommendations is rated as either “excellent” or “very good” by the Division.
- The review of “best available” interventions, technical assistance, and written recommendations is rated as either “excellent” or “very good” by the Division.
- The Climate Change and Public Health Adaptation Plan report is rated as either “excellent” or “very good” by the Division prior to printing or publishing to the Web.

State Fiscal Year 2015

- Support provided for development and finalization of the Climate Change and Public Health Adaptation Plan is rated as either “excellent” or “very good” by the Division.
- At least 85% of participants rate the four training sessions as either “excellent” or “very good” in an evaluation survey.
- The training module provided to the Division for future trainings is rated as either “excellent” or “very good” by DPHS.
- The technical assistance provided to support assessment and presentation of findings is rated as either “excellent” or “very good” by the Division.

Public Health Preparedness

- At least 90% of high-priority technical assistance needs identified by Regional Public Health Networks as part of an annual technical assistance plan are met.
- At least 90% of high-priority technical assistance requests made by the Division or the Emergency Services Unit are met.
- At least 85% of participants rate the training programs as either “excellent” or “very good” in an evaluation survey.
- At least 85% of conference participants rate the elements pertaining to conference logistics as either “excellent” or “very good” in an evaluation survey.
- At least 85% of conference planning committee members rate the conference planning support as either “excellent” or “very good” in an evaluation survey.

Immunization Health Communications

- At least 90% of high-priority technical assistance requests made by the New Hampshire Immunization Program are met.
- The health communication strategy and plan is rated as either "excellent" or "very good" by the Division.
- At least 85% of the high priority components of the health communications plan are implemented and evaluated.
- At least 85% of training participants rate the training programs as either "excellent" or "very good" in an evaluation survey.
- At least 85% of conference participants rate the elements pertaining to conference logistics as either "excellent" or "very good" in an evaluation survey.
- At least 85% of conference planning committee members rate the conference planning support as either "excellent" or "very good" in an evaluation survey.

HIV Comprehensive Needs Assessment

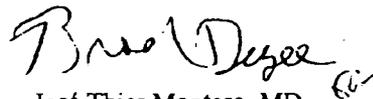
- The Comprehensive Needs Assessment for individuals who are living with HIV disease in the State of New Hampshire is rated as either "meets expectations" or "exceeds expectations" by the Division. Clinical Placement Program
- At least 75% of training program participants rate the placement experience as either "excellent" or "very good".
- At least 75% of the clinical site program participants rate the placement experience as either "excellent" or "very good".

Area served: statewide.

Source of Funds: 86.53% Federal Funds from the US Department of Health and Human Services, Centers for Disease Control and Prevention and the Health Resources and Service Administration; the US Food and Drug Administration; 11.01% Other Funds from Pharmaceutical Rebates; and 2.46% General Funds.

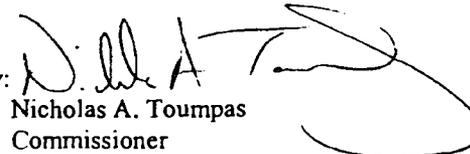
In the event that the Federal Funds become no longer available, General Funds will not be requested to support this program.

Respectfully submitted,



José Thier Montero, MD
Director

Approved by:



Nicholas A. Toumpas
Commissioner

**FINANCIAL DETAIL ATTACHMENT SHEET
Public Health Program Services Support Services**

**05-95-90-902510-5171 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF INFECTIOUS DISEASE CONTROL, EMERGENCY PREPAREDNESS
SFY 2014/2015 - 85.45% Federal Funds and 14.55% General Funds**

Fiscal Year	Class/Account	Class Title	Job Number	Total Amount
SFY 2014	102-500731	Contracts for Prog Svc	90077021	\$115,000.00
SFY 2015	102-500731	Contracts for Prog Svc	90077021	\$115,000.00
			Sub-total	\$230,000.00

**05-95-90-902510-2239 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF INFECTIOUS DISEASE CONTROL, HOSPITAL PREPAREDNESS
SFY 2014/2015 - 100% Federal Funds**

Fiscal Year	Class/Account	Class Title	Job Number	Total Amount
SFY 2014	102-500731	Contracts for Prog Svc	90077700	\$170,000.00
SFY 2015	102-500731	Contracts for Prog Svc	90077700	\$170,000.00
			Sub-Total	\$340,000.00

**05-95-90-901010-7965 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF PUBLIC HEALTH SYSTEMS, POLICY AND PERFORMANCE, RURAL HEALTH AND PRIMARY CARE
SFY 2014/2015 - 100% Federal Funds**

Fiscal Year	Class/Account	Class Title	Job Number	Total Amount
SFY 2014	102-500731	Contracts for Prog Svc	90073000	\$40,000.00
SFY 2015	102-500731	Contracts for Prog Svc	90073000	\$40,000.00
			Sub-Total	\$80,000.00

**05-95-90-902510-5178 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF INFECTIOUS DISEASE CONTROL, IMMUNIZATION
SFY 2014/2015 - 100% Federal Funds**

Fiscal Year	Class/Account	Class Title	Job Number	Total Amount
SFY 2014	102-500731	Contracts for Prog Svc	90023013	\$110,000.00
SFY 2015	102-500731	Contracts for Prog Svc	90023013	\$110,000.00
			Sub-Total	\$220,000.00

**05-95-90-901010-5997 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF PUBLIC HEALTH SYSTEMS, POLICY AND PERFORMANCE, STRENGTHENING PUBLIC HEALTH INFRASTRUCTURE
SFY 2014/2015 - 100% Federal Funds**

Fiscal Year	Class/Account	Class Title	Job Number	Total Amount
SFY 2014	102-500731	Contracts for Prog Svc	90001001	\$27,200.00
			Sub-Total	\$27,200.00

**FINANCIAL DETAIL ATTACHMENT SHEET
Public Health Program Services Support Services**

**05-95-90-902510-5189 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF INFECTIOUS DISEASE CONTROL, HIV/AIDS PREVENTION
SFY 2014/2015 - 100% Federal Funds**

Fiscal Year	Class/Account	Class Title	Job Number	Total Amount
SFY 2014	102-500731	Contracts for Prog Svc	90024000	\$50,000.00
SFY 2015	102-500731	Contracts for Prog Svc	90024000	\$50,000.00
			Sub-Total	\$100,000.00

**05-95-90-902510-2222 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF INFECTIOUS DISEASE CONTROL, RYAN WHITE PART B
SFY 2014/2015 - 100% Federal Funds**

Fiscal Year	Class/Account	Class Title	Job Number	Total Amount
SFY 2014	567-500919	Title II HIV Care Assistance	90024100	\$75,000.00
SFY 2015	567-500919	Title II HIV Care Assistance	90024100	\$75,000.00
			Sub-Total	\$150,000.00

