



102A

52.6% Federal
47.4% General

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

BUREAU OF DRUG AND ALCOHOL SERVICES

Nicholas A. Toumpas
Commissioner

105 PLEASANT STREET, CONCORD, NH 03301

603-271-6100 1-800-804-0909

Nancy L. Rollins
Associate
Commissioner

FAX: 603-271-6105 TDD Access: 1-800-735-2964

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 Community Based Care Services, Bureau of Drug and Alcohol Services, to exercise renewal options with vendors by increasing the price limitations by \$7,596,887 in aggregate from \$7,596,890 in aggregate to \$15,193,777 in aggregate for a continuum of substance abuse treatment services state-wide and extending the completion date from June 30, 2013 to June 30, 2014, effective July 1, 2013 or date of Governor and Council approval, whichever is later.

Summary of contracted amounts by vendor:

<u>Vendor</u>	<u>Amount</u>
Child and Family Services of New Hampshire	\$86,803
Concord Hospital, Inc.	\$74,406
Families First of the Greater Seacoast	\$28,922
Families in Transition	\$332,530
Greater Nashua Council on Alcoholism	\$1,356,945
Headrest, Inc.	\$251,450
Horizons Counseling Center, Inc.	\$189,576
Manchester Alcoholism Rehabilitation Center	\$1,120,599
The Mental Health Center of Greater Manchester, Inc.	\$27,114
Monadnock Family Services	\$97,819
Northern Human Services	\$199,025
Phoenix Houses of New England, Inc.	\$1,457,490
National Council on Alcoholism and Drug Dependence of Greater Manchester	\$432,468
Southeastern New Hampshire Alcohol and Drug Abuse Services	\$1,329,836
Tri-County Community Action Programs, Inc.	\$611,904
TOTAL	\$7,596,887

Funds to support this request are anticipated to be available in the following accounts in SFY 2014 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 contracts without further approval from Governor and Executive Council.

05-95-49-491510-2989 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS: DIV OF COMM BASED CARE SVC, BUREAU OF DRUG & ALCOHOL SVCS, GOVERNOR COMMISSION FUNDS (100% General Funds)

05-95-49-491510-2990 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS: DIV OF COMM BASED CARE SVC, BUREAU OF DRUG & ALCOHOL SVCS, CLINICAL SERVICES (34.4% General 65.6% Federal)

Please see attachment for financial details

EXPLANATION

The requested action seeks approval of 15 of 17 agreements that represent \$7,596,887 of the \$7,741,314 total anticipated to be spent state-wide to provide a continuum of substance abuse treatment services via the accounting codes listed. These services include community based outpatient, intensive outpatient, residential, transitional living, and recovery support services, including specialized treatment services for pregnant and parenting women and their children. This request seeks to exercise the renewal option that exists within each of the vendor contracts. The Department anticipates that the remaining two agreements will be presented to Governor and Executive Council on June 19, 2013.

Client eligibility for treatment services is targeted at those either unable to pay for services or able to pay only part of the cost of services, and who has or is suspected of having an alcohol or other drug abuse problem, and who is a resident of the State of New Hampshire or is homeless in NH. All clients discharged from treatment services supported by this contract will be referred to care coordination and recovery-support aftercare services as clinically appropriate, supported separately by the Federal Access to Recovery Grant.

The State is migrating toward a Resiliency and Recovery Oriented Systems of Care. Recovery-oriented systems of care are networks of organizations, agencies and community members that coordinate a wide spectrum of services to prevent, intervene in, and treat substance use problems and disorders. In addition, these contracts will continue to allow the State to improve the quality and array of services available to clients. Quality improvement efforts include the exchange of data and information that will support "data driven" prevention and treatment programming to better address the needs to the region.

The New Hampshire Office of Energy and Planning reported the 2009 Population Estimates of New Hampshire Cities and Towns as 1,324,575. The National Survey on Drug Use and Health commissioned by the Substance Abuse and Mental Health Services Administration in 2008/2009 reported the following demographic data for New Hampshire:

- Alcohol Abuse: 97,630 (7% of population)
- Alcohol dependence: 44,850 (3% of population)
- Illicit Drug Abuse: 43,810 (3% of population)
- Illicit Drug Dependence: 32,240 (2% of population)
- Substance Abuse: 126,630 (10% of population)
- Needing but not receiving treatment for alcohol abuse: 93,990 (7% of population)
- Needing but not receiving treatment for illicit drug use: 39,390 (3% of population)

In addition, the New Hampshire Medical Examiner office reported 172 drug related overdose deaths in NH during 2010. The New Hampshire Administrative Office of the Courts reported 9,500 arrests and 5,000 convictions for Driving While Impaired in 2009. Approximately 90% of individuals arrested for Driving While Impaired have an underlying substance abuse disorder according to the National Institute on Alcohol Abuse and Alcoholism.

Should the Governor and Executive Council determine to not authorize this Request, agencies would not have sufficient resources to promote, implement and provide the array of services necessary to provide individuals with substance use disorders the necessary tools to achieve, enhance and sustain recovery. In addition, failure to obligate the federal funds in the Substance Abuse Prevention and Treatment Block Grant to community based programs to provide alcohol and other drug treatment service would place that Block Grant in jeopardy.

The vendors were originally selected for this agreement through a competitive bid process. This request covers services for the period July 1, 2013 to June 30, 2014, and anticipates exercising the option to renew for one additional year as provided all of the previous vendor contracts, pending availability of funding, the agreement of the parties and approval of Governor and Council. These services were contracted previously with the listed vendors in State Fiscal Year 2013 in the amount of \$7,741,314 in the aggregate. This agreement represents level funding of all vendors.

The following performance measures will be used to measure the effectiveness of the agreements:

- Utilization criteria will be applied exclusively on a month-by-month basis according to the criteria below.
 - i. Contracts running at 90% to 100% of utilization in a given month will be reimbursed at 100% of the contracted rate for that month.
 - ii. Contracts running at 80% to 89% of utilization in a given month will be reimbursed at rate of 95% of the contracted rate for that month.
 - iii. Contracts running below 80% of utilization in a given month will be reimbursed at the rate of utilization for that month (for example for a given month in which utilization was 59% the contractor would be reimbursed at 59% of the contracted rate for that month).
- Treatment contractors shall respond to calls requesting services, whether an initial or subsequent call, from clients or referring agencies as soon as possible and within at least 2 business days following the day the call was received. The following Access Criteria must be met for a minimum of 80% of prospective clients (from clients or referring agencies) for the month in which billing is being submitted:
 - i. Treatment contractors are required to conduct initial eligibility screening as soon as possible, ideally at the time of first contact (direct communication by phone or in person) with the client or referring agency, but not later than 5 business days following the date of first contact.
 - ii. Those who have screened eligible for services will start receiving services, whether for the identified level of care or interim services, within 10 business days follow the eligibility screening.
- A minimum of 70% of clients, which have completed or otherwise are no longer receiving services, will have met the minimum retention standards for the modality of services received as noted below:
 - i. Have completed a minimum of 6 sessions of outpatient treatment services
 - ii. Have completed a minimum of 8 days of intensive outpatient treatment services – only those days in which a client has participated in minimum of 10 units (2.5 hours) of service per day (12 units per day is the standard for I intensive outpatient treatment services) may be counted.
 - iii. Have completed a minimum of 14 days of residential treatment service
 - iv. Has completed a minimum of 28 days in a transitional living/halfway house residential program.

Contractors, with the exception of those agencies that only offer outpatient services, are required to develop the capacity for group recovery support aftercare services for a minimum of 25% of the number treatment clients (including outpatient and transitional living program clients) they are under contract to serve. Group recovery support aftercare services are services that are consistent with an individual's recovery plan that prevent relapse and enhance or remove barriers to recovery. Recovery Support Services include, but are not limited to, guidance in financial management, parenting, vocational training, life management and spiritual counseling as well as transportation and child-care. These group recovery support services are for clients discharged from substance use disorder treatment services provided under contract with the Bureau of Drug and Alcohol Services on behalf of the Department, which may include clients that had received SUD treatment from the Contractor or a different agency. Contractors are only allowed to access these services for their clients or clients that had received substance use disorder treatment from a different agency through the statewide care coordination program under agreement with the Bureau of Drug and Alcohol Services on behalf of the Department.

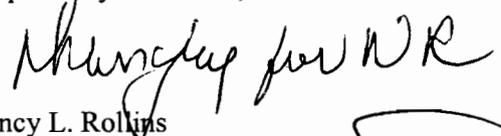
All treatment programs under contract with the Bureau of Drug and Alcohol Services on behalf of the Department are required to report on the National Outcome Measures (see attached) established by the Substance Abuse and Mental Health Services Administration, as required in the Federal Substance Abuse Prevention and Treatment Block Grant, via the Electronic Health Record/Web Infrastructure Treatment System. The Department of Health and Human Services reserves the right to consider Contractor performance across all of the domains in future funding decisions. The Contractor is expected to meet or exceed these percentages as measured by the Electronic Health Record/Web Infrastructure Treatment System.

Area served: State-wide

Source of Funds: 52.6% Federal Funds from Substance Abuse and Mental Health Services Administration, Substance Abuse Prevention and Treatment Block Grant and 47.4% General .

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

Respectfully submitted,



Nancy L. Rollins
Associate Commissioner

Approved by:


Nicholas A. Toumpas
Commissioner



**State of New Hampshire
Department of Health and Human Services
Amendment #1 to the Substance Abuse Treatment and Recovery Support Services
Contract**

This first Amendment to the Substance Abuse Treatment and Recovery Support Services contract (hereinafter referred to as "Amendment #1") dated this April 24th day of 2013, is by and between the State of New Hampshire, Department of Health and Human Services (hereinafter referred to as the "State" or "Department") and Child and Family Services of New Hampshire (hereinafter referred to as "the Contractor"), a nonprofit corporation with a place of business at 464 Chestnut Street, Manchester, NH 03105.

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on June 20, 2012, 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 and Exhibit C, Paragraph 17, the State may, extend the agreement by one year by written agreement of the parties;

WHEREAS the State desires to have the Contractor continue to provide the services as specified in the agreement for another one year period;

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) Amendment and modification of P-37 "Agreement";
 - a) Change Completion date in Block 1.7 of the P-37 to read June 30, 2014.
 - b) Change Price Limitation in Block 1.8 of the P-37 to read \$ 173,606.00

- 2) Amendment and modification of Exhibit A;
 - a) **Delete** "CONTRACT PERIOD: July 1, 2012, or date of G&C approval, whichever is later, Through June 30, 2013"
 - b) **Change II A from:** "The contractor shall provide treatment services in the geographic area(s)/location(s) as specified below:"
Change to: "The contractor shall provide treatment services, in each State Fiscal Year, in the geographic area(s)/location(s) as specified below:"
 - c) **Change II B Group Recovery Support Services from:** "Contractors, with the exception of those agencies that only offer outpatient services, are required to develop the capacity for group recovery support aftercare services for a minimum of 50% of the number treatment clients (including outpatient and transitional living program clients) they are under contract to serve. These group recovery support services are for clients discharged from substance use disorder (SUD) treatment services provided under contract with BDAS on behalf of DHHS, which may include clients that had received SUD treatment from the Contractor or a different agency. Contractors are only allowed to access these services for their clients or clients that had received SUD treatment from a different agency through the statewide care coordination program under agreement with BDAS on behalf of DHHS."



Change to: “Contractors, with the exception of those agencies that only offer outpatient services, are required to develop the capacity for group recovery support aftercare services for a minimum of 25% of the number treatment clients (including outpatient and transitional living program clients) they are under contract to serve. These group recovery support services are for clients discharged from substance use disorder (SUD) treatment services provided under contract with BDAS on behalf of DHHS, which may include clients that had received SUD treatment from the Contractor or a different agency. Contractors are only allowed to access these services for their clients or clients that had received SUD treatment from a different agency through the statewide care coordination program under agreement with BDAS on behalf of DHHS.”

d) **Delete Table SAMHSA National Outcome Measures**

Replace with:

Table SAMHSA National Outcome Measures

<i>DOMAIN</i>	<i>OUTCOME</i>	<i>SUBSTANCE ABUSE TREATMENT MEASURES</i>
Access	Reduce the wait time for Intake & Admission	<ul style="list-style-type: none"> 80% of clients will receive a telephone eligibility screening of the initial first contact with the Contractor and those who screen eligible will receive an intake within 5 business days of the eligibility screening and 80% of clients who meet admission criteria will be admitted to services or interim services within 5 business days of intake.
Retention	Increase retention in substance abuse treatment	70% of clients that have participated in the minimum participation requirement. See section in the following pay for performance paragraph.
Capacity	Increase service capacity	Increase by 10% the (unduplicated) number of clients receiving service from previous year – DHHS will not be held to this standard for SFY 2013 due to significant budget reductions.
Social Connectedness	Increased recovery supports/connections	25% of clients participate in care coordination and post treatment recovery support services (RSS).
Perception of Care	Client perception of care	Under development
Cost Effectiveness	Cost effectiveness (average cost)	Average Contractor cost per client for services provided per client are within 10% of the average statewide cost per client of service for each modality of service.



DOMAIN	OUTCOME	SUBSTANCE ABUSE TREATMENT MEASURES
Use of Evidenced-Based Practices	Use of Evidenced-Based Practices	<ul style="list-style-type: none"> • WITS Electronic Health Record • ASI or GAIN Assessment • NIDA/SAMHSA MATRS Treatment Planning model • Clinical model for treatment services recognized by National Registry of Evidence Based Programs and Practices (NREPP).