**05-95-90-902510-2229 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF INFECTIOUS DISEASE CONTROL, PHARMACEUTICAL REBATES
SFY 2014/2015 - 100% Other Funds (Pharmaceutical Rebates)**

Fiscal Year	Class/Account	Class Title	Job Number	Total Amount
SFY 2014	530-500371	Drug Rebates	90024600	\$75,000.00
SFY 2015	530-500371	Drug Rebates	90024600	\$75,000.00
			Sub-Total	\$150,000.00

**05-95-90-903010-5350 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF LABORATORY SERVICES, FDA FERN MICRO
SFY 2014/2015 - 100% Federal Funds**

Fiscal Year	Class/Account	Class Title	Job Number	Total Amount
SFY 2014	020-500239	Current Expense	90069017	\$5,000.00
			Sub-Total	\$5,000.00

**05-95-90-901510-7936 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF PUBLIC HEALTH PROTECTION, CLIMATE EFFECTS
SFY 2014/2015 - 100% Federal Funds**

Fiscal Year	Class/Account	Class Title	Job Number	Total Amount
SFY 2014	102-500731	Contracts for Prog Svc	90007936	\$30,000.00
SFY 2015	102-500731	Contracts for Prog Svc	90007936	\$30,000.00
			Sub-Total	\$60,000.00
			Total	\$1,362,200.00

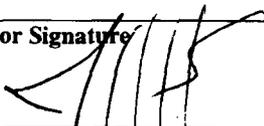
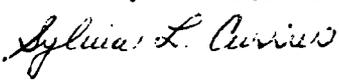
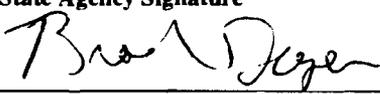
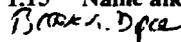
Subject: Public Health Program Services Support

AGREEMENT

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

GENERAL PROVISIONS

1. IDENTIFICATION.

1.1 State Agency Name NH Department of Health and Human Services Division of Public Health Services		1.2 State Agency Address 29 Hazen Drive Concord, NH 03301-6504	
1.3 Contractor Name JSI Research & Training Institute, Inc. dba Community Health Institute		1.4 Contractor Address 501 South Street, 2 nd Floor Bow, NH 03304	
1.5 Contractor Phone Number (603) 573-3300	1.6 Account Number 05-95-90-902510-5171-102-500731 See Exhibit B for additional account numbers.	1.7 Completion Date June 30, 2015	1.8 Price Limitation \$1,362,200.00
1.9 Contracting Officer for State Agency Lisa L. Bujno, MSN, APRN Bureau Chief		1.10 State Agency Telephone Number 603-271-4501	
1.11 Contractor Signature 		1.12 Name and Title of Contractor Signatory Jonathan Stewart Director	
1.13 Acknowledgement: State of <u>NH</u> , County of <u>Merrimack</u> On <u>5/21/13</u> before the undersigned officer, personally appeared the person identified in block 1.12, or satisfactorily proven to be the person whose name is signed in block 1.11, and acknowledged that s/he executed this document in the capacity indicated in block 1.12.			
1.13.1 Signature of Notary Public or Justice of the Peace  [Seal]			
1.13.2 Name and Title of Notary or Justice of the Peace SYLVIA L. CURRIER, Notary Public My Commission Expires December 18, 2013			
1.14 State Agency Signature 		1.15 Name and Title of State Agency Signatory  Lisa L. Bujno, Bureau Chief	
1.16 Approval by the N.H. Department of Administration, Division of Personnel (if applicable) By: _____ Director, On: _____			
1.17 Approval by the Attorney General (Form, Substance and Execution) By:  Joanne P. Henick, Attorney On: <u>17 JUN 2013</u>			
1.18 Approval by the Governor and Executive Council By: _____ On: _____			

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

3. EFFECTIVE DATE/COMPLETION OF SERVICES.

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

4. CONDITIONAL NATURE OF AGREEMENT.

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

5. CONTRACT PRICE/PRICE LIMITATION/ PAYMENT.

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

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

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

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

7. PERSONNEL.

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

8. EVENT OF DEFAULT/REMEDIES.

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

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

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

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

9. DATA/ACCESS/CONFIDENTIALITY/PRESERVATION.

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

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

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

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

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

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

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

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

14. INSURANCE.

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

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

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

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

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



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

15. WORKERS' COMPENSATION.

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

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

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

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

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

19. CONSTRUCTION OF AGREEMENT AND TERMS.

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

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

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

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

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

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

NH Department of Health and Human Services

Exhibit A

Scope of Services

Public Health Program Services Support

CONTRACT PERIOD: Retroactive to July 1, 2013, through June 30, 2015

CONTRACTOR NAME: JSI Research & Training Institute, Inc. dba Community Health Institute

501 South Street, 2nd Floor

ADDRESS: Bow, NH 03304

Director: Jonathan Stewart

TELEPHONE: (603) 573-3300

The Contractor shall:

Provide a broad range of programmatic support services across a number of public health issues and Division of Public Health Services (DPHS) operational areas. These support services include conducting strategic planning and needs assessment processes; providing training and technical assistance; implementing health communications campaigns; and implementing a coordinated system for the placement of clinical health care providers. The contractor must also have the capability to implement similar services addressing the same or other public health priorities using additional funds as they may become available during the contract period.

The contractor will coordinate activities with DPHS programs as follows:

State Health Improvement Planning - Public Health Improvement Section

Climate Change and Public Health Adaptation Planning – Climate Change and Public Health Program

Public Health Preparedness Training and Technical Assistance –Community Health Development Section

Immunization Health Communications – Immunization Program

HIV Comprehensive Needs Assessment – Ryan White CARE Program

Clinical Placement Program – Rural Health / Primary Care Section

To achieve these outcomes, the contractor will conduct the following activities:

1. **Required Activities**

State Health Improvement Planning (SHIP)

1. By October 1, 2013, complete a re-assessment process of the National Public Health Performance Standards (NPHPS) in coordination with the DPHS. It is anticipated that 6 to 8 Essential Services may have been re-assessed using the NPHPS prior to the start date of the contract.
 - 1.1 Plan and facilitate the re-assessment for any essential services not yet reassessed;
 - 1.2 Provide re-assessment data for those essential services to the Centers for Disease Control and Prevention (CDC) for analysis, in a format prescribed by CDC, within 10 working days of the assessment;
 - 1.3 Conduct at least one follow up meeting with partners once the CDC analysis is completed, to choose capacity priorities and create action plans for those priorities.
- 1.2 Coordinate all planning team and event logistics (see definition below); and
- 1.3 Draft a final report of the re-assessment that includes an Executive Summary of no more than five (5) pages. The document shall be submitted to DPHS in Microsoft Word and PDF formats within 30 days of the date of the reassessment and be approved by DPHS prior to publication.

- 1.4 Develop and conduct a survey of participants regarding their satisfaction with the event.
2. By October 1, 2013, develop the structure and content of web pages for the NH SHIP per DPHS requirements. At a minimum, content will include each of the ten SHIP priority areas and summaries of the SHIP development process. These web pages will conform to the design and technical requirements of the NH Department of Health and Human Services (DHHS) website for inclusion on the DPHS web page. The web pages must be approved by DPHS prior to publishing to the web.
3. By October 1, 2013, coordinate with DPHS to revise the 2011 DPHS Strategic Plan:
 - 3.1 Plan and facilitate a 1-day planning retreat for an estimated 50 participants;
 - 3.2 Coordinate all planning team and event logistics; and
 - 3.3 Draft a final report of the strategic plan that includes an Executive Summary of no more than five (5) pages. The document shall be submitted to DPHS in Microsoft Word and PDF formats within 30 days of the date of the strategic planning retreat. The plan must be approved by DPHS prior to publication.
 - 3.4 Develop and conduct a survey of participants regarding their satisfaction with the retreat.
4. Background: On July 1, 2011, the NH Department of Environmental Services (DES) Laboratory was merged with the NH Public Health Laboratories (PHL) as part of the Bureau of Laboratory Services, which is an operating unit within the DPHS. In 2011, the DPHS Strategic Plan was published (referenced in #3 above) and the PHL would now like to complete a strategic plan specific to the Bureau of Laboratory Services. The PHL has completed some preliminary work for strategic planning, including the completion of an environmental scan: strengths, weaknesses, opportunities and threats (SWOT) analysis. Consequently, the lab seeks a contractor to facilitate their strategic planning process and the drafting of the strategic planning document.
 - 4.1 By August 31, 2013, coordinate with NH PHL and NH DPHS to conduct a Public Health Laboratory Strategic Planning session and write a PHL Strategic Plan:
 - 4.1 Plan and facilitate a 1 and a half-day planning retreat for up to 30 people.
 - 4.2 Provide meeting logistics support as described on pages 35 and 36 of this RFP.
 - o Review and consider the preliminary work completed to date such as PHL SWOT analysis and DPHS Strategic Plan
 - 4.3 Draft a NH PHL Strategic Plan to include one hard copy and one copy in MS WORD on CD.

Climate Change and Public Health Adaptation Planning (CCPHAP)

By June 30, 2014

1. Host and facilitate four sessions to provide input for development of a strategic plan for public health related climate adaptation. Sessions will be four hours long, for up to 50 partners, with break out groups utilizing climate impact data and models provided by previously contracted vendors.
2. Design, layout, and assist with drafting a CCPHAP Graphics will include photos specific to NH (ex. planning team, locations, disaster impacts), charts, tables, etc. and maps provided by the DPHS' Geographic Information Systems (GIS) staff. The plan will be submitted electronically in a format that conforms to the design and technical requirements of the DHHS website. Coordinate the development of the plan, building on existing plans, with the Climate Adaptation and Public Health Program Manager, who will have primary responsibility for writing the plan.
3. Provide technical assistance to develop an evaluation plan component to be included in the strategic plan. This will be closely coordinated with the Climate and Health Manager and in accordance with guidance from the U.S. CDC.
4. Provide epidemiological technical assistance consisting of a literature review of the health impacts related to climate change as well as a review of inputs from DPHS epidemiologists that support this planning to describe health impacts and populations most affected by climate related events. Provide similar support to identify the best available interventions for climate adaptation strategies for public health systems and vulnerable populations. This work will support the Climate and Health Intervention Assessment component of the CCPHAP.

By June 30, 2015

1. Collaborate with the DPHS program manger to develop and finalize the CCPHAP. The program manager will act as primary editor and organizer of the plan. Support will include assistance with overall layout, structure, graphics and integrating the information gathered and literature review findings. The completed plan will be used to structure implementation trainings.
2. Develop content for and logistics support for training sessions targeted to state and local partners to introduce and implement the Climate Change and Public Health Adaptation Plan. Partners will include Public Health Network (PHN) partners, state agencies identified in the plan, and other stakeholders. Four, one-day sessions will be provided in selected regions, with one held in the Concord area targeted to state agencies. The training will be evaluated to assess increased knowledge, awareness and capacity among attendees, with a particular emphasis on strengthening capacity to implement interventions that are identified in the strategic plan.
3. Collaborate with the program manager to develop evaluation and research methods that can assess the potential impact of future interventions identified in the plan. This process will link to the evaluation planning noted in year one. All activities will be conducted in a manner to allow for the contribution to the evidence-based literature for effective climate adaptation interventions for public health systems and for vulnerable populations.
4. Coordinate with the program manager to identify other opportunities to disseminate the plan.

Public Health Preparedness Training and Technical Assistance

Technical Assistance to Regional Partners

- a. Develop and implement an annual technical assistance needs assessment survey of PHN coordinators.
- b. Based on the survey findings and other needs identified during the project period, develop an individualized technical assistance plan for each PHN. The plan shall be developed in collaboration with each coordinator and DPHS staff, and identify high-priority needs for each state fiscal year.
- c. Provide technical assistance on an ongoing basis based on the technical assistance plans.
- d. Conduct quarterly technical assistance sessions with each of the PHN coordinators. The primary purpose of these sessions is to provide individualized assistance. As warranted, small group sessions may be held in lieu of individual sessions when there are similar technical assistance needs among PHN coordinators.
- e. Participate in quarterly meetings with appropriate staff from the DPHS and the DHHS' Emergency Services Unit (ESU) to develop joint approaches to meet the PHNs' technical assistance needs.
- f. Based on identified technical assistance needs, provide input to DPHS staff to identify topics and speakers for bimonthly meetings of PHN coordinators organized and facilitated by the DPHS.

Technical Assistance and Funding of Medical Reserve Corps (MRC) Units

- a. Develop and implement an annual technical assistance needs assessment survey of MRC coordinators.
- b. Based on the survey findings and other needs identified during the project period, develop a single technical assistance plan for all MRC coordinators statewide. The plan shall be developed in coordination with DPHS and ESU staff.
- c. Provide technical assistance by hosting bimonthly meetings of the 15 MRC coordinators. Ensure the ability for participation via conference call.
- d. Execute a subcontract with each of the 13 agencies registered with the U.S. Surgeon General, Office of the Civilian Volunteer Medical Reserve Corps, to support recruitment, training and deployment of the MRC serving their region. The funding amount for each subcontract will be determined by DPHS and ESU staff.
- e. In consultation with the DPHS and ESU, review workplan and budget proposals from each MRC unit. As needed, negotiate revisions to these proposals prior to the execution of the subcontract.
- f. Collect quarterly programmatic and financial reports from each MRC unit.
- g. Participate in quarterly meetings with appropriate staff from the DPHS and the ESU to develop joint approaches to meeting the MRC coordinators' technical assistance needs.