- 3) Amendment and modification of Exhibit B;
 - a) **Delete** "CONTRACT PERIOD: July 1, 2012, or date of G&C approval, whichever is later, through June 30, 2013"
 - b) **Change from** Section II: "The total amount of all payments made to the Contractor for cost and expenses incurred in the performance of the services, as detailed in Exhibit B, during the period of the contract shall not exceed:"
Change to: "The total amount of all payments made to the Contractor for cost and expenses incurred in the performance of the services during each State Fiscal Year of the contract shall not exceed:"
 - c) Delete in Section II; "TOTAL: \$86,803.00"
- 4) **Add** Exhibit B-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

5/28/13
Date

Nancy L. Rollins
Nancy L. Rollins
Associate Commissioner

Child and Family Services of New Hampshire

May 7, 2013
Date

Marilyn Mahoney
Name: Marilyn Mahoney
Title: Chair, Board of Trustees

Acknowledgement:

State of New Hampshire, County of Hillsborough on May 7, 2013, 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 of Notary Public or Justice of the Peace

Victoria Farren
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

17 May 2013
Date

[Signature]
Name: Walter P. Herrick
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 B-1

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

Bidder/Program Name: Child and Family Services
 Budget Request for: Substance Abuse Treatment Services
 (Name of RFP)
 Budget Period: State Fiscal Year 2014

Line Item	Year 1		Year 2		Year 3		Year 4		Year 5		Total	Percent of Direct
	Amount	Percent										
1. Total Salary/Wages	\$ 73,828.68		\$ 73,828.68		\$ 73,828.68		\$ 73,828.68		\$ 73,828.68		\$ 315,315.36	
2. Employee Benefits	\$ 12,974.34		\$ 12,974.34		\$ 12,974.34		\$ 12,974.34		\$ 12,974.34		\$ 51,897.36	
3. Consultants	\$ -		\$ -		\$ -		\$ -		\$ -		\$ -	
4. Equipment	\$ -		\$ -		\$ -		\$ -		\$ -		\$ -	
5. Rental	\$ -		\$ -		\$ -		\$ -		\$ -		\$ -	
6. Repair and Maintenance	\$ -		\$ -		\$ -		\$ -		\$ -		\$ -	
7. Purchase/Depreciation	\$ -		\$ -		\$ -		\$ -		\$ -		\$ -	
8. Supplies	\$ -		\$ -		\$ -		\$ -		\$ -		\$ -	
9. Educational	\$ -		\$ -		\$ -		\$ -		\$ -		\$ -	
10. Lab	\$ -		\$ -		\$ -		\$ -		\$ -		\$ -	
11. Pharmacy	\$ -		\$ -		\$ -		\$ -		\$ -		\$ -	
12. Medical	\$ -		\$ -		\$ -		\$ -		\$ -		\$ -	
13. Office	\$ -		\$ -		\$ -		\$ -		\$ -		\$ -	
14. Travel	\$ -		\$ -		\$ -		\$ -		\$ -		\$ -	
15. Occupancy	\$ -		\$ -		\$ -		\$ -		\$ -		\$ -	
16. Current Expenses	\$ -		\$ -		\$ -		\$ -		\$ -		\$ -	
17. Telephone	\$ -		\$ -		\$ -		\$ -		\$ -		\$ -	
18. Postage	\$ -		\$ -		\$ -		\$ -		\$ -		\$ -	
19. Subscriptions	\$ -		\$ -		\$ -		\$ -		\$ -		\$ -	
20. Audit and Legal	\$ -		\$ -		\$ -		\$ -		\$ -		\$ -	
21. Insurance	\$ -		\$ -		\$ -		\$ -		\$ -		\$ -	
22. Board Expenses	\$ -		\$ -		\$ -		\$ -		\$ -		\$ -	
23. Software	\$ -		\$ -		\$ -		\$ -		\$ -		\$ -	
24. Marketing/Communications	\$ -		\$ -		\$ -		\$ -		\$ -		\$ -	
25. Staff Education and Training	\$ -		\$ -		\$ -		\$ -		\$ -		\$ -	
26. Subcontract/Agreements	\$ -		\$ -		\$ -		\$ -		\$ -		\$ -	
27. Other (specific details mandatory)	\$ -		\$ -		\$ -		\$ -		\$ -		\$ -	
TOTAL	\$ 86,803.00		\$ 86,803.00		\$ 86,803.00		\$ 86,803.00		\$ 86,803.00		\$ 347,115.36	0.0%

Contractor Initials MTK
 Date 5/7/13

WITHOUT SEAL

CERTIFICATE OF VOTE

I, Michael R. Ostrowski, of Child and Family Services of NH, do hereby certify that:

1. I am the duly elected Assistant Secretary of Child and Family Services of NH;
2. The following are true copies of two resolutions duly adopted at a meeting of the Board of Directors of the corporation, duly held on March 26, 2013;

RESOLVED: That this corporation enters into a contract with the State of New Hampshire, acting through its Department of Health and Human Services, Division of Substance Abuse Treatment and Recovery Services.

RESOLVED: That the Chair, Board of Trustees is hereby authorized on behalf of this corporation to enter into said contract with the State and to execute any and all documents, agreements, and other instruments; and any amendments, revisions, or modifications thereto, as he/she may deem necessary, desirable, or appropriate. Marilyn Mahoney is the duly elected Chair, Board of Trustees of the corporation.

3. The foregoing resolutions have not been amended or revoked and remain in full force and effect as of May 7th, 2013.

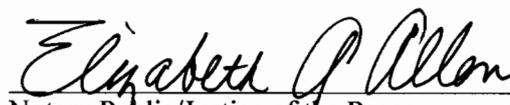
IN WITNESS WHEREOF, I have hereunto set my hand as the Assistant Secretary of the corporation this 7th day of May, 2013.


Michael R. Ostrowski, Assistant Secretary

STATE OF NEW HAMPSHIRE

COUNTY OF HILLSBOROUGH

The foregoing instrument was acknowledged before me this 7th day of May, 2013 by Michael R. Ostrowski.


Notary Public/Justice of the Peace
My Commission Expires:





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
4/4/2013

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

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

PRODUCER FIAI/Cross Insurance 1100 Elm Street Manchester NH 03101	CONTACT NAME: Linda Dacey	
	PHONE (A/C, No, Ext): (603) 669-3218	FAX (A/C, No): (603) 645-4331
INSURED Child & Family Services of New Hampshire Po Box 448 Manchester NH 03105	E-MAIL ADDRESS: ldacey@crossagency.com	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: Philadelphia Ins Co	NAIC #
	INSURER B: QBE Insurance Corp	39217
	INSURER C: Travelers Ins. Co.	-
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** 12-13 Pkg, BA, Prof & Umb **REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY			PHPK879641	7/1/2012	7/1/2013	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$ 15,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY \$ 1,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC			GENERAL AGGREGATE \$ 2,000,000			PRODUCTS - COMP/OP AGG \$ 2,000,000
A	AUTOMOBILE LIABILITY			PHPK879641	7/1/2012	7/1/2013	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input checked="" type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS	<input checked="" type="checkbox"/> NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident) \$
				Drive other car \$ 1,000,000			
A	UMBRELLA LIAB			PHUB385665	7/1/2012	7/1/2013	EACH OCCURRENCE \$ 4,000,000
	<input checked="" type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> OCCUR					AGGREGATE \$ 4,000,000
	<input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000	<input type="checkbox"/> CLAIMS-MADE					
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			QWC4001064 (3a.) NH All officers included	4/4/2013	4/4/2014	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	N/A				E.L. EACH ACCIDENT \$ 500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ 500,000
							E.L. DISEASE - POLICY LIMIT \$ 500,000
C A	Fidelity & Forgery			104895803	4/1/2013	4/1/2015	Limit: \$200,000
	Professional Liability			PHPK879641	7/1/2012	7/1/2013	Aggregate \$2,000,000

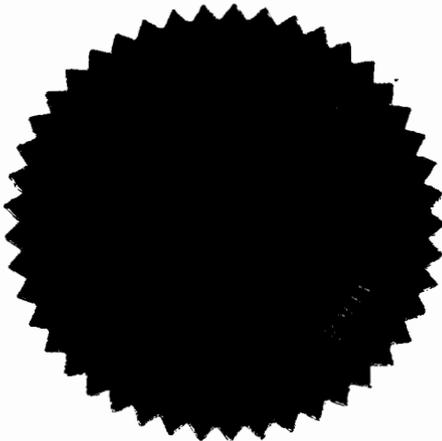
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Refer to policy for exclusionary endorsements and special provisions.

CERTIFICATE HOLDER	CANCELLATION
ljparker@dhhs.state.nh.us Bureau of Drug & Alcohol Services 105 Pleasant Street Main 3rd Floor North Concord, NH 03301	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE Don Lefebvre/JSC <i>Ronald R. Lefebvre</i>

State of New Hampshire Department of State

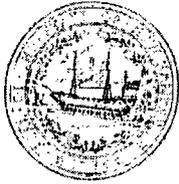
CERTIFICATE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that CHILD AND FAMILY SERVICES OF NEW HAMPSHIRE is a New Hampshire nonprofit corporation formed September 25, 1914. I further certify that it is in good standing as far as this office is concerned, having filed the return(s) and paid the fees required by law.



In TESTIMONY WHEREOF, I hereto set my hand and cause to be affixed the Seal of the State of New Hampshire, this 2nd day of April A.D. 2013

William M. Gardner
Secretary of State



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

BUREAU OF DRUG AND ALCOHOL SERVICES

Nicholas A. Toumpas
 Commissioner

Nancy L. Rollins
 Associate Commissioner

105 PLEASANT STREET, CONCORD, NH 03301
 603-271-6100 1-800-804-0909
 FAX: 603-271-6105 TDD Access: 1-800-735-2964

May 29, 2012 Approved by: GTC
 Date: 6/20/12
 Item No.: 103
 Contract No.: 1024230

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

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division of Community Based Care Services, Bureau of Drug & Alcohol Services, to enter into an agreement with Child and Family Services of New Hampshire (Vendor #177166 B002), 464 Chestnut Street, Manchester, NH 03105, to provide for a continuum of substance abuse treatment services, in an amount not to exceed \$86,803.00 to be effective July 1, 2012 or date of Governor and Council approval, whichever is later, through June 30, 2013. Funds are available in the following accounts for State Fiscal Year 2013:

05-95-95-958410-5365 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SERVICES, HHS: COMMISSIONER, DCBCS TREATMENT & PREVENTION, ALCOHOL AND OTHER TREATMENT

Fiscal Year	Class/Object	Class Title	Job Number	Amount
SFY 2013	102-500734	Contracts for Prog Svc	95846501	\$39,925.00
			Subtotal	\$39,925.00

05-95-95-958410-1388 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SERVICES, HHS: COMMISSIONER, DCBCS TREATMENT AND PREVENTION, GOVERNOR

Fiscal Year	Class/Object	Class Title	Job Number	Amount
SFY 2013	102-500734	Contracts for Prog Svc	95848501	\$19,474.00
			Subtotal	\$19,474.00

05-95-95-958410-1387 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SERVICES, HHS: COMMISSIONER, DCBCS TREATMENT & PREVENTION, TREATMENT-PREVENTION-STATE

Fiscal Year	Class/Object	Class Title	Job Number	Amount
SFY 2013	102-500734	Contracts for Prog Svc	95841387	\$27,404.00
			Subtotal	\$27,404.00
			Total	\$86,803.00

EXPLANATION

The purpose of this agreement is to provide a continuum of substance abuse treatment services such as community based outpatient, intensive outpatient, residential, transitional living, and recovery support services, including specialized treatment services for pregnant and parenting women and their children, in the Manchester area.

Client eligibility for treatment services is targeted at those either unable to pay for services or able to pay only part of the cost of services, and who has or is suspected of having an alcohol or other drug abuse problem, and who is a resident of the State of New Hampshire or is homeless in NH. All clients discharged from treatment services supported by this contract will be referred to care coordination and recovery-support aftercare services as clinically appropriate, supported separately by the Federal Access to Recovery Grant.

The State is migrating toward a Resiliency and Recovery Oriented Systems of Care. Recovery-oriented systems of care are networks of organizations, agencies and community members that coordinate a wide spectrum of services to prevent, intervene in, and treat substance use problems and disorders. In addition, this contract will allow the State to improve the quality and array of services available to clients. Quality improvement efforts include the exchange of data and information that will support "data driven" prevention and treatment programming to better address the needs to the region.

The New Hampshire Office of Energy and Planning reported the 2009 Population Estimates of New Hampshire Cities and Towns as 1,324,575. The National Survey on Drug Use and Health commissioned by the Substance Abuse and Mental Health Services Administration in 2008/2009 reported the following demographic data for New Hampshire:

- Alcohol Abuse: 97,630 (7% of population)
- Alcohol dependence: 44,850 (3% of population)
- Illicit Drug Abuse: 43,810 (3% of population)
- Illicit Drug Dependence: 32,240 (2% of population)
- Substance Abuse: 126,630 (10% of population)
- Needing but not receiving treatment for alcohol abuse: 93,990 (7% of population)
- Needing but not receiving treatment for illicit drug use: 39,390 (3% of population)

In addition, the New Hampshire Medical Examiner office reported 172 drug related overdose deaths in NH during 2010. The New Hampshire Administrative Office of the Courts reported 9,500 arrests and 5,000 convictions for Driving While Impaired in 2009. Approximately 90% of individuals arrested for Driving While Impaired have an underlying substance abuse disorder according to the National Institute on Alcohol Abuse and Alcoholism.

Should the Governor and Executive Council determine to not authorize this Request, agencies would not have sufficient resources to promote, implement and provide the array of services necessary to provide individuals with substance use disorders the necessary tools to achieve, enhance and sustain recovery. In addition, failure to obligate the federal funds in the Substance Abuse Prevention and Treatment Block Grant to community based programs to provide alcohol and other drug treatment service would place that Block Grant in jeopardy.

Child and Family Services of New Hampshire was selected for this agreement through a competitive bid process. A Request for Proposals was posted on the Department's web site on March 6, 2012 through April 2, 2012. In addition, a bidder's conference was held on March 12, 2012.

A total of 19 proposals were received. A review committee of three professionals reviewed each proposal. All reviewers have between three to twenty years experience managing agreements with vendors for various public health programs. Areas of specific expertise include: maternal and child health; substance abuse prevention and treatment; chronic and communicable diseases; and public health infrastructure. Eighteen of the proposals were selected for funding based on review criteria that included availability of funds, consistency with stated funding priorities, technical score, and equitable geographic distribution. The agency that was not selected did not meet the minimum scoring criteria established for funding. The Bid Summary is attached.

This request covers services for the period July 1, 2012 to June 30, 2013, with an option to renew for one additional year, pending availability of funding, the agreement of the parties and approval of Governor and Council. These services were contracted previously with this agency in State Fiscal Year 2012 in the amount of \$86,803.00. This agreement represents level funding.

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

- Utilization criteria will be applied exclusively on a month-by-month basis according to the criteria below.
 - i. Contracts running at 90% to 100% of utilization in a given month will be reimbursed at 100% of the contracted rate for that month.
 - ii. Contracts running at 80% to 89% of utilization in a given month will be reimbursed at rate of 95% of the contracted rate for that month.
 - iii. Contracts running below 80% of utilization in a given month will be reimbursed at the rate of utilization for that month (for example for a given month in which utilization was 59% the contractor would be reimbursed at 59% of the contracted rate for that month).
- Treatment contractors shall respond to calls requesting services, whether an initial or subsequent call, from clients or referring agencies as soon as possible and within at least 2 business days following the day the call was received. The following Access Criteria must be met for a minimum of 80% of prospective clients (from clients or referring agencies) for the month in which billing is being submitted:
 - i. Treatment contractors are required to conduct initial eligibility screening as soon as possible, ideally at the time of first contact (direct communication by phone or in person) with the client or referring agency, but not later than 5 business days following the date of first contact.
 - ii. Those who have screened eligible for services will start receiving services, whether for the identified level of care or interim services, within 10 business days follow the eligibility screening.
- A minimum of 70% of clients, which have completed or otherwise are no longer receiving services, will have met the minimum retention standards for the modality of services received as noted below:
 - i. Have completed a minimum of 6 sessions of outpatient treatment services (OP)
 - ii. Have completed a minimum of 8 days of intensive outpatient treatment services (IOP) – only those days in which a client has participated in minimum of 10 units (2.5 hours) of service per day (12 units per day is the standard for IOP services) may be counted.
 - iii. Have completed a minimum of 14 days of residential treatment service
 - iv. Has completed a minimum of 28 days in a transitional living/halfway house residential program.

Area served: Manchester area.

His Excellency, Governor John H. Lynch
and the Honorable Executive Council
May 29, 2012
Page 4 of 4

Source of Funds: 45.99% Federal Funds from Substance Abuse and Mental Health Services Administration, Substance Abuse Prevention and Treatment Block Grant, 50.85% General Funds and 3.16% Other (Highway) Funds.

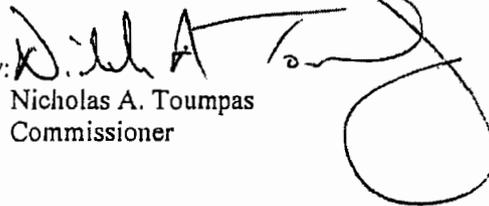
In the event that the Federal or Other Funds become no longer available, General Funds will not be requested to support this program.

Respectfully submitted,



Nancy L. Rollins
Associate Commissioner

Approved by:



Nicholas A. Toumpas
Commissioner



NLR/ljp



**State of New Hampshire
Department of Health and Human Services
Amendment #1 to the Substance Abuse Treatment and Recovery Support Services
Contract**

This first Amendment to the Substance Abuse Treatment and Recovery Support Services contract (hereinafter referred to as "Amendment #1") dated this April 24th day of 2013, is by and between the State of New Hampshire, Department of Health and Human Services (hereinafter referred to as the "State" or "Department") and Concord Hospital (hereinafter referred to as "the Contractor"), a nonprofit corporation with a place of business at 250 Pleasant Street, Concord, NH 03301.

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on June 20, 2012, 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 and Exhibit C, Paragraph 17, the State may, extend the agreement by one year by written agreement of the parties;

WHEREAS the State desires to have the Contractor continue to provide the services as specified in the agreement for another one year period;

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) Amendment and modification of P-37 "Agreement";
 - a) Change Completion date in Block 1.7 of the P-37 to read June 30, 2014.
 - b) Change Price Limitation in Block 1.8 of the P-37 to read \$ 148,812.00

- 2) Amendment and modification of Exhibit A;
 - a) **Delete** "CONTRACT PERIOD: July 1, 2012, or date of G&C approval, whichever is later, Through June 30, 2013"
 - b) **Change II A from:** "The contractor shall provide treatment services in the geographic area(s)/location(s) as specified below."
Change to: "The contractor shall provide treatment services, in each State Fiscal Year, in the geographic area(s)/location(s) as specified below."
 - c) **Change II B Group Recovery Support Services from:** "Contractors, with the exception of those agencies that only offer outpatient services, are required to develop the capacity for group recovery support aftercare services for a minimum of 50% of the number treatment clients (including outpatient and transitional living program clients) they are under contract to serve. These group recovery support services are for clients discharged from substance use disorder (SUD) treatment services provided under contract with BDAS on behalf of DHHS, which may include clients that had received SUD treatment from the Contractor or a different agency. Contractors are only allowed to access these services for their clients or clients that had received SUD treatment from a different agency through the statewide care coordination program under agreement with BDAS on behalf of DHHS."



Change to: “Contractors, with the exception of those agencies that only offer outpatient services, are required to develop the capacity for group recovery support aftercare services for a minimum of 25% of the number treatment clients (including outpatient and transitional living program clients) they are under contract to serve. These group recovery support services are for clients discharged from substance use disorder (SUD) treatment services provided under contract with BDAS on behalf of DHHS, which may include clients that had received SUD treatment from the Contractor or a different agency. Contractors are only allowed to access these services for their clients or clients that had received SUD treatment from a different agency through the statewide care coordination program under agreement with BDAS on behalf of DHHS.”

d) **Delete Table SAMHSA National Outcome Measures**

Replace with:

Table SAMHSA National Outcome Measures

<i>DOMAIN</i>	<i>OUTCOME</i>	<i>SUBSTANCE ABUSE TREATMENT MEASURES</i>
Access	Reduce the wait time for Intake & Admission	<ul style="list-style-type: none"> 80% of clients will receive a telephone eligibility screening of the initial first contact with the Contractor and those who screen eligible will receive an intake within 5 business days of the eligibility screening and 80% of clients who meet admission criteria will be admitted to services or interim services within 5 business days of intake.
Retention	Increase retention in substance abuse treatment	70% of clients that have participated in the minimum participation requirement. See section in the following pay for performance paragraph.
Capacity	Increase service capacity	Increase by 10% the (unduplicated) number of clients receiving service from previous year – DHHS will not be held to this standard for SFY 2013 due to significant budget reductions.
Social Connectedness	Increased recovery supports/ connections	25% of clients participate in care coordination and post treatment recovery support services (RSS).
Perception of Care	Client perception of care	Under development
Cost Effectiveness	Cost effectiveness (average cost)	Average Contractor cost per client for services provided per client are within 10% of the average statewide cost per client of service for each modality of service.



DOMAIN	OUTCOME	SUBSTANCE ABUSE TREATMENT MEASURES
Use of Evidenced-Based Practices	Use of Evidenced-Based Practices	<ul style="list-style-type: none"> • WITS Electronic Health Record • ASI or GAIN Assessment • NIDA/SAMHSA MATRS Treatment Planning model • Clinical model for treatment services recognized by National Registry of Evidence Based Programs and Practices (NREPP).

- 3) Amendment and modification of Exhibit B;
 - a) **Delete** "CONTRACT PERIOD: July 1, 2012, or date of G&C approval, whichever is later, through June 30, 2013"
 - b) **Change from** Section II: "The total amount of all payments made to the Contractor for cost and expenses incurred in the performance of the services, as detailed in Exhibit B, during the period of the contract shall not exceed:"
Change to: "The total amount of all payments made to the Contractor for cost and expenses incurred in the performance of the services during each State Fiscal Year of the contract shall not exceed:"
 - c) Delete in Section II; "TOTAL: \$74,406.00"
- 4) **Add** Exhibit B-1 and B-2

New Hampshire Substance Abuse Treatment and Recovery Support Services



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

5/28/13
Date

Nancy L. Rollins
Nancy L. Rollins
Associate Commissioner

Concord Hospital, Inc.

5-6-13
Date

Michael B. Green
Name: Michael B. Green
Title: President + CEO

Acknowledgement:

State of NH, County of Merrimack on May 6, 2013, 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 of Notary Public or Justice of the Peace

Christina Decato
Name and Title of Notary or Justice of the Peace



New Hampshire Substance Abuse Treatment and Recovery Support Services



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

OFFICE OF THE ATTORNEY GENERAL

17 May 2013
Date

[Signature]
Name: James P. Herrick
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 B-1

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

Bidder/Program Name: Concord Hospital Inc. Outpatient Programs

Budget Request for: Substance Abuse Treatment Services
(Name of RFP)

Budget Period: State Fiscal Year 2014

Line Item	Total Program Cost			Contractor Share / Match			Funded by DHHS contract share		
	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total
1. Total Salary/Wages	\$ 166,059.00	\$ -	\$ 166,059.00	\$ -	\$ -	\$ -	\$ 30,000.00	\$ -	\$ 30,000.00
2. Employee Benefits	\$ 54,788.47	\$ -	\$ 54,788.47	\$ -	\$ -	\$ -	\$ 2,400.00	\$ -	\$ 2,400.00
3. Consultants	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
4. Equipment:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Rental	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Repair and Maintenance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Purchase/Depreciation	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
5. Supplies:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Educational	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Lab	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Pharmacy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Medical	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Office	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
6. Travel	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
7. Occupancy	\$ 41,000.00	\$ -	\$ 41,000.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
8. Current Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Telephone	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Postage	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Subscriptions	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Audit and Legal	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Insurance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Board Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Software	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
9. Marketing/Communications	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
10. Staff Education and Training	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
11. Subcontracts/Agreements	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
12. Other (specific details mandatory):	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL	\$ 261,868.47	\$ -	\$ 261,868.47	\$ -	\$ -	\$ -	\$ 32,400.00	\$ -	\$ 32,400.00

Indirect As A Percent of Direct 0.0%

Contractor Initials NR
Date 5/6/13
Page 1

Exhibit B-2

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

Bidder/Program Name: Concord Hospital Inc. Intensive Outpatient program

Budget Request for Substance Abuse Treatment Services
(Name of RFP)

Budget Period: State Fiscal Year 2014

Line Item	Total Program Cost		Contractor Share / Match		Funded by DHH contract share		Total
	Direct Incremental	Indirect Fixed	Direct Incremental	Indirect Fixed	Direct Incremental	Indirect Fixed	
1. Total Salary/Wages	\$ 166,059.00	\$ -	\$ -	\$ -	\$ 40,000.00	\$ -	\$ 40,000.00
2. Employee Benefits	\$ 54,789.47	\$ -	\$ -	\$ -	\$ 2,006.00	\$ -	\$ 2,006.00
3. Consultants	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
4. Equipment:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Rental	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Repair and Maintenance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Purchase/Depreciation	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
5. Supplies:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Educational	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Lab	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Pharmacy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Medical	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Office	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
6. Travel	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
7. Occupancy	\$ 73,000.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 73,000.00
8. Current Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Telephone	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Postage	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Subscriptions	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Audit and Legal	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Insurance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Board Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Software	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
9. Marketing/Communications	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
10. Staff Education and Training	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
11. Subcontracts/Agreements	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
12. Other (Specific details mandatory):	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL	\$ 293,868.47	\$ -	\$ -	\$ -	\$ 42,006.00	\$ -	\$ 42,006.00

Indirect As A Percent of Direct 0.0%

Contractor Initials MS
Date 8/13

CERTIFICATE

I, Mary Boucher, Secretary of Concord Hospital, Inc. do hereby certify:

- 1) I maintain and have custody of and am familiar with the seal and minute books of the corporation;
- 2) I am authorized to issue certificates with respect to the contents of such books and to affix such seal to such certificates;
- 3) The following is a true and complete copy of the resolution adopted by the board of trustees of the corporation at a meeting of that board on March 21, 2005 which meeting was held in accordance with the law of the state of incorporation and the bylaws of the corporation:

The motion was made, seconded and the Board unanimously voted that the powers and duties of the President shall include the execution of all contracts and other legal documents on behalf of the corporation, unless some other person is specifically so designated by the Board, by law, or pursuant to the administrative policy addressing contract and expenditure approval levels.

- 4) the foregoing resolution is in full force and effect, unamended, as of the date hereof; and
- 5) the following persons lawfully occupy the offices indicated below:

Michael B. Green, President
Bruce R. Burns, Chief Financial Officer

IN WITNESS WHEREOF, I have hereunto set my hand as the Secretary of the Corporation this 7th day of May, 2013.

(Corporate seal)

Mary Boucher
Secretary

State of NH, County of Merrimack

On this the 7th day of May, 2013, before me, Mary Boucher, the undersigned officer, personally appeared Mary Boucher, who acknowledged her/himself to be the secretary of Concord Hospital, Inc a corporation, and that such secretary being authorized to do so, executed the foregoing instrument for the purposes therein contained, by signing the name of the corporation by her/himself as Mary Boucher.