State Partners

- a. In collaboration with the DPHS, conduct hazard vulnerability assessments (HVAs) that include eight PHNs (Regions 1 – 8). The HVAs will be specific to the public health, healthcare, and behavioral health systems and include: determining the impacts to these three systems resulting from seven different scenarios; determining the current level of regional preparedness to mitigate these impacts; and identifying high-priority interventions to be implemented by PHNs to further mitigate impacts. The exact HVA methodology will be determined in consultation with DPHS staff.
- b. Assist with the development of templates of emergency operations plans, annexes, and appendices under development by the DPHS and ESU to be used by regional partners.
- c. Develop, implement, and maintain a web-based progress reporting system for use by PHN and MRC coordinators that includes MRC reporting elements. Provide individual and summary reports to DPHS.
- d. As requested by the DPHS and as funding allows, respond to requests for additional technical assistance from state agencies (i.e. DPHS, ESU). Provision of any services under this section shall be negotiated in advance with the DPHS' Community Health Development Section (CHDS) Administrator.
- e. Review the results of a 2011 training needs assessment conducted by the DPHS and the Preparedness and Emergency Response Learning Center at Harvard (PERLC-Harvard). In consultation with the DPHS, identify high-priority training needs based on the core competencies and the knowledge, skills and abilities of the NH public health preparedness workforce.
- f. Develop at least two trainings targeted to PHN partners in each fiscal year based on the findings from the above review and other input. All trainings shall be based on adult learning models.
- g. Deliver new training programs using the various training modalities (i.e. classroom, web-based training of trainers, etc.) to maximize the reach of these programs. Programs shall be co-sponsored by the appropriate PHN(s).
- h. Revise, as needed, existing training programs developed during previous years. Revisions shall be responsive to the findings from the PERLC-Harvard needs assessment and revisions to state and regional response plans.
- i. Provide logistical support for an annual statewide preparedness conference of up to 500 participants and an annual MRC volunteer conference of up to 200 participants.

Immunization Health Communications

1. Immunization Outreach Marketing Plan:
By September 15, 2013, prepare a workplan to implement the marketing plan during the remainder of the project period.
 - a. By October 1, 2013, review and assess the current Immunization Marketing Assessment and identify potential barriers and identify needed changes.
 - b. By December 1, 2013, using the most current education strategies and behavioral theories, develop and present creative concepts and ideas to the New Hampshire Immunization Program (NHIP) that include campaigns and educational materials that increase understanding and awareness about the importance of recommended vaccinations.
 - c. By September 15, 2013, prepare a workplan to implement the marketing plan during the remainder of the project period.
2. Develop Educational Materials:
 - a. By December 31, 2013, research available materials and, after approval by the NHIP, develop new materials to improve childhood and adult immunization rates.
 - o Provide a first draft of new materials for NHIP review.
 - o Based on the NHIP review, submit a second draft.
 - o After acceptance by the NHIP and by February 15, 2014, institute changes and then coordinate project completion including printing and delivery of materials.
3. Manage Meetings and Conferences
 - a. Provide logistical support for an annual statewide immunization conference to be held in March of each year for the purposes of offering educational hours to improve the skills and knowledge of health care

- personnel. Expenses incurred during these events will be paid with funds from this contract or revenue generated by the conference.
- b. Based on a timeline to be determined by the NHIP and as funding allows, coordinate, implement and evaluate trainings for NHIP staff and health care providers to reduce medical errors, vaccine wastage and vaccine declination.
 - c. Conduct, facilitate and evaluate a one-day strategic planning session for NHIP staff to be held in October each year.
4. Materials for Emergency Preparedness
- a. By September 1 of each year develop and implement a seasonal influenza campaign to increase public awareness of influenza vaccination.
 - b. By March 30 of each year evaluate the seasonal influenza campaign.
 - c. By August 15 of each year develop and print educational materials to increase awareness school-based influenza vaccination clinics. Coordinate the printing of materials with key messages and assume all related printing costs as funding allows.
 - d. By March 30 of each year evaluate the marketing component of the school-based clinic initiative in collaboration with PHN coordinators.
 - e. In the event of an imminent influenza pandemic and at the request of the DPHS and as funding allows, develop, print and evaluate educational materials related pandemic influenza.

HIV Comprehensive Needs Assessment (HIV-CNA)

1. Comply with the rules, regulations and policies as outlined by U.S. Health Resources Services Administration (HRSA), NH DHHS, DPHS, and the Bureau of Infectious Disease Control (BIDC).
2. Comply with all applicable provider/subgrantee responsibilities outlined in the HRSA National Monitoring Standards, as instructed by DPHS. The National Monitoring Standards are available at:
Fiscal Standards: <http://hab.hrsa.gov/manageyourgrant/files/fiscalmonitoringpartb.pdf>
Program Standards: <http://hab.hrsa.gov/manageyourgrant/files/programmonitoringpartb.pdf>
Universal Standards: <http://hab.hrsa.gov/manageyourgrant/files/universalmonitoringpartab.pdf>
3. The SFY 2014 Comprehensive Needs Assessment process must be compliant with a mandate to adhere to the Ryan White CARE Act Needs Assessment Guide which is available at: <http://hab.hrsa.gov/tools/needs>. This guide identifies five components to be included in a Comprehensive Needs Assessment. The contractor is required to produce a document that includes all five components outlined as follows:

A. Epidemiological Profile

HIV surveillance data will be provided by the BIDC. The contractor is responsible to review this data and create an epidemiological profile report that will:

1. Summarize pertinent information including prevalence, incidence, and unmet need data by age, gender, race/ethnicity, transmission mode and geographic area.
2. Identify descriptive trends in HIV and associated co-morbidities since case reporting by name began in 2005.
3. Create projections about the status of the epidemic statewide over the next three to five years. The profile should include any co-morbidities, especially Sexually Transmitted Diseases (STDs), Tuberculosis (TB) and Hepatitis, associated with the HIV/AIDS epidemic in NH.
4. Provide community population estimates, the number of individuals diagnosed and living with HIV/AIDS within each Public Health Region (PHR) and a comparison to the rates and percentages for the state. The data shall also include a description of those individuals at-risk for HIV infection based on rates of sexually transmitted diseases.
5. Publication of the epidemiological profile shall be in compliance with state and federal security and confidentiality guidelines as well as the DPHS Data Release Policy. The BIDC is prohibited from releasing data to the public that could be constructively identifying. For example, publishing HIV risk by county could potentially result in values that are small and could therefore result in identifying a client.