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

(Seal)



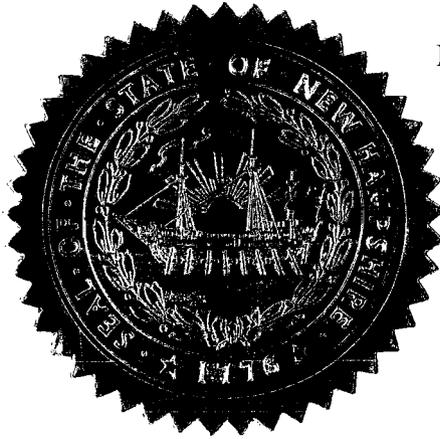
Christina Decaf
Notary Public/Justice of the Peace

My Commission expires: April 18, 2017

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 Concord Hospital, Inc. is a New Hampshire nonprofit corporation formed January 29, 1985. I further certify that it is in good standing as far as this office is concerned, having filed the return(s) and paid the fees required by law.



In TESTIMONY WHEREOF, I hereto set my hand and cause to be affixed the Seal of the State of New Hampshire, this 4th day of April A.D. 2013

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

William M. Gardner
Secretary of State



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/20/2012

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 MARSH USA, INC. 99 HIGH STREET BOSTON, MA 02110 Attn: Boston.certrequest@marsh.com 319078-CHS-gener-13-14	CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS:	FAX (A/C, No):
	INSURER(S) AFFORDING COVERAGE	
INSURED CAPITAL REGION HEALTHCARE CORPORATION & CONCORD HOSPITAL, INC. ATTN: PEGGY CALLIHAN - RISK MANAGEMENT 250 PLEASANT STREET CONCORD, NH 03301	INSURER A : Granite Shield Insurance Exchange	
	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
INSURER F :		NAIC #

COVERAGES **CERTIFICATE NUMBER:** NYC-005740285-12 **REVISION NUMBER:** 1

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

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC			GSIE-PRIM-2013-101	01/01/2013	01/01/2014	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ 12,000,000 PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	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 N/A				WC STATU-TORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Professional Liability			GSIE-PRIM-2013-101	01/01/2013	01/01/2014	SEE ABOVE

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 EVIDENCE OF CURRENT INSURANCE COVERAGE.
 GENERAL LIABILITY AND PROFESSIONAL LIABILITY SHARE A COMBINED LIMIT OF 2,000,000/12,000,000. HOSPITAL PROFESSIONAL LIABILITY RETRO ACTIVE-DATE 6/24/1985.

CERTIFICATE HOLDER NEW HAMPSHIRE DHHS 105 PLEASANT 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 of Marsh USA Inc. William G. Cornish <i>William G. Cornish</i>
--	---

© 1988-2010 ACORD CORPORATION. All rights reserved.



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

BUREAU OF DRUG AND ALCOHOL SERVICES

Nicholas A. Toumpas
 Commissioner

Nancy L. Rollins
 Associate
 Commissioner

105 PLEASANT STREET, CONCORD, NH 03301
 603-271-6100 1-800-804-0909
 FAX: 603-271-6105 TDD Access: 1-800-735-2964

May 25, 2012

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

Approved by: G+C
 Date: 6/20/12
 Item No.: 106
 Contract No.: 1094229

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division of Community Based Care Services, Bureau of Drug & Alcohol Services, to enter into an agreement with Concord Hospital, Inc. (Vendor #177653 B014), 250 Pleasant Street, Concord, NH 03301, to provide for a continuum of substance abuse treatment services, in an amount not to exceed \$74,406.00 to be effective July 1, 2012 or date of Governor and Council approval, whichever is later, through June 30, 2013. Funds are available in the following accounts for State Fiscal Year 2013:

05-95-95-958410-5365 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SERVICES, HHS: COMMISSIONER, DCBCS TREATMENT & PREVENTION, ALCOHOL AND OTHER TREATMENT

Fiscal Year	Class/Object	Class Title	Job Number	Amount
SFY 2013	102-500734	Contracts for Prog Svc	95846501	\$34,223.00
			Subtotal	\$34,223.00

05-95-95-958410-1388 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SERVICES, HHS: COMMISSIONER, DCBCS TREATMENT AND PREVENTION, GOVERNOR

Fiscal Year	Class/Object	Class Title	Job Number	Amount
SFY 2013	102-500734	Contracts for Prog Svc	95848501	\$16,693.00
			Subtotal	\$16,693.00

05-95-95-958410-1387 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SERVICES, HHS: COMMISSIONER, DCBCS TREATMENT & PREVENTION, TREATMENT-PREVENTION-STATE

Fiscal Year	Class/Object	Class Title	Job Number	Amount
SFY 2013	102-500734	Contracts for Prog Svc	95841387	\$23,490.00
			Subtotal	\$23,490.00
			Total	\$74,406.00

His Excellency, Governor John H. Lynch
and the Honorable Executive Council
May 25, 2012
Page 2 of 4

EXPLANATION

The purpose of this agreement is to provide a continuum of substance abuse treatment services such as community based outpatient, intensive outpatient, residential, transitional living, and recovery support services, including specialized treatment services for pregnant and parenting women and their children, in the Concord area.

Client eligibility for treatment services is targeted at those either unable to pay for services or able to pay only part of the cost of services, and who has or is suspected of having an alcohol or other drug abuse problem, and who is a resident of the State of New Hampshire or is homeless in NH. All clients discharged from treatment services supported by this contract will be referred to care coordination and recovery-support aftercare services as clinically appropriate, supported separately by the Federal Access to Recovery Grant.

The State is migrating toward a Resiliency and Recovery Oriented Systems of Care. Recovery-oriented systems of care are networks of organizations, agencies and community members that coordinate a wide spectrum of services to prevent, intervene in, and treat substance use problems and disorders. In addition, this contract will allow the State to improve the quality and array of services available to clients. Quality improvement efforts include the exchange of data and information that will support "data driven" prevention and treatment programming to better address the needs to the region.

The New Hampshire Office of Energy and Planning reported the 2009 Population Estimates of New Hampshire Cities and Towns as 1,324,575. The National Survey on Drug Use and Health commissioned by the Substance Abuse and Mental Health Services Administration in 2008/2009 reported the following demographic data for New Hampshire:

- Alcohol Abuse: 97,630 (7% of population)
- Alcohol dependence: 44,850 (3% of population)
- Illicit Drug Abuse: 43,810 (3% of population)
- Illicit Drug Dependence: 32,240 (2% of population)
- Substance Abuse: 126,630 (10% of population)
- Needing but not receiving treatment for alcohol abuse: 93,990 (7% of population)
- Needing but not receiving treatment for illicit drug use: 39,390 (3% of population)

In addition, the New Hampshire Medical Examiner office reported 172 drug related overdose deaths in NH during 2010. The New Hampshire Administrative Office of the Courts reported 9,500 arrests and 5,000 convictions for Driving While Impaired in 2009. Approximately 90% of individuals arrested for Driving While Impaired have an underlying substance abuse disorder according to the National Institute on Alcohol Abuse and Alcoholism.

Should the Governor and Executive Council determine to not authorize this Request, agencies would not have sufficient resources to promote, implement and provide the array of services necessary to provide individuals with substance use disorders the necessary tools to achieve, enhance and sustain recovery. In addition, failure to obligate the federal funds in the Substance Abuse Prevention and Treatment Block Grant to community based programs to provide alcohol and other drug treatment service would place that Block Grant in jeopardy.

Concord Hospital, Inc. was selected for this agreement through a competitive bid process. A Request for Proposals was posted on the Department's web site on March 6, 2012 through April 2, 2012. In addition, a bidder's conference was held on March 12, 2012.

A total of 19 proposals were received. A review committee of three professionals reviewed each proposal. All reviewers have between three to twenty years experience managing agreements with vendors for various public health programs. Areas of specific expertise include: maternal and child health; substance abuse prevention and treatment; chronic and communicable diseases; and public health infrastructure. Eighteen of the proposals were selected for funding based on review criteria that included availability of funds, consistency with stated funding priorities, technical score, and equitable geographic distribution. The agency that was not selected did not meet the minimum scoring criteria established for funding. The Bid Summary is attached.

This request covers services for the period July 1, 2012 to June 30, 2013, with an option to renew for one additional year, pending availability of funding, the agreement of the parties and approval of Governor and Council. These services were contracted previously with this agency in State Fiscal Year 2012 in the amount of \$74,406.00. This agreement represents level funding.

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

- Utilization criteria will be applied exclusively on a month-by-month basis according to the criteria below.
 - i. Contracts running at 90% to 100% of utilization in a given month will be reimbursed at 100% of the contracted rate for that month.
 - ii. Contracts running at 80% to 89% of utilization in a given month will be reimbursed at rate of 95% of the contracted rate for that month.
 - iii. Contracts running below 80% of utilization in a given month will be reimbursed at the rate of utilization for that month (for example for a given month in which utilization was 59% the contractor would be reimbursed at 59% of the contracted rate for that month).
- Treatment contractors shall respond to calls requesting services, whether an initial or subsequent call, from clients or referring agencies as soon as possible and within at least 2 business days following the day the call was received. The following Access Criteria must be met for a minimum of 80% of prospective clients (from clients or referring agencies) for the month in which billing is being submitted:
 - i. Treatment contractors are required to conduct initial eligibility screening as soon as possible, ideally at the time of first contact (direct communication by phone or in person) with the client or referring agency, but not later than 5 business days following the date of first contact.
 - ii. Those who have screened eligible for services will start receiving services, whether for the identified level of care or interim services, within 10 business days follow the eligibility screening.
- A minimum of 70% of clients, which have completed or otherwise are no longer receiving services, will have met the minimum retention standards for the modality of services received as noted below:
 - i. Have completed a minimum of 6 sessions of outpatient treatment services (OP)
 - ii. Have completed a minimum of 8 days of intensive outpatient treatment services (IOP) – only those days in which a client has participated in minimum of 10 units (2.5 hours) of service per day (12 units per day is the standard for IOP services) may be counted.
 - iii. Have completed a minimum of 14 days of residential treatment service
 - iv. Has completed a minimum of 28 days in a transitional living/halfway house residential program.

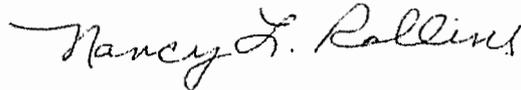
Area served: Concord.

His Excellency, Governor John H. Lynch
and the Honorable Executive Council
May 25, 2012
Page 4 of 4

Source of Funds: 45.99% Federal Funds from Substance Abuse and Mental Health Services Administration, Substance Abuse Prevention and Treatment Block Grant, 50.85% General Funds and 3.16% Other (Highway) Funds.

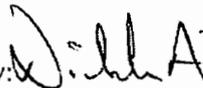
In the event that the Federal or Other Funds become no longer available, General Funds will not be requested to support this program.

Respectfully submitted,



Nancy L. Rollins
Associate Commissioner

Approved by:



Nicholas A. Toumpas
Commissioner

NLR/ljp



**State of New Hampshire
Department of Health and Human Services
Amendment #1 to the Substance Abuse Treatment and Recovery Support Services
Contract**

This first Amendment to the Substance Abuse Treatment and Recovery Support Services contract (hereinafter referred to as "Amendment #1") dated this April 24th day of 2013, is by and between the State of New Hampshire, Department of Health and Human Services (hereinafter referred to as the "State" or "Department") and Families First of the Greater Seacoast (hereinafter referred to as "the Contractor"), a nonprofit corporation with a place of business at 100 Campus Drive, Suite 12, Portsmouth, New Hampshire.

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on June 20th, 2012, 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 and Exhibit C, Paragraph 17, the State may, extend the agreement by one year by written agreement of the parties;

WHEREAS the State desires to have the Contractor continue to provide the services as specified in the agreement for another one year period;

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) Amendment and modification of P-37 "Agreement";
 - a) Change Completion date in Block 1.7 of the P-37 to read June 30, 2014.
 - b) Change Price Limitation in Block 1.8 of the P-37 to read \$ 57,844.00

- 2) Amendment and modification of Exhibit A;
 - a) **Delete** "CONTRACT PERIOD: July 1, 2012, or date of G&C approval, whichever is later, Through June 30, 2013"
 - b) **Change II A from:** "The contractor shall provide treatment services in the geographic area(s)/location(s) as specified below:"
Change to: "The contractor shall provide treatment services, in each State Fiscal Year, in the geographic area(s)/location(s) as specified below:"
 - c) **Change II B Group Recovery Support Services from:** "Contractors, with the exception of those agencies that only offer outpatient services, are required to develop the capacity for group recovery support aftercare services for a minimum of 50% of the number treatment clients (including outpatient and transitional living program clients) they are under contract to serve. These group recovery support services are for clients discharged from substance use disorder (SUD) treatment services provided under contract with BDAS on behalf of DHHS, which may include clients that had received SUD treatment from the Contractor or a different agency. Contractors are only allowed to access these services for their clients or clients that had received SUD treatment from a different agency through the statewide care coordination program under agreement with BDAS on behalf of DHHS."