B. Assessment of Service Needs among Affected Populations

1. Gather information from People Living with HIV/AIDS (PLWHA), their families and caregivers in an effort to identify common themes and trends through the use of targeted focus groups with select priority populations that will yield:
 - a. Qualitative feedback for the Needs Assessment, and
 - b. Survey questions to be utilized in a questionnaire to be conducted of targeted statewide populations including, but not limited to those who are in or out of HIV medical care and those with co-morbidities such TB, STDs, Hepatitis C, mental illness and substance abuse.
2. Create statistical reports reflecting the results of the survey.
3. Conduct an analysis of the data to obtain necessary information and generate recommendations. Preliminary results will be shared with the Bureau of Infectious Disease Prevention, Investigation and Care Services (ID-PICS) Section in order to obtain input into final recommendations.
4. Assure that targeted priority PLWHA populations are included in the Needs Assessment including, but not exclusive to:
 - a. Men who have sex with men
 - b. Black and Hispanic women
 - c. Adolescents
 - d. Injecting drug users and other substance users
 - e. PLWHA with "unmet need" for primary medical care including those who have not yet entered care, those who have been in care but are not currently receiving primary medical care.
 - f. African American men

C. Resource Inventory

This portion of the Comprehensive Needs Assessment will address all services available to PLWHA in NH, regardless of funding source.

1. Develop a full illustration of services available statewide to address the medical, social and economic needs of targeted populations identified by PHR.
2. Work with the ID-PICS Section to develop a resource inventory survey based on existing needs assessment data.

D. Profile of Provider Capacity and Capability

The profile identifies the extent to which the services identified in the resource inventory are accessible, available, appropriate, affordable and acceptable to PLWHA. The estimate of capacity describes how much of a service can actually be provided. Capability is an assessment of how well the provider can actually provide a service, including the expertise of agency staff and its accessibility.

1. Develop and implement a provider survey to determine capacity and capability to deliver services identified in the resource inventory. The contractor will collaborate with the BDC ID-PICS Section to develop the provider survey.

E. Assessment of Service Gaps/Unmet Need

This segment of the report shall include both quantitative and qualitative data on service needs, resources and barriers to help set priorities and allocate resources.

1. Conduct a thorough assessment of unmet need for PLWHA who know their status but are not in primary medical care.
2. Make recommendations based on quantitative and qualitative data on service needs, resource and barriers to help set priorities and allocate resources.

3. Present options for meeting service needs by maximizing identified resources and overcoming identified barriers, including coordinating Ryan White and HIV Prevention services with other health care delivery systems.
4. Present recommendations for improving service delivery, bridging gaps and reducing duplicative services, as appropriate within the Ryan White and HIV Prevention service delivery system.
5. Make recommendations for future gap analysis with emphasis on perceived and unmet needs statewide.
6. In collaboration with the ID-PICS Section, develop a strategy for meeting training, education and capacity needs of HIV providers, as identified by the assessment of service gaps/unmet need.

The above activities shall be conducted in accordance with the schedule below.

Activity	Timeline	Deliverable(s)
Maintain regular contact with the DPHS	Ongoing	Quarterly in-person meetings with Section staff; weekly emails and/or telephone calls with Section staff
Draft report of epidemiological profile to ID-PICS	January 2014	Electronic draft submitted to ID-PICS Section staff, for review and approval
Assessment of service needs draft	April 2014	Electronic draft submitted to ID-PICS Section staff, for review and approval
Resource Inventory Draft Provider Capacity Draft	June 2014	Electronic draft submitted to ID-PICS Section staff, for review and approval
Assessment of Service Gaps/Unmet Need	October 2014	Electronic draft submitted to ID-PICS Section staff, for review and approval
Strategy for meeting needs of HIV providers, as identified by the assessment of service gaps/unmet need	December 2014	Electronic draft submitted to ID-PICS Section staff, for review and approval
Submit final report to the DPHS	May 2015	Final Report in electronic form submitted to ID-PICS Section staff, for review and approval
Make presentation on final report to DPHS in person	June 2015	Presentation to ID-PICS and other interested DPHS staff

Clinical Placement Program (CPP)

The Clinical Placement Program (CPP) will create a conduit between clinical sites and training programs to improve the clinical placement experience for all involved, while building a transparent structure that can prioritize students most apt to meet identified workforce needs in NH. As part of this process, the contractor will work with NH clinical sites to identify and grow clinical opportunities for health professions students in the state.

Students with NH roots and those training in NH-based programs shall be prioritized in the CPP. Additional factors to be weighed in placing students would be based on annual workforce assessments by clinics, hospitals, and state workforce planners. These may be site-specific factors and general factors. At all times, educational programs and clinical sites have the final decision-making authority to approve placements.

The CPP may function in a number of ways relating to these payments: a) work to standardize payments from programs to providers, to "level the playing field"; b) use the variation in payments as an additional weighted factor in considering assignments of students to sites (this could be done in a site specific fashion, or in a generalized fashion); or c) maintain a minimal role, allowing programs and sites to settle up after clinical placements have been made.

The contractor will be required to:

1. Convene a group of NH-based training programs to provide feedback on the CPP.
2. Convene a group of NH clinical placement sites to provide feedback on the CPP.
3. Collect and keep confidential data from NH-based training programs on current clinical placement sites and produce a map of the locations.
4. Research best practices and create a report on other clinical placement systems in the region or the US. This report must be approved by DPHS and completed by October 4, 2013.
5. Create a plan and cost estimate for an information technology approach to managing the CPP. The plan and cost estimate must be approved by DPHS and completed by December 20, 2013.
6. Research best practices and create report on curriculum to support clinical placement sites. The report must be approved by DPHS and completed by June 30, 2014.

Required Activities for Conference and Meeting Logistical Support - All Services

For the purposes of this RFP, logistical support for trainings and conferences is defined as:

1. Convene and facilitate meetings of the respective planning teams. Record and disseminate meeting minutes and materials.
2. Coordinate development of the training/conference agenda.
3. Compile e-mail lists to promote the training/conference using addresses supplied by DPHS and other planning team members.
4. Design and electronically publish a training/conference brochure, flyers or other marketing materials.
5. Design, layout and print materials for attendees.
6. Coordinate logistics with speakers.
7. As applicable, coordinate logistics with vendors. This includes executing contracts, supporting their logistical needs during the conference and receiving payment from vendors. All revenue generated must be put toward other activities funded by the program that was the source of funds used for each specific conference or training.
8. Provide logistical services during the training/conference including registering attendees, coordinating with the conference site staff and vendors; and other activities typically associated with conference support. Provide light refreshments during events that are two hours or longer.
9. Compile data from attendee's evaluation forms and analyze the data. Provide a report to the DPHS.
10. Upon a request from the DPHS' Public Health Laboratory execute an agreement to procure training services from the National Laboratory Training Network.
11. Upon a request from the DPHS execute an agreement to procure a web-based collaboration tool selected by the DPHS. The collaboration tool is a password-protected secure website that provides document-sharing, discussion boards, and a shared calendar among other features.

2. Performance Measures:

State Health Improvement Planning

- At least 75% of participants rate the re-assessment of the National Public Health Performance Standards as either "excellent" or "very good" in an evaluation survey.

Climate Change and Public Health Adaptation Planning

State Fiscal Year 2014

- At least 85% of participants rate the planning sessions as either "excellent" or "very good" in an evaluation survey.
- The technical assistance provided to support development of project evaluation plan is rated as either "excellent" or "very good" by DPHS.

- The climate-related health impact review, technical assistance, and written recommendations is rated as either “excellent” or “very good” by DPHS.
- The review of “best available” interventions, technical assistance, and written recommendations is rated as either “excellent” or “very good” by DPHS.
- The CCPHAP report is rated as either “excellent” or “very good” by DPHS prior to printing or publishing to the Web.

State Fiscal Year 2015

- Support provided for development and finalization of the CCPHAP is rated as either “excellent” or “very good” by DPHS.
- At least 85% of participants rate the four training sessions as either “excellent” or “very good” in an evaluation survey.
- The training module provided to DPHS for future trainings is rated as either “excellent” or “very good” by DPHS.
- The technical assistance provided to support assessment and presentation of findings is rated as either “excellent” or “very good” by DPHS.

Public Health Preparedness

- At least 90% of high-priority technical assistance needs identified by RPHNs as part of an annual technical assistance plan are met.
- At least 90% of high-priority technical assistance requests made by DPHS or the ESU are met.
- At least 85% of participants rate the training programs as either “excellent” or “very good” in an evaluation survey.
- At least 85% of conference participants rate the elements pertaining to conference logistics as either “excellent” or “very good” in an evaluation survey.
- At least 85% of conference planning committee members rate the conference planning support as either “excellent” or “very good” in an evaluation survey.

Immunization Health Communications

- At least 90% of high-priority technical assistance requests made by the NHIP are met.
- The health communication strategy and plan is rated as either “excellent” or “very good” by DPHS.
- At least 85% of the high priority components of the health communications plan are implemented and evaluated.
- At least 85% of training participants rate the training programs as either “excellent” or “very good” in an evaluation survey.
- At least 85% of conference participants rate the elements pertaining to conference logistics as either “excellent” or “very good” in an evaluation survey.
- At least 85% of conference planning committee members rate the conference planning support as either “excellent” or “very good” in an evaluation survey.

HIV Comprehensive Needs Assessment

- The Comprehensive Needs Assessment for individuals who are living with HIV disease in the State of New Hampshire is rated as either “meets expectations” or “exceeds expectations” by ID-PICS Section.

Clinical Placement Program

- At least 75% of training program participants rate the placement experience as either “excellent” or “very good”.
- At least 75% of the clinical site program participants rate the placement experience as either “excellent” or “very good”.

Contract Administration and Management

1. Progress and Financial Reporting, Contract Monitoring and Performance Evaluation Activities

All Services

1. Participate in an annual or semi-annual site visit with staff from each participating DPHS program. Site visits will include:
 - 1.1. A review of the progress made toward meeting the deliverables and requirements described in this Exhibit A based on an evaluation plan that includes performance measures.
 - 1.2. On-site reviews may be waived or abbreviated at the discretion of the CHDS. Abbreviated reviews will focus on any deficiencies found in previous reviews, issues of compliance with this Exhibit, and actions to strengthen performance as outlined in the agency Performance Workplan.
 - 1.3. Subcontractors must attend all site visits as requested by DHHS.
 - 1.4. A financial audit in accordance with state and federal requirements.
 - 1.5 Key personnel involved in the implementation of the CPP at any and all locations where funded activities occur, as well as appropriate records, must be available for site visits.
2. Monitor progress on the final two-year workplan approved by the DHHS prior to the initiation of the contract. There must be a separate section for each program area.
 - 2.1 Submit quarterly progress reports based on performance using reporting tools developed by the DPHS. A single report shall be submitted to the DPHS' CHDS that describes activities under each section of this Exhibit. The Section will be responsible to distribute the report to the appropriate contract managers in other DPHS programs.
 - 2.2 Corrective actions shall be implemented as advised by DPHS programs if contracted services are not found to be provided in accordance with this Exhibit.
3. Maintain the capability to accept and expend funds to support funded services.
 - 3.1 Submit monthly invoices within 20 working days after the end of each calendar month in accordance with the terms described in Exhibit B, paragraph 3, on forms provided by the DHHS.
 - 3.2. Assess agency policies and procedures to determine areas to improve the ability to expedite the acceptance and expenditure of funds during public health emergencies.
4. Ensure the capability to accept and expend new state or federal funds during the contract period for similar program support services.
5. Submit for approval all educational materials developed with these funds. All materials must be submitted prior to printing or dissemination by other means. Acknowledgement of the funding source shall be in compliance with the terms described in Exhibit C, paragraph 14.
6. Provide other programmatic and financial updates as requested by the DHHS.
7. The Sources of Revenue report must be resubmitted at any point when changes in revenue threaten the ability of the agency to carry out the planned program.

3. Subcontractors

- 3.1. When any services required by this Exhibit are provided, in whole or in part, by a subcontracted agency or provider, the DHHS must be notified in writing and approve the subcontractual agreement, prior to initiation of the subcontract.
- 3.2. In addition, the original contractor will remain liable for all requirements included in this Exhibit and carried out by subcontractors.

4. Staffing Provisions

New Hires

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

Vacancies

The Contractor must notify the CHDS in writing if any of the key professional staff positions funded under this agreement are vacant for more than three months. This may be done through a budget revision. In addition, the CHDS must be notified in writing if at any time any site funded under this agreement does not have adequate staffing to perform all required services for more than one month.

5. State and Federal Laws

The Contractor is responsible for compliance with all relevant state and federal laws. Special attention is called to the following statutory responsibilities:

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

I understand and agree to this scope of services to be completed in the contract period. In the event our agency is having trouble fulfilling this contract we will contact the appropriate DHHS office immediately for additional guidance.