Change to: “Contractors, with the exception of those agencies that only offer outpatient services, are required to develop the capacity for group recovery support aftercare services for a minimum of 25% of the number treatment clients (including outpatient and transitional living program clients) they are under contract to serve. These group recovery support services are for clients discharged from substance use disorder (SUD) treatment services provided under contract with BDAS on behalf of DHHS, which may include clients that had received SUD treatment from the Contractor or a different agency. Contractors are only allowed to access these services for their clients or clients that had received SUD treatment from a different agency through the statewide care coordination program under agreement with BDAS on behalf of DHHS.”

d) **Delete Table SAMHSA National Outcome Measures**

Replace with:

Table SAMHSA National Outcome Measures

<i>DOMAIN</i>	<i>OUTCOME</i>	<i>SUBSTANCE ABUSE TREATMENT MEASURES</i>
Access	Reduce the wait time for Intake & Admission	<ul style="list-style-type: none"> 80% of clients will receive a telephone eligibility screening of the initial first contact with the Contractor and those who screen eligible will receive an intake within 5 business days of the eligibility screening and 80% of clients who meet admission criteria will be admitted to services or interim services within 5 business days of intake.
Retention	Increase retention in substance abuse treatment	70% of clients that have participated in the minimum participation requirement. See section in the following pay for performance paragraph.
Capacity	Increase service capacity	Increase by 10% the (unduplicated) number of clients receiving service from previous year – DHHS will not be held to this standard for SFY 2013 due to significant budget reductions.
Social Connectedness	Increased recovery supports/ connections	25% of clients participate in care coordination and post treatment recovery support services (RSS).
Perception of Care	Client perception of care	Under development
Cost Effectiveness	Cost effectiveness (average cost)	Average Contractor cost per client for services provided per client are within 10% of the average statewide cost per client of service for each modality of service.



<i>DOMAIN</i>	<i>OUTCOME</i>	<i>SUBSTANCE ABUSE TREATMENT MEASURES</i>
Use of Evidenced-Based Practices	Use of Evidenced-Based Practices	<ul style="list-style-type: none"> • WITS Electronic Health Record • ASI or GAIN Assessment • NIDA/SAMHSA MATRS Treatment Planning model • Clinical model for treatment services recognized by National Registry of Evidence Based Programs and Practices (NREPP).

- 3) Amendment and modification of Exhibit B;
 - a) **Delete** "CONTRACT PERIOD: July 1, 2012, or date of G&C approval, whichever is later, through June 30, 2013"
 - b) **Change from** Section II: "The total amount of all payments made to the Contractor for cost and expenses incurred in the performance of the services, as detailed in Exhibit B, during the period of the contract shall not exceed:"
Change to: "The total amount of all payments made to the Contractor for cost and expenses incurred in the performance of the services during each State Fiscal Year of the contract shall not exceed:"
 - c) Delete in Section II; "TOTAL: \$28,922.00"
- 4) **Add** Exhibit B-1

New Hampshire Substance Abuse Treatment and Recovery Support Services



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

5/28/13
Date

Nancy L. Rollins
Nancy L. Rollins
Associate Commissioner

Families First of the Greater Seacoast

5/7/13
Date

Heidi B. T...
Name:
Title: Executive Director

Acknowledgement:

State of NH, County of Rockingham on May 7, 2013 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 of Notary Public or Justice of the Peace

Nancy Casco, Notary
Name and Title of Notary or Justice of the Peace

My Commission Expires March 7, 2017

New Hampshire Substance Abuse Treatment and Recovery Support Services



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

OFFICE OF THE ATTORNEY GENERAL

13 May 2013
Date

Joanne P. Herick
Name: Joanne P. Herick
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 B-1

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

Bidder/Program Name: Families First of the Greater Seacoast
Budget Request for: Substance Abuse Treatment Services
(Name of RFP)

Budget Period: State Fiscal Year 2014

5/2/2013

Line Item	Total Program Cost		Contractor Share / Match		Funded by DHHS contract share		Total
	Direct Incremental	Indirect Fixed	Direct Incremental	Indirect Fixed	Direct Incremental	Indirect Fixed	
1. Total Salary/Wages	\$ 58,168.00	\$ -	\$ 33,813.00	\$ -	\$ 24,355.00	\$ -	\$ 24,355.00
2. Employee Benefits	\$ 8,935.00	\$ -	\$ 5,568.00	\$ -	\$ 3,367.00	\$ -	\$ 3,367.00
3. Consultants	\$ 1,200.00	\$ -	\$ -	\$ -	\$ 1,200.00	\$ -	\$ 1,200.00
4. Equipment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Rental	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Repair and Maintenance	\$ 100.00	\$ -	\$ 100.00	\$ -	\$ -	\$ -	\$ -
Purchase/Depreciation	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
5. Supplies	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Educational	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Lab	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Pharmacy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Medical	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Office	\$ 300.00	\$ -	\$ 300.00	\$ -	\$ -	\$ -	\$ -
6. Travel	\$ 250.00	\$ -	\$ 250.00	\$ -	\$ -	\$ -	\$ -
7. Occupancy	\$ -	\$ 650.00	\$ -	\$ 650.00	\$ -	\$ -	\$ -
8. Current Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Telephone	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Postage	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Subscriptions	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Audit and Legal	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Insurance	\$ 150.00	\$ -	\$ 150.00	\$ -	\$ -	\$ -	\$ -
Board Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
9. Software	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
10. Marketing/Communications	\$ -	\$ 750.00	\$ -	\$ 750.00	\$ -	\$ -	\$ -
11. Staff Education and Training	\$ 500.00	\$ -	\$ 500.00	\$ -	\$ -	\$ -	\$ -
12. Subcontracts/Agreements	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
13. Other (Provide details in narrative)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Computer Operations	\$ 250.00	\$ -	\$ 250.00	\$ -	\$ -	\$ -	\$ -
Dues/Memberships/Licenses	\$ 225.00	\$ -	\$ 225.00	\$ -	\$ -	\$ -	\$ -
Program Expense	\$ 500.00	\$ -	\$ 500.00	\$ -	\$ -	\$ -	\$ -
Administration Expense	\$ -	\$ 2,250.00	\$ -	\$ 2,250.00	\$ -	\$ -	\$ -
Miscellaneous Expense	\$ 30.00	\$ -	\$ 30.00	\$ -	\$ -	\$ -	\$ -
TOTAL	\$ 70,608.00	\$ 3,850.00	\$ 41,686.00	\$ 3,850.00	\$ 28,922.00	\$ -	\$ 28,922.00

5.5%

Indirect As A Percent of Direct

CERTIFICATE OF VOTE

I, Jack Jamison, do hereby certify that:

1. I am the duly elected Secretary of Families First of the Greater Seacoast;
2. The following are true copies of two resolutions duly adopted at a meeting by the Board of Directors of the Corporation duly held on May 8, 2013.

RESOLVED: That this Corporation enter into a contract with the State of New Hampshire, acting through its Department of Health and Human Services, for the provision of Substance Abuse Services.

RESOLVED: That the Director of Families First of the Greater Seacoast is hereby authorized to execute any and all documents, agreements, and other instruments, and any amendments, revisions, or modifications thereto, as he/she may deem necessary, desirable or appropriate.

3. The forgoing resolutions have not been amended or revoked, and remain in full force and effect as of the 8th day of May, 2013.
4. Helen B. Taft is the duly elected Director of the Corporation and signed the Substance Abuse Treatment Contract Amendment on the 7th of May, 2013.



Jack Jamison, Secretary

STATE OF NEW HAMPSHIRE
COUNTY OF ROCKINGHAM

The foregoing instrument was acknowledged before me this 8th day of May, 2013 by Jack Jamison.



Notary Public/Justice of the Peace

My Commission Expires: My Commission Expires March 7, 2017



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
3/28/2013

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

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

PRODUCER Tobey & Merrill Insurance 20 High Street Hampton NH 03842-2214	CONTACT NAME: Tamie Rhodes CIC CISR	
	PHONE (A/C, No, Ext): (603) 926-7655 FAX (A/C, No): (603) 926-2135 E-MAIL ADDRESS: tamie@tobeymerrill.com	
INSURED FAMILIES FIRST OF THE GREATER SEACOAST 100 CAMPUS DR STE 12 Suite 12 PORTSMOUTH NH 03801	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Peerless Indemnity	18333
	INSURER B: Peerless Insurance	24198
	INSURER C:	
	INSURER D:	
	INSURER E:	

COVERAGES CERTIFICATE NUMBER: CL131901560 REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input checked="" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR			BOP8358757	12/29/2012	12/29/2013	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COMP/OP AGG \$ 4,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			BA5375202	12/29/2012	12/29/2013	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Undennsured motonst \$ 1,000,000
	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			CU8353458	12/29/2012	12/29/2013	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input checked="" type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	WC5055429	12/29/2012	12/29/2013	WC STATU-TORY LIMITS <input checked="" type="checkbox"/> OTH-ER E L EACH ACCIDENT \$ 1,000,000 E L DISEASE - EA EMPLOYEE \$ 1,000,000 E L DISEASE - POLICY LIMIT \$ 1,000,000

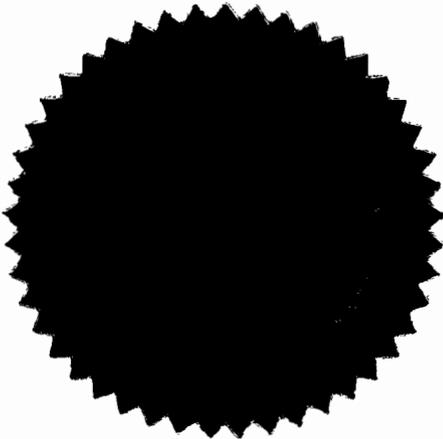
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER NH Dept. of Health and Human Services 129 Pleasant St 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 B Lizotte CIC/BRL <i>Barbara R. Lizotte CIC</i>

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 FAMILIES FIRST OF THE GREATER SEACOAST is a New Hampshire nonprofit corporation formed August 28, 1986. I further certify that it is in good standing as far as this office is concerned, having filed the return(s) and paid the fees required by law.



In TESTIMONY WHEREOF, I hereto set my hand and cause to be affixed the Seal of the State of New Hampshire, this 1st day of April A.D. 2013

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

William M. Gardner
Secretary of State

SEM



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

BUREAU OF DRUG AND ALCOHOL SERVICES

Nicholas A. Toumpas
Commissioner

Nancy L. Rollins
Associate Commissioner

105 PLEASANT STREET, CONCORD, NH 03301
603-271-6100 1-800-804-0909
FAX: 603-271-6105 TDD Access: 1-800-735-2964

May 24, 2012 Approved by: GTC
Date: 6/20/12
Item No.: 100
Contract No.: 1024197

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

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division of Community Based Care Services, Bureau of Drug & Alcohol Services, to enter into an agreement with Families First of the Greater Seacoast (Vendor # 166629), 100 Campus Drive, Suite 12, Portsmouth, New Hampshire, to provide for a continuum of substance abuse treatment services, in an amount not to exceed \$28,922.00 to be effective July 1, 2012 or date of Governor and Council approval, whichever is later, through June 30, 2013. Funds are available in the following accounts for State Fiscal Year 2013:

05-95-95-958410-5365 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SERVICES, HHS: COMMISSIONER, DCBCS TREATMENT & PREVENTION, ALCOHOL AND OTHER TREATMENT

Fiscal Year	Class/Object	Class Title	Job Number	Amount
SFY 2013	102-500734	Contracts for Prog Svc	9584650/3	\$28,922.00
			Total	\$28,922.00

EXPLANATION

The purpose of this agreement is to provide a continuum of substance abuse treatment services such as community based outpatient, intensive outpatient, residential, transitional living, and recovery support services, including specialized treatment services for pregnant and parenting women and their children, in the Portsmouth area.

Client eligibility for treatment services is targeted at those either unable to pay for services or able to pay only part of the cost of services, and who has or is suspected of having an alcohol or other drug abuse problem, and who is a resident of the State of New Hampshire or is homeless in NH. All clients discharged from treatment services supported by this contract will be referred to care coordination and recovery-support aftercare services as clinically appropriate, supported separately by the Federal Access to Recovery Grant.

The State is migrating toward a Resiliency and Recovery Oriented Systems of Care. Recovery-oriented systems of care are networks of organizations, agencies and community members that coordinate a wide spectrum of services to prevent, intervene in, and treat substance use problems and disorders. In addition, this contract will allow the State to improve the quality and array of services available to clients. Quality improvement efforts

include the exchange of data and information that will support "data driven" prevention and treatment programming to better address the needs to the region.

The New Hampshire Office of Energy and Planning reported the 2009 Population Estimates of New Hampshire Cities and Towns as 1,324,575. The National Survey on Drug Use and Health commissioned by the Substance Abuse and Mental Health Services Administration in 2008/2009 reported the following demographic data for New Hampshire:

- Alcohol Abuse: 97,630 (7% of population)
- Alcohol dependence: 44,850 (3% of population)
- Illicit Drug Abuse: 43,810 (3% of population)
- Illicit Drug Dependence: 32,240 (2% of population)
- Substance Abuse: 126,630 (10% of population)
- Needing but not receiving treatment for alcohol abuse: 93,990 (7% of population)
- Needing but not receiving treatment for illicit drug use: 39,390 (3% of population)

In addition, the New Hampshire Medical Examiner office reported 172 drug related overdose deaths in NH during 2010. The New Hampshire Administrative Office of the Courts reported 9,500 arrests and 5,000 convictions for Driving While Impaired in 2009. Approximately 90% of individuals arrested for Driving While Impaired have an underlying substance abuse disorder according to the National Institute on Alcohol Abuse and Alcoholism.

Should the Governor and Executive Council determine to not authorize this Request, agencies would not have sufficient resources to promote, implement and provide the array of services necessary to provide individuals with substance use disorders the necessary tools to achieve, enhance and sustain recovery. In addition, failure to obligate the federal funds in the Substance Abuse Prevention and Treatment Block Grant to community based programs to provide alcohol and other drug treatment service would place that Block Grant in jeopardy.

Families First of the Greater Seacoast was selected for this agreement through a competitive bid process. A Request for Proposals was posted on the Department's web site on March 6, 2012 through April 2, 2012. In addition, a bidder's conference was held on March 12, 2012.

A total of 19 proposals were received. A review committee of three professionals reviewed each proposal. All reviewers have between three to twenty years experience managing agreements with vendors for various public health programs. Areas of specific expertise include: maternal and child health; substance abuse prevention and treatment; chronic and communicable diseases; and public health infrastructure. Eighteen of the proposals were selected for funding based on review criteria that included availability of funds, consistency with stated funding priorities, technical score, and equitable geographic distribution. The agency that was not selected did not meet the minimum scoring criteria established for funding. The Bid Summary is attached.

This request covers services for the period July 1, 2012 to June 30, 2013, with an option to renew for one additional year, pending availability of funding, the agreement of the parties and approval of Governor and Council. These services were contracted previously with this agency in State Fiscal Year 2012 in the amount of \$28,922.00. This agreement represents level funding.

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

- Utilization criteria will be applied exclusively on a month-by-month basis according to the criteria below.
 - i. Contracts running at 90% to 100% of utilization in a given month will be reimbursed at 100% of the contracted rate for that month.

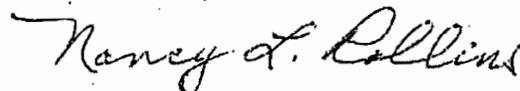
- ii. Contracts running at 80% to 89% of utilization in a given month will be reimbursed at rate of 95% of the contracted rate for that month.
- iii. Contracts running below 80% of utilization in a given month will be reimbursed at the rate of utilization for that month (for example for a given month in which utilization was 59% the contractor would be reimbursed at 59% of the contracted rate for that month).
- Treatment contractors shall respond to calls requesting services, whether an initial or subsequent call, from clients or referring agencies as soon as possible and within at least 2 business days following the day the call was received. The following Access Criteria must be met for a minimum of 80% of prospective clients (from clients or referring agencies) for the month in which billing is being submitted:
 - i. Treatment contractors are required to conduct initial eligibility screening as soon as possible, ideally at the time of first contact (direct communication by phone or in person) with the client or referring agency, but not later than 5 business days following the date of first contact.
 - ii. Those who have screened eligible for services will start receiving services, whether for the identified level of care or interim services, within 10 business days follow the eligibility screening.
- A minimum of 70% of clients, which have completed or otherwise are no longer receiving services, will have met the minimum retention standards for the modality of services received as noted below:
 - i. Have completed a minimum of 6 sessions of outpatient treatment services (OP)
 - ii. Have completed a minimum of 8 days of intensive outpatient treatment services (IOP) – only those days in which a client has participated in minimum of 10 units (2.5 hours) of service per day (12 units per day is the standard for IOP services) may be counted.
 - iii. Have completed a minimum of 14 days of residential treatment service
 - iv. Has completed a minimum of 28 days in a transitional living/halfway house residential program.

Area served: Portsmouth New Hampshire.

Source of Funds: 100% Federal Funds from Substance Abuse and Mental Health Services Administration, Substance Abuse Prevention and Treatment Block Grant.

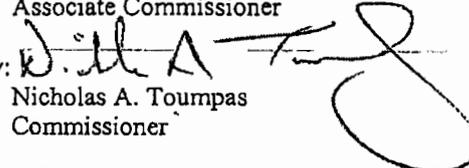
In the event that the Federal or Other Funds become no longer available, General Funds will not be requested to support this program.

Respectfully submitted,



Nancy L. Rollins
Associate Commissioner

Approved by:



Nicholas A. Toumpas
Commissioner

NLR/df



**State of New Hampshire
Department of Health and Human Services
Amendment #1 to the Substance Abuse Treatment and Recovery Support Services
Contract**

This first Amendment to the Substance Abuse Treatment and Recovery Support Services contract (hereinafter referred to as "Amendment #1") dated this April 24th day of 2013, is by and between the State of New Hampshire, Department of Health and Human Services (hereinafter referred to as the "State" or "Department") and Families in Transition (hereinafter referred to as "the Contractor"), a nonprofit corporation with a place of business at 122 Market Street, Manchester, NH 03101.

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on June 20, 2012, 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 and Exhibit C, Paragraph 17, the State may, extend the agreement by one year by written agreement of the parties;

WHEREAS the State desires to have the Contractor continue to provide the services as specified in the agreement for another one year period;

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) Amendment and modification of P-37 "Agreement";
 - a) Change Completion date in Block 1.7 of the P-37 to read June 30, 2014.
 - b) Change Price Limitation in Block 1.8 of the P-37 to read \$ 665,060.00
- 2) Amendment and modification of Exhibit A;
 - a) **Delete** "CONTRACT PERIOD: July 1, 2012, or date of G&C approval, whichever is later, Through June 30, 2013"
 - b) **Change II A from:** "The contractor shall provide treatment services in the geographic area(s)/location(s) as specified below:"
Change to: "The contractor shall provide treatment services, in each State Fiscal Year, in the geographic area(s)/location(s) as specified below:"
 - c) **Change II B Group Recovery Support Services from:** "Contractors, with the exception of those agencies that only offer outpatient services, are required to develop the capacity for group recovery support aftercare services for a minimum of 50% of the number treatment clients (including outpatient and transitional living program clients) they are under contract to serve. These group recovery support services are for clients discharged from substance use disorder (SUD) treatment services provided under contract with BDAS on behalf of DHHS, which may include clients that had received SUD treatment from the Contractor or a different agency. Contractors are only allowed to access these services for their clients or clients that had received SUD treatment from a different agency through the statewide care coordination program under agreement with BDAS on behalf of DHHS."



Change to: “Contractors, with the exception of those agencies that only offer outpatient services, are required to develop the capacity for group recovery support aftercare services for a minimum of 25% of the number treatment clients (including outpatient and transitional living program clients) they are under contract to serve. These group recovery support services are for clients discharged from substance use disorder (SUD) treatment services provided under contract with BDAS on behalf of DHHS, which may include clients that had received SUD treatment from the Contractor or a different agency. Contractors are only allowed to access these services for their clients or clients that had received SUD treatment from a different agency through the statewide care coordination program under agreement with BDAS on behalf of DHHS.”

d) **Delete Table SAMHSA National Outcome Measures**

Replace with:

Table SAMHSA National Outcome Measures

<i>DOMAIN</i>	<i>OUTCOME</i>	<i>SUBSTANCE ABUSE TREATMENT MEASURES</i>
Access	Reduce the wait time for Intake & Admission	<ul style="list-style-type: none"> • 80% of clients will receive a telephone eligibility screening of the initial first contact with the Contractor and those who screen eligible will receive an intake within 5 business days of the eligibility screening and • 80% of clients who meet admission criteria will be admitted to services or interim services within 5 business days of intake.
Retention	Increase retention in substance abuse treatment	70% of clients that have participated in the minimum participation requirement. See section in the following pay for performance paragraph.
Capacity	Increase service capacity	Increase by 10% the (unduplicated) number of clients receiving service from previous year – DHHS will not be held to this standard for SFY 2013 due to significant budget reductions.
Social Connectedness	Increased recovery supports/ connections	25% of clients participate in care coordination and post treatment recovery support services (RSS).
Perception of Care	Client perception of care	Under development
Cost Effectiveness	Cost effectiveness (average cost)	Average Contractor cost per client for services provided per client are within 10% of the average statewide cost per client of service for each modality of service.



<i>DOMAIN</i>	<i>OUTCOME</i>	<i>SUBSTANCE ABUSE TREATMENT MEASURES</i>
Use of Evidenced-Based Practices	Use of Evidenced-Based Practices	<ul style="list-style-type: none"> • WITS Electronic Health Record • ASI or GAIN Assessment • NIDA/SAMHSA MATRS Treatment Planning model • Clinical model for treatment services recognized by National Registry of Evidence Based Programs and Practices (NREPP).

- 3) Amendment and modification of Exhibit B;
 - a) **Delete** "CONTRACT PERIOD: July 1, 2012, or date of G&C approval, whichever is later, through June 30, 2013"
 - b) **Change from** Section II: "The total amount of all payments made to the Contractor for cost and expenses incurred in the performance of the services, as detailed in Exhibit B, during the period of the contract shall not exceed:"
Change to: "The total amount of all payments made to the Contractor for cost and expenses incurred in the performance of the services during each State Fiscal Year of the contract shall not exceed:"
 - c) Delete in Section II; "TOTAL: \$332,530.00"
- 4) **Add** Exhibit B-1

New Hampshire Substance Abuse Treatment and Recovery Support Services



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

5/28/13
Date

Nancy L. Rollins
Nancy L. Rollins
Associate Commissioner

Families in Transition

May 9, 2013
Date

Maureen Beauregard
Name: Maureen Beauregard
Title: President

Acknowledgement:

State of NH, County of Hillsborough on May 9, 2013, 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 of Notary Public or Justice of the Peace

Laurie Saunders
Name and Title of Notary or Justice of the Peace

Laurie Saunders
Notary Public - New Hampshire
My Commission Expires October 8, 2013



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

OFFICE OF THE ATTORNEY GENERAL

17 May 2013
Date

Jeanne P. Herrick
Name: JEANNE P. HERRICK
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 B-1

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

Bidder/Program Name: Families in Transition - The Family Willows IOP

Budget Request for: Substance Abuse Treatment Services
(Name of RFP)

Budget Period: State Fiscal Year 2014

1. Total Salary/Wages	\$ 249,070.00	\$ 7,874.00	\$ 256,944.00	\$ -	\$ -	\$ 249,070.00	\$ 7,874.00	\$ 256,944.00
2. Employee Benefits	\$ 53,490.00	\$ 2,358.00	\$ 55,848.00	\$ -	\$ -	\$ 53,490.00	\$ 2,358.00	\$ 55,848.00
3. Consultants	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
4. Equipment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Rental	\$ -	\$ 2,950.00	\$ 2,950.00	\$ -	\$ -	\$ -	\$ 2,950.00	\$ 2,950.00
Repair and Maintenance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Purchase/Depreciation	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
5. Supplies	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Educational	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Lab	\$ -	\$ 3,000.00	\$ 3,000.00	\$ -	\$ -	\$ -	\$ 3,000.00	\$ 3,000.00
Pharmacy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Medical	\$ -	\$ 2,000.00	\$ 2,000.00	\$ -	\$ -	\$ -	\$ 2,000.00	\$ 2,000.00
Office	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Travel	\$ -	\$ 1,150.00	\$ 1,150.00	\$ -	\$ -	\$ -	\$ 1,150.00	\$ 1,150.00
7. Occupancy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
8. Current Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Telephone	\$ -	\$ 2,100.00	\$ 2,100.00	\$ -	\$ -	\$ -	\$ 2,100.00	\$ 2,100.00
Postage	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Subscriptions	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Audit and Legal	\$ -	\$ 2,038.00	\$ 2,038.00	\$ -	\$ -	\$ -	\$ 2,038.00	\$ 2,038.00
Insurance	\$ -	\$ 4,000.00	\$ 4,000.00	\$ -	\$ -	\$ -	\$ 4,000.00	\$ 4,000.00
Board Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Software	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Marketing/Communications	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
11. Staff Education and Training	\$ -	\$ 2,500.00	\$ 2,500.00	\$ -	\$ -	\$ -	\$ 2,500.00	\$ 2,500.00
12. Subcontracts/Agreements	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
13. Other (Specific details mandatory)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL	\$ 302,560.00	\$ 29,970.00	\$ 332,530.00	\$ -	\$ -	\$ 302,560.00	\$ 29,970.00	\$ 332,530.00

Indirect As A Percent of Direct 9.9%

Contractor Initials 

Date May 9, 2013

CERTIFICATE OF VOTE
(Corporation without Seal)

I, Karyn O'Neil, do hereby certify that:
(Name of Clerk of the Corporation: cannot be contract signatory)

1. I am a duly elected Clerk of Families in Transition.
(Corporation Name)
2. The following are true copies of two resolutions duly adopted at a meeting of the Board of Directors of the Corporation duly held on May 9, 2013:
(Date)

RESOLVED: That this Corporation enter into a contract with the State of New Hampshire, acting through its Department of Health and Human Services, _____, for the provision of _____ services.

RESOLVED: That the President
(Title of Contract Signatory)

is hereby authorized on behalf of this Corporation to enter into the said contract with the State and to execute any and all documents, agreements and other instruments, and any amendments, revisions, or modifications thereto, as he/she may deem necessary, desirable or appropriate.

3. The forgoing resolutions have not been amended or revoked, and remain in full force and effect as of the 9 day of May, 2013.
(Date Contract Signed)

4. Maureen Beauregard is the duly elected President
(Name of Contract Signatory) (Title of Contract Signatory)

of the Corporation.



(Signature of Clerk of the Corporation)

STATE OF NEW HAMPSHIRE

County of Hillsborough

The forgoing instrument was acknowledged before me this 9 day of May, 2013.

By Karyn O'Neil
(Name of Clerk of the Corporation)

(NOTARY SEAL)



(Notary Public/Justice of the Peace)
LAURIE SAUNDERS
Notary Public - New Hampshire
Commission Expires October 8, 2013

State of New Hampshire Department of State

CERTIFICATE

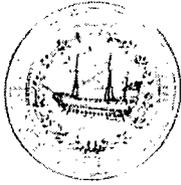
I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that FAMILIES IN TRANSITION is a New Hampshire nonprofit corporation formed May 13, 1994. I further certify that it is in good standing as far as this office is concerned, having filed the return(s) and paid the fees required by law.