NH Department of Health and Human Services

Exhibit B

**Purchase of Services
Contract Price**

Public Health Program Services Support

CONTRACT PERIOD: Retroactive to July 1, 2013, through June 30, 2015

CONTRACTOR NAME: JSI Research & Training Institute, Inc. dba Community Health Institute

501 South Street, 2nd Floor

ADDRESS: Bow, NH 03304

Director: Jonathan Stewart

TELEPHONE: (603) 573-3300

Vendor #161611-B001	Job #90077021	Appropriation #05-95-90-902510-5171-102-500731
	90077700	05-95-90-902510-2239-102-500731
	90073000	05-95-90-901010-7965-102-500731
	90023013	05-95-90-902510-5178-102-500731
	90001001	05-95-90-901010-5997-102-500731
	90024000	05-95-90-902510-5189-102-500731
	90024100	05-95-90-902510-2222-102-500731
	90024600	05-95-90-902510-2229-102-500731
	90069017	05-95-90-903010-5350-102-500731
	90007936	05-95-90-901510-7936-102-500731

1. The total amount of all payments made to the Contractor for cost and expenses incurred in the performance of the services during the period of the contract shall not exceed:
 - \$230,000 for Public Health Preparedness Training and Technical Assistance, funded from 85.45% Federal Funds from the US Centers for Disease Control and Prevention, (CDC) (CFDA #93.069) and 14.55% General Funds;
 - \$340,000 for Medical Reserve Corps, funded from 100% Federal Funds from the US Department of Health and Human Services, Assistant Secretary for Preparedness and Response, (CFDA #93.889);
 - \$80,000 for Rural Health Workforce, funded from 100% Federal Funds from the US Department of Health and Human Services, Health Resources and Services Administration, (CFDA #93.913);
 - \$220,000 for Immunization, funded from 100% Federal Funds from the US CDC, (CFDA #93.268);
 - \$27,200 for Public Health Improvement, funded from 100% Federal Funds from the US CDC (CFDA #93.507);
 - \$100,000 for HIV Needs Assessment, funded from 100% Federal Funds from the US CDC (CFDA #93.940);
 - \$150,000 for HIV Needs Assessment funded from 100% Federal Funds from the US Department of Health and Human Services, Health Resources and Services Administration (CFDA #93.917);
 - \$150,000 for HIV Needs Assessment, funded from 100% Other Funds (Pharmaceutical Rebates);

- \$5,000 for Public Health Laboratories Strategic Planning, funded from 100% Federal Funds from the US Food and Drug Administration (CFDA #93.448);
- \$60,000 for Climate and Public Health funded from 100% Federal Funds from the US CDC, (CFDA #93.070).

TOTAL: \$1,362,200.00

2. The Contractor agrees to use and apply all contract funds from the State for direct and indirect costs and expenses including, but not limited to, personnel costs and operating expenses related to the Services, as detailed in the attached budgets. Allowable costs and expenses shall be determined by the State in accordance with applicable state and federal laws and regulations. The Contractor agrees not to use or apply such funds for capital additions or improvements, entertainment costs, or any other costs not approved by the State.
3. This is a cost-reimbursement contract based on an approved budget for the contract period. Reimbursement shall be made monthly based on actual costs incurred during the previous month.
4. Invoices shall be submitted by the Contractor to the State in a form satisfactory to the State for each of the Service category budgets. Said invoices shall be submitted within twenty (20) working days following the end of the month during which the contract activities were completed, and the final invoice shall be due to the State no later than sixty (60) days after the contract Completion Date. Said invoice shall contain a description of all allowable costs and expenses incurred by the Contractor during the contract period.
5. Payment will be made by the State agency subsequent to approval of the submitted invoice and if sufficient funds are available in the Service category budget line items submitted by the Contractor to cover the costs and expenses incurred in the performances of the services.
6. The Contractor may amend the contract budget for any Service category through line item increases, decreases, or the creation of new line items provided these amendments do not exceed the contract price for that particular Service category. Such amendments shall only be made upon written request to and written approval by the State. Budget revisions will not be accepted after June 20th of each contract year.
7. The Contractor shall have written authorization from the State prior to using contract funds to purchase any equipment with a cost in excess of three hundred dollars (\$300) and with a useful life beyond one year.

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NH Department of Health and Human Services

Exhibit C

SPECIAL PROVISIONS

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

8.1 Renegotiate the rates for payment hereunder, in which event new rates shall be established;

8.2 Deduct from any future payment to the Contractor the amount of any prior reimbursement in excess of costs;

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

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

9. **Maintenance of Records:** In addition to the eligibility records specified above, the Contractor covenants and agrees to maintain the following records during the Contract Period:

9.1 **Fiscal Records:** Books, records, documents and other data evidencing and reflecting all costs and other expenses incurred by the Contractor in the performance of the Contract, and all income received or collected by the Contractor during the Contract Period, said records to be maintained in accordance with accounting procedures and practices which sufficiently and properly reflect all such costs and expenses, and which are acceptable to the Department, and to include, without limitation, all ledgers, books, records, and original evidence of costs such as purchase requisitions and orders, vouchers, requisitions for materials, inventories, valuations of in-kind contributions, labor time cards, payrolls, and other records requested or required by the Department.

9.2 **Statistical Records:** Statistical, enrollment, attendance, or visit records for each recipient of services during the Contract Period, which records shall include all records of application and eligibility (including all forms required to determine eligibility for each recipient), records regarding the provision of services and all invoices submitted to the Department to obtain payment for such services.

9.3 **Medical Records:** Where appropriate and as prescribed by the Department regulations, the Contractor shall retain medical records on each patient/recipient of services.

10. **Audit:** Contractor shall submit an annual audit to the Department within nine months after the close of the agency fiscal year. It is recommended that the report be prepared in accordance with the provision of Office of Management and Budget Circular A-133, "Audits of States, Local Governments, and Non Profit Organizations" and the provisions of Standards for Audit of Governmental Organizations, Programs, Activities and Functions, issued by the US General Accounting Office (GAO standards) as they pertain to financial compliance audits.

10.1 **Audit and Review:** During the term of this Contract and the period for retention hereunder, the Department, the United States Department of Health and Human Services, and any of their designated representatives shall have access to all reports and records maintained pursuant to the Contract for purposes of audit, examination, excerpts and transcripts.

10.2 **Audit Liabilities:** In addition to and not in any way in limitation of obligations of the Contract, it is understood and agreed by the Contractor that the Contractor shall be held liable for any state or federal audit exceptions and shall return to the Department, all payments made under the Contract to which exception has been taken or which have been disallowed because of such an exception.