In TESTIMONY WHEREOF, I hereto
set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 14th day of May A.D. 2013

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

William M. Gardner
Secretary of State



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

BUREAU OF DRUG AND ALCOHOL SERVICES

Nicholas A. Toumpas
 Commissioner

Nancy L. Rollins
 Associate Commissioner

105 PLEASANT STREET, CONCORD, NH 03301
 603-271-6100 1-800-804-0909
 FAX: 603-271-6105 TDD Access: 1-800-735-2964

May 29, 2012

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

Approved by: GTC
 Date: 6/20/12
 Item No.: 101
 Contract No.: 1024196

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division of Community Based Care Services, Bureau of Drug & Alcohol Services, to enter into an agreement with Families in Transition (Vendor #157730 B001), 122 Market Street, Manchester, NH 03101, to provide for a continuum of substance abuse treatment services, in an amount not to exceed \$332,530.00 to be effective July 1, 2012 or date of Governor and Council approval, whichever is later, through June 30, 2013. Funds are available in the following accounts for State Fiscal Year 2013:

05-95-95-958410-5365 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SERVICES, HHS: COMMISSIONER, DCBCS TREATMENT & PREVENTION, ALCOHOL AND OTHER TREATMENT

Fiscal Year	Class/Object	Class Title	Job Number	Amount
SFY 2013	102-500734	Contracts for Prog Svc	9584650/3	\$332,530.00
			Subtotal	\$332,530.00
			Total	\$332,530.00

EXPLANATION

The purpose of this agreement is to provide a continuum of substance abuse treatment services such as community based outpatient, intensive outpatient, residential, transitional living, and recovery support services, including specialized treatment services for pregnant and parenting women and their children, in the Manchester area.

Client eligibility for treatment services is targeted at those either unable to pay for services or able to pay only part of the cost of services, and who has or is suspected of having an alcohol or other drug abuse problem, and who is a resident of the State of New Hampshire or is homeless in NH. All clients discharged from treatment services supported by this contract will be referred to care coordination and recovery-support aftercare services as clinically appropriate, supported separately by the Federal Access to Recovery Grant.

The State is migrating toward a Resiliency and Recovery Oriented Systems of Care. Recovery-oriented systems of care are networks of organizations, agencies and community members that coordinate a wide spectrum of services to prevent, intervene in, and treat substance use problems and disorders. In addition, this contract will allow the State to improve the quality and array of services available to clients. Quality improvement efforts

include the exchange of data and information that will support “data driven” prevention and treatment programming to better address the needs to the region.

The New Hampshire Office of Energy and Planning reported the 2009 Population Estimates of New Hampshire Cities and Towns as 1,324,575. The National Survey on Drug Use and Health commissioned by the Substance Abuse and Mental Health Services Administration in 2008/2009 reported the following demographic data for New Hampshire:

- Alcohol Abuse: 97,630 (7% of population)
- Alcohol dependence: 44,850 (3% of population)
- Illicit Drug Abuse: 43,810 (3% of population)
- Illicit Drug Dependence: 32,240 (2% of population)
- Substance Abuse: 126,630 (10% of population)
- Needing but not receiving treatment for alcohol abuse: 93,990 (7% of population)
- Needing but not receiving treatment for illicit drug use: 39,390 (3% of population)

In addition, the New Hampshire Medical Examiner office reported 172 drug related overdose deaths in NH during 2010. The New Hampshire Administrative Office of the Courts reported 9,500 arrests and 5,000 convictions for Driving While Impaired in 2009. Approximately 90% of individuals arrested for Driving While Impaired have an underlying substance abuse disorder according to the National Institute on Alcohol Abuse and Alcoholism.

Should the Governor and Executive Council determine to not authorize this Request, agencies would not have sufficient resources to promote, implement and provide the array of services necessary to provide individuals with substance use disorders the necessary tools to achieve, enhance and sustain recovery. In addition, failure to obligate the federal funds in the Substance Abuse Prevention and Treatment Block Grant to community based programs to provide alcohol and other drug treatment service would place that Block Grant in jeopardy.

Families in Transition was selected for this agreement through a competitive bid process. A Request for Proposals was posted on the Department’s web site on March 6, 2012 through April 2, 2012. In addition, a bidder’s conference was held on March 12, 2012.

A total of 19 proposals were received. A review committee of three professionals reviewed each proposal. All reviewers have between three to twenty years experience managing agreements with vendors for various public health programs. Areas of specific expertise include: maternal and child health; substance abuse prevention and treatment; chronic and communicable diseases; and public health infrastructure. Eighteen of the proposals were selected for funding based on review criteria that included availability of funds, consistency with stated funding priorities, technical score, and equitable geographic distribution. The agency that was not selected did not meet the minimum scoring criteria established for funding. The Bid Summary is attached.

This request covers services for the period July 1, 2012 to June 30, 2013, with an option to renew for one additional year, pending availability of funding, the agreement of the parties and approval of Governor and Council. These services were contracted previously with this agency in State Fiscal Year 2012 in the amount of \$332,530.00. This agreement represents level funding.

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

- Utilization criteria will be applied exclusively on a month-by-month basis according to the criteria below.
 - i. Contracts running at 90% to 100% of utilization in a given month will be reimbursed at 100% of the contracted rate for that month.

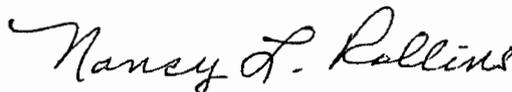
- ii. Contracts running at 80% to 89% of utilization in a given month will be reimbursed at rate of 95% of the contracted rate for that month.
- iii. Contracts running below 80% of utilization in a given month will be reimbursed at the rate of utilization for that month (for example for a given month in which utilization was 59% the contractor would be reimbursed at 59% of the contracted rate for that month).
- Treatment contractors shall respond to calls requesting services, whether an initial or subsequent call, from clients or referring agencies as soon as possible and within at least 2 business days following the day the call was received. The following Access Criteria must be met for a minimum of 80% of prospective clients (from clients or referring agencies) for the month in which billing is being submitted:
 - i. Treatment contractors are required to conduct initial eligibility screening as soon as possible, ideally at the time of first contact (direct communication by phone or in person) with the client or referring agency, but not later than 5 business days following the date of first contact.
 - ii. Those who have screened eligible for services will start receiving services, whether for the identified level of care or interim services, within 10 business days follow the eligibility screening.
- A minimum of 70% of clients, which have completed or otherwise are no longer receiving services, will have met the minimum retention standards for the modality of services received as noted below:
 - i. Have completed a minimum of 6 sessions of outpatient treatment services (OP)
 - ii. Have completed a minimum of 8 days of intensive outpatient treatment services (IOP) – only those days in which a client has participated in minimum of 10 units (2.5 hours) of service per day (12 units per day is the standard for IOP services) may be counted.
 - iii. Have completed a minimum of 14 days of residential treatment service
 - iv. Has completed a minimum of 28 days in a transitional living/halfway house residential program.

Area served: Manchester area.

Source of Funds: 100% Federal Funds from Substance Abuse and Mental Health Services Administration, Substance Abuse Prevention and Treatment Block Grant.

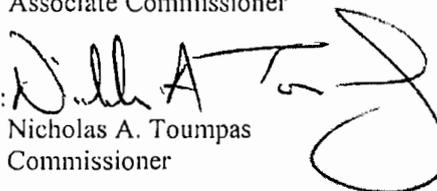
In the event that the Federal or Other Funds become no longer available, General Funds will not be requested to support this program.

Respectfully submitted,



Nancy L. Rollins
Associate Commissioner

Approved by:



Nicholas A. Toumpas
Commissioner

SIGN

NLR/ljp



**State of New Hampshire
Department of Health and Human Services
Amendment #1 to the Substance Abuse Treatment and Recovery Support Services
Contract**

This first Amendment to the Substance Abuse Treatment and Recovery Support Services contract (hereinafter referred to as "Amendment #1") dated this April 24th day of 2013, is by and between the State of New Hampshire, Department of Health and Human Services (hereinafter referred to as the "State" or "Department") and Greater Nashua Council on Alcoholism, Inc. (hereinafter referred to as "the Contractor"), a nonprofit corporation with a place of business at 615 Amherst Street, Nashua, NH 03060.

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on June 20, 2012, 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 and Exhibit C, Paragraph 17, the State may, extend the agreement by one year by written agreement of the parties;

WHEREAS the State desires to have the Contractor continue to provide the services as specified in the agreement for another one year period;

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) Amendment and modification of P-37 "Agreement";
 - a) Change Completion date in Block 1.7 of the P-37 to read June 30, 2014.
 - b) Change Price Limitation in Block 1.8 of the P-37 to read \$ 2,713,890.00
- 2) Amendment and modification of Exhibit A;
 - a) **Delete** "CONTRACT PERIOD: July 1, 2012, or date of G&C approval, whichever is later, Through June 30, 2013"
 - b) **Change II A from:** "The contractor shall provide treatment services in the geographic area(s)/location(s) as specified below:"
Change to: "The contractor shall provide treatment services, in each State Fiscal Year, in the geographic area(s)/location(s) as specified below:"
 - c) **Change II B Group Recovery Support Services from:** "Contractors, with the exception of those agencies that only offer outpatient services, are required to develop the capacity for group recovery support aftercare services for a minimum of 50% of the number treatment clients (including outpatient and transitional living program clients) they are under contract to serve. These group recovery support services are for clients discharged from substance use disorder (SUD) treatment services provided under contract with BDAS on behalf of DHHS, which may include clients that had received SUD treatment from the Contractor or a different agency. Contractors are only allowed to access these services for their clients or clients that had received SUD treatment from a different agency through the statewide care coordination program under agreement with BDAS on behalf of DHHS."



Change to: “Contractors, with the exception of those agencies that only offer outpatient services, are required to develop the capacity for group recovery support aftercare services for a minimum of 25% of the number treatment clients (including outpatient and transitional living program clients) they are under contract to serve. These group recovery support services are for clients discharged from substance use disorder (SUD) treatment services provided under contract with BDAS on behalf of DHHS, which may include clients that had received SUD treatment from the Contractor or a different agency. Contractors are only allowed to access these services for their clients or clients that had received SUD treatment from a different agency through the statewide care coordination program under agreement with BDAS on behalf of DHHS.”

d) **Delete Table SAMHSA National Outcome Measures**

Replace with:

Table SAMHSA National Outcome Measures

<i>DOMAIN</i>	<i>OUTCOME</i>	<i>SUBSTANCE ABUSE TREATMENT MEASURES</i>
Access	Reduce the wait time for Intake & Admission	<ul style="list-style-type: none"> 80% of clients will receive a telephone eligibility screening of the initial first contact with the Contractor and those who screen eligible will receive an intake within 5 business days of the eligibility screening and 80% of clients who meet admission criteria will be admitted to services or interim services within 5 business days of intake.
Retention	Increase retention in substance abuse treatment	70% of clients that have participated in the minimum participation requirement. See section in the following pay for performance paragraph.
Capacity	Increase service capacity	Increase by 10% the (unduplicated) number of clients receiving service from previous year – DHHS will not be held to this standard for SFY 2013 due to significant budget reductions.
Social Connectedness	Increased recovery supports/ connections	25% of clients participate in care coordination and post treatment recovery support services (RSS).
Perception of Care	Client perception of care	Under development
Cost Effectiveness	Cost effectiveness (average cost)	Average Contractor cost per client for services provided per client are within 10% of the average statewide cost per client of service for each modality of service.



<i>DOMAIN</i>	<i>OUTCOME</i>	<i>SUBSTANCE ABUSE TREATMENT MEASURES</i>
Use of Evidenced-Based Practices	Use of Evidenced-Based Practices	<ul style="list-style-type: none"> • WITS Electronic Health Record • ASI or GAIN Assessment • NIDA/SAMHSA MATRS Treatment Planning model • Clinical model for treatment services recognized by National Registry of Evidence Based Programs and Practices (NREPP).

- 3) Amendment and modification of Exhibit B;
 - a) **Delete** "CONTRACT PERIOD: July 1, 2012, or date of G&C approval, whichever is later, through June 30, 2013"
 - b) **Change from** Section II: "The total amount of all payments made to the Contractor for cost and expenses incurred in the performance of the services, as detailed in Exhibit B, during the period of the contract shall not exceed:"
Change to: "The total amount of all payments made to the Contractor for cost and expenses incurred in the performance of the services during each State Fiscal Year of the contract shall not exceed:"
 - c) Delete in Section II; "TOTAL: \$1,356,945.00"
- 4) **Add** Exhibit B-1, B-2, B-3, B-4, B-5 and B-6

New Hampshire Substance Abuse Treatment and Recovery Support Services



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

5/28/13
Date

Nancy L. Rollins
Nancy L. Rollins
Associate Commissioner

Greater Nashua Council on Alcoholism

5/7/13
Date

Peter Kelleher
Name: Peter Kelleher
Title: President & CEO

Acknowledgement:

State of New Hampshire County of Hillsborough on 5/7/13, 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 of Notary Public or Justice of the Peace

Laurel Lefavor
Name and Title of Notary or Justice of the Peace

LAUREL A. LEFAVOR, Notary Public
My Commission Expires September 22, 2015

New Hampshire Substance Abuse Treatment and Recovery Support Services



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

OFFICE OF THE ATTORNEY GENERAL

17 May 2013
Date

[Signature]
Name: *Vernon P. Herville*
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 B-1

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

Bidder/Program Name: Greater Nashua Council on Alcoholism, Inc.
Budget Request for: Substance Abuse Treatment Services - CMMIRT
(Name of RFP)