11. **Confidentiality of Records:** All information, reports, and records maintained hereunder or collected in connection with the performance of the services and the Contract shall be confidential and shall not be disclosed by the Contractor, provided however, that pursuant to state laws and the regulations of the Department regarding the use and disclosure of such information, disclosure may be made to public officials requiring such information in connection with their official duties and for purposes directed connected to the administration of the services and the Contract; and provided further, that the use or disclosure by any party of any information concerning a recipient for any purpose not directly connected with the administration of the Department or the Contractor's responsibilities with respect to purchased services hereunder is prohibited except on written consent of the recipient, his attorney or guardian.

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

12. **Reports: Fiscal and Statistical:** The Contractor agrees to submit the following reports at the following times if requested by the Department

12.1 Interim Financial Reports: Written interim financial reports containing a detailed description of all costs and non-allowable expenses incurred by the Contractor to the date of the report and containing such other information as shall be deemed satisfactory by the Department to justify the rate of payment hereunder. Such Financial Reports shall be submitted on the form designated by the Department or deemed satisfactory by the Department.

12.2 Final Report: A final report shall be submitted within sixty (60) days after the end of the term of this Contract. The Final Report shall be in a form satisfactory to the Department and shall contain a summary statement of progress toward goals and objectives stated in the Proposal and other information required by the Department.

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

14. **Credits:** All documents, notices, press releases, research reports, and other materials prepared during or resulting from the performance of the services of the Contract shall include the following statement:

14.1 The preparation of this (report, document, etc.), was financed under a Contract with the State of New Hampshire, Department of Health and Human Services, Division of Public Health Services, with funds provided in part or in whole by the State of New Hampshire and/or such other funding sources as were available or required, e.g., the United States Department of Health and Human Services.

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

16. **Insurance:** Select either (1) or (2) below:

As referenced in the Request for Proposal, Comprehensive General Liability Insurance Acknowledgement Form, the Insurance requirement checked under this section is applicable to this contract:

Insurance Requirement for (1) - 501(c) (3) contractors whose annual gross amount of contract work with the State does not exceed \$500,000, per RSA 21-I:13, XIV, (Supp. 2006): The general liability insurance requirements of standard state contracts for contractors that qualify for nonprofit status under section 501(c)(3) of the Internal Revenue Code and whose annual gross amount of contract work with the state does not exceed \$500,000, is comprehensive general liability insurance in amounts of not less than \$1,000,000 per claim or occurrence and \$2,000,000 in the aggregate. *These amounts may NOT be modified.*

(1) The contractor certifies that it **IS** a 501(c) (3) contractor whose annual total amount of contract work with the State of New Hampshire does **not** exceed \$500,000.

Insurance Requirement for (2) - All other contractors who do not qualify for RSA 21-I:13, XIV, (Supp. 2006), Agreement P-37 General Provisions, 14.1 and 14.1.1. Insurance and Bond, shall apply: 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, both for the benefits of the State, the following insurance: comprehensive general liability insurance against all claims of bodily injury, death or property damage, in amounts of not less than \$250,000 per claim and \$2,000,000 per incident or occurrence. *These amounts MAY be modified if the State of NH determines contract activities are a risk of lower liability.*

√ (2) The contractor certifies it does **NOT** qualify for insurance requirements under RSA 21-I:13, XIV (Supp. 2006).

Subparagraph 14.1.1 of the General Provisions of this contract is deleted and the following subparagraph is added:

14.1.1 comprehensive general liability against all claims of bodily injury, death or property damage, in amounts of not less than \$250,000 per claim and \$1,000,000 per occurrence and excess/umbrella liability coverage in the amount of \$1,000,000 per occurrence, and.

17. **Renewal:**

As referenced in the Request for Proposals, Renewals Section, DHHS in its sole discretion may decide to offer a two (2) year renewal of this competitively procured agreement, contingent upon satisfactory delivery of services, available funding, agreement of the parties and approval of the Governor and Executive Council.

18. **Authority to Adjust**

Notwithstanding paragraph 18 of the P-37 and Exhibit B, Paragraph 1 Funding Source(s), to adjust funding from one source of funds to another source of funds that are identified in the Exhibit B Paragraph 1 and within the price limitation, and to adjust amounts if needed and justified between State Fiscal Years and within the price limitation, can be made by written agreement of both parties and may be made without obtaining approval of Governor and Council.

18. Subparagraph 4 of the General Provisions of this contract, Conditional Nature of Agreement, is replaced as follows:

4. CONDITIONAL NATURE OF AGREEMENT.

Notwithstanding any provision of this Agreement to the contrary, all obligations of the State hereunder, including without limitation, the continuance of payments, in whole or in part, under this Agreement are contingent upon continued appropriation or availability of funds, including any subsequent changes to the appropriation or availability of funds affected by any state or federal legislative or executive action that reduces, eliminates, or otherwise modifies the appropriation or availability of funding for this Agreement and the Scope of Services provided in Exhibit A, Scope of Services, in whole or in part. In no event shall the State be liable for any payments hereunder in excess of appropriated or available funds. In the event of a reduction, termination or modification of appropriated or available funds, the State shall have the right to withhold payment until such funds become available, if ever. The State shall have the right to reduce, terminate or modify services under this Agreement immediately upon giving the Contractor notice of such reduction, termination or modification. The State shall not be required to transfer funds from any other source or account into the Account(s) identified in block 1.6 of the General Provisions, Account Number, or any other account, in the event funds are reduced or unavailable.

19. Subparagraph 10 of the General Provisions of this contract, Termination, is amended by adding the following language;

- 10.1 The State may terminate the Agreement at any time for any reason, at the sole discretion of the State, 30 days after giving the Contractor written notice that the State is exercising its option to terminate the Agreement.
- 10.2 In the event of early termination, the Contractor shall, within 15 days of notice of early termination, develop and submit to the State a Transition Plan for services under the Agreement, including but not limited to, identifying the present and future needs of clients receiving services under the Agreement and establishes a process to meet those needs.
- 10.3 The Contractor shall fully cooperate with the State and shall promptly provide detailed information to support the Transition Plan including, but not limited to, any information or data requested by the State related to the termination of the Agreement and Transition Plan and shall provide ongoing communication and revisions of the Transition Plan to the State as requested.
- 10.4 In the event that services under the Agreement, including but not limited to clients receiving services under the Agreement are transitioned to having services delivered by another entity including contracted providers or the State, the Contractor shall provide a process for uninterrupted delivery of services in the Transition Plan.
- 10.5 The Contractor shall establish a method of notifying clients and other affected individuals about the transition. The Contractor shall include the proposed communications in its Transition Plan submitted to the State as described above.

SPECIAL PROVISIONS – DEFINITIONS

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

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

DEPARTMENT: NH Department of Health and Human Services.

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

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

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

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

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