Budget Period: State Fiscal Year 2014

Line Item	Direct Program Cost		Contractor's share (March)		Funded by 214-BS contract's share	
	Direct	Indirect	Direct	Indirect	Direct	Indirect
1. Total Salary/Wages	\$ 172,938.00	\$ -	\$ -	\$ -	\$ 172,938.00	\$ -
2. Employee Benefits	\$ 43,235.00	\$ -	\$ -	\$ -	\$ 43,235.00	\$ -
3. Consultants	\$ 5,000.00	\$ -	\$ -	\$ -	\$ 5,000.00	\$ -
4. Equipment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
5. Rental	\$ 600.00	\$ -	\$ -	\$ -	\$ 600.00	\$ -
6. Repair and Maintenance	\$ 1,100.00	\$ -	\$ -	\$ -	\$ 1,100.00	\$ -
7. Purchase/Depreciation	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
8. Supplies:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
9. Educational	\$ 1,000.00	\$ -	\$ -	\$ -	\$ 1,000.00	\$ -
10. Lab	\$ 750.00	\$ -	\$ -	\$ -	\$ 750.00	\$ -
11. Pharmacy	\$ 300.00	\$ -	\$ -	\$ -	\$ 300.00	\$ -
12. Medical	\$ 300.00	\$ -	\$ -	\$ -	\$ 300.00	\$ -
13. Office	\$ 625.00	\$ -	\$ -	\$ -	\$ 625.00	\$ -
14. Travel	\$ 585.00	\$ -	\$ -	\$ -	\$ 585.00	\$ -
15. Occupancy	\$ 46,000.00	\$ -	\$ -	\$ -	\$ 46,000.00	\$ -
16. Current Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
17. Telephone	\$ 2,200.00	\$ -	\$ -	\$ -	\$ 2,200.00	\$ -
18. Postage	\$ 300.00	\$ -	\$ -	\$ -	\$ 300.00	\$ -
19. Subscriptions	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
20. Audit and Legal	\$ 1,500.00	\$ -	\$ -	\$ -	\$ 1,500.00	\$ -
21. Insurance	\$ 1,536.00	\$ -	\$ -	\$ -	\$ 1,536.00	\$ -
22. Board Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
23. Software	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
24. Marketing/Communications	\$ 198.00	\$ -	\$ -	\$ -	\$ 198.00	\$ -
25. Staff Education and Training	\$ 428.00	\$ -	\$ -	\$ -	\$ 428.00	\$ -
26. Subcontracts/Agreements	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
27. Other (specific details mandatory):	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
28. Food	\$ 8,127.00	\$ -	\$ -	\$ -	\$ 8,127.00	\$ -
29. Child Care	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
30. Vehicle Cost/Maintenance	\$ 807.00	\$ -	\$ -	\$ -	\$ 807.00	\$ -
31. Contingency Management	\$ 1,000.00	\$ -	\$ -	\$ -	\$ 1,000.00	\$ -
32. Client Assistance	\$ 1,199.00	\$ -	\$ -	\$ -	\$ 1,199.00	\$ -
TOTAL	\$ 289,828.00	\$ -	\$ -	\$ -	\$ 289,828.00	\$ -

Indirect As A Percent of Direct 0.0%

Exhibit B-2

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

Bidder/Program Name: Greater Nashua Council on Alcoholism, Inc.

Budget Request for: Substance Abuse Treatment Services - CMLIRT
(Name of RFP)

Budget Period: State Fiscal Year 2014

Line Item	Direct		Indirect		Total
	Subcontract	Other	Subcontract	Other	
1. Total Salary/Wages	\$ 199,882.00	\$ -	\$ -	\$ -	\$ 199,882.00
2. Employee Benefits	\$ 49,971.00	\$ -	\$ -	\$ -	\$ 49,971.00
3. Consultants	\$ 2,000.00	\$ -	\$ -	\$ -	\$ 2,000.00
4. Equipment:	\$ -	\$ -	\$ -	\$ -	\$ -
Rental	\$ 600.00	\$ -	\$ -	\$ -	\$ 600.00
Repair and Maintenance	\$ 2,200.00	\$ -	\$ -	\$ -	\$ 2,200.00
Purchase/Depreciation	\$ 2,400.00	\$ -	\$ -	\$ -	\$ 2,400.00
5. Supplies:	\$ -	\$ -	\$ -	\$ -	\$ -
Educational	\$ 2,000.00	\$ -	\$ -	\$ -	\$ 2,000.00
Lab	\$ 1,000.00	\$ -	\$ -	\$ -	\$ 1,000.00
Pharmacy	\$ 600.00	\$ -	\$ -	\$ -	\$ 600.00
Medical	\$ 825.00	\$ -	\$ -	\$ -	\$ 825.00
Office	\$ 105.00	\$ -	\$ -	\$ -	\$ 105.00
6. Travel	\$ -	\$ -	\$ -	\$ -	\$ -
7. Occupancy	\$ 104,547.00	\$ -	\$ -	\$ -	\$ 104,547.00
8. Current Expenses	\$ -	\$ -	\$ -	\$ -	\$ -
Telephone	\$ 2,200.00	\$ -	\$ -	\$ -	\$ 2,200.00
Postage	\$ 300.00	\$ -	\$ -	\$ -	\$ 300.00
Subscriptions	\$ -	\$ -	\$ -	\$ -	\$ -
Audit and Legal	\$ 1,500.00	\$ -	\$ -	\$ -	\$ 1,500.00
Insurance	\$ 284.00	\$ -	\$ -	\$ -	\$ 284.00
Board Expenses	\$ -	\$ -	\$ -	\$ -	\$ -
9. Software	\$ -	\$ -	\$ -	\$ -	\$ -
10. Marketing/Communications	\$ 1,200.00	\$ -	\$ -	\$ -	\$ 1,200.00
11. Staff Education and Training	\$ 336.00	\$ -	\$ -	\$ -	\$ 336.00
12. Subcontracts/Agreements	\$ -	\$ -	\$ -	\$ -	\$ -
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	\$ -	\$ -
Food	\$ 24,600.00	\$ -	\$ -	\$ -	\$ 24,600.00
Child Care	\$ -	\$ -	\$ -	\$ -	\$ -
Vehicle Cost/Maintenance	\$ 2,400.00	\$ -	\$ -	\$ -	\$ 2,400.00
Contingency Management	\$ 500.00	\$ -	\$ -	\$ -	\$ 500.00
Client Assistance	\$ 1,499.00	\$ -	\$ -	\$ -	\$ 1,499.00
TOTAL	\$ 399,749.00	\$ -	\$ -	\$ -	\$ 399,749.00

0.0%

Indirect As A Percent of Direct

Exhibit B-3

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

Bladder/Program Name: Greater Nashua Council on Alcoholism, Inc.

Budget Request for: Substance Abuse Treatment Services - IOP
(Name of RFP)

Budget Period: State Fiscal Year 2014

Line Item	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount
1. Total Salary/Wages	\$ 25,261.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 25,261.00
2. Employee Benefits	\$ 6,315.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 6,315.00
3. Consultants	\$ 3,800.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 3,800.00
4. Equipment:									
Rental	\$ 250.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 250.00
Repair and Maintenance	\$ 1,200.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,200.00
Purchase/Depreciation	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
5. Supplies:									
Educational	\$ 750.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 750.00
Lab	\$ 751.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 751.00
Pharmacy	\$ 600.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 600.00
Medical	\$ 600.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 600.00
Office	\$ 600.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 600.00
6. Travel	\$ 465.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 465.00
7. Occupancy	\$ 10,546.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 10,546.00
8. Current Expenses									
Telephone	\$ 1,200.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,200.00
Postage	\$ 240.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 240.00
Subscriptions	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Audit and Legal	\$ 1,277.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,277.00
Insurance	\$ 1,351.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,351.00
Board Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Software	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
9. Marketing/Communications	\$ 600.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 600.00
10. Staff Education and Training	\$ 798.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 798.00
11. Subcontracts/Agreements	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
12. Other (specific details mandatory):									
Food	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Child Care	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Vehicle Cost/Maintenance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Contingency Management	\$ 1,000.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,000.00
Client Assistance	\$ 3,300.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 3,300.00
TOTAL	\$ 60,904.00	\$ -	\$ 60,904.00						

0.0%

Indirect As A Percent of Direct

Exhibit B-4

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

Bidder/Program Name: Greater Nashua Council on Alcoholism, Inc.

Budget Request for: Substance Abuse Treatment Services - OP
(Name of RFP)

Budget Period: State Fiscal Year 2014

	Direct Program Costs	Indirect	Capital	Other	Total
1. Total Salary/Wages	\$ 35,425.00	\$ -	\$ -	\$ -	\$ 35,425.00
2. Employee Benefits	\$ 8,857.00	\$ -	\$ -	\$ -	\$ 8,857.00
3. Consultants	\$ 2,200.00	\$ -	\$ -	\$ -	\$ 2,200.00
4. Equipment:					
Rental	\$ 250.00	\$ -	\$ -	\$ -	\$ 250.00
Purchase/Depreciation	\$ 1,200.00	\$ -	\$ -	\$ -	\$ 1,200.00
5. Supplies:					
Educational	\$ 375.00	\$ -	\$ -	\$ -	\$ 375.00
Lab	\$ 375.00	\$ -	\$ -	\$ -	\$ 375.00
Pharmacy	\$ 300.00	\$ -	\$ -	\$ -	\$ 300.00
Medical	\$ 300.00	\$ -	\$ -	\$ -	\$ 300.00
Office	\$ 300.00	\$ -	\$ -	\$ -	\$ 300.00
6. Travel	\$ 161.00	\$ -	\$ -	\$ -	\$ 161.00
7. Occupancy	\$ 10,338.00	\$ -	\$ -	\$ -	\$ 10,338.00
8. Current Expenses					
Telephone	\$ 1,200.00	\$ -	\$ -	\$ -	\$ 1,200.00
Postage	\$ 240.00	\$ -	\$ -	\$ -	\$ 240.00
Subscriptions	\$ -	\$ -	\$ -	\$ -	\$ -
Audit and Legal	\$ 1,747.00	\$ -	\$ -	\$ -	\$ 1,747.00
Insurance	\$ 1,849.00	\$ -	\$ -	\$ -	\$ 1,849.00
Board Expenses	\$ -	\$ -	\$ -	\$ -	\$ -
Software	\$ -	\$ -	\$ -	\$ -	\$ -
9. Marketing/Communications	\$ 600.00	\$ -	\$ -	\$ -	\$ 600.00
10. Staff Education and Training	\$ 2,200.00	\$ -	\$ -	\$ -	\$ 2,200.00
11. Subcontracts/Agreements	\$ -	\$ -	\$ -	\$ -	\$ -
12. Other (specific details mandatory):					
Food	\$ -	\$ -	\$ -	\$ -	\$ -
Child Care	\$ -	\$ -	\$ -	\$ -	\$ -
Vehicle Cost/Maintenance	\$ -	\$ -	\$ -	\$ -	\$ -
Contingency Management	\$ 1,000.00	\$ -	\$ -	\$ -	\$ 1,000.00
Client Assistance	\$ 1,200.00	\$ -	\$ -	\$ -	\$ 1,200.00
TOTAL	\$ 70,118.00	\$ -	\$ -	\$ -	\$ 70,118.00

0.0%

Indirect As A Percent of Direct

Exhibit B-6

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

Bidder/Program Name: Greater Nashua Council on Alcoholism, Inc.

Budget Request for: Substance Abuse Treatment Services - CMHIRT
(Name of RFP)

Budget Period: State Fiscal Year 2014

Line Item	Direct	Indirect	Total	Contractor/Share/Match	Total
1. Total Salary/Wages	\$ 248,144.00	\$ -	\$ 248,144.00	\$ -	\$ 248,144.00
2. Employee Benefits	\$ 62,036.00	\$ -	\$ 62,036.00	\$ -	\$ 62,036.00
3. Consultants	\$ 600.00	\$ -	\$ 600.00	\$ -	\$ 600.00
4. Equipment	\$ -	\$ -	\$ -	\$ -	\$ -
5. Rental	\$ 600.00	\$ -	\$ 600.00	\$ -	\$ 600.00
6. Repair and Maintenance	\$ 600.00	\$ -	\$ 600.00	\$ -	\$ 600.00
7. Purchase/Depreciation	\$ -	\$ -	\$ -	\$ -	\$ -
8. Supplies	\$ -	\$ -	\$ -	\$ -	\$ -
9. Educational	\$ 600.00	\$ -	\$ 600.00	\$ -	\$ 600.00
10. Lab	\$ 1,500.00	\$ -	\$ 1,500.00	\$ -	\$ 1,500.00
11. Pharmacy	\$ 600.00	\$ -	\$ 600.00	\$ -	\$ 600.00
12. Medical	\$ 600.00	\$ -	\$ 600.00	\$ -	\$ 600.00
13. Office	\$ 1,250.00	\$ -	\$ 1,250.00	\$ -	\$ 1,250.00
14. Travel	\$ 600.00	\$ -	\$ 600.00	\$ -	\$ 600.00
15. Occupancy	\$ 88,400.00	\$ -	\$ 88,400.00	\$ -	\$ 88,400.00
16. Current Expenses	\$ -	\$ -	\$ -	\$ -	\$ -
17. Telephone	\$ 2,200.00	\$ -	\$ 2,200.00	\$ -	\$ 2,200.00
18. Postage	\$ 300.00	\$ -	\$ 300.00	\$ -	\$ 300.00
19. Subscriptions	\$ -	\$ -	\$ -	\$ -	\$ -
20. Audit and Legal	\$ 200.00	\$ -	\$ 200.00	\$ -	\$ 200.00
21. Insurance	\$ 200.00	\$ -	\$ 200.00	\$ -	\$ 200.00
22. Board Expenses	\$ -	\$ -	\$ -	\$ -	\$ -
23. Software	\$ -	\$ -	\$ -	\$ -	\$ -
24. Marketing/Communications	\$ 250.00	\$ -	\$ 250.00	\$ -	\$ 250.00
25. Staff Education and Training	\$ 150.00	\$ -	\$ 150.00	\$ -	\$ 150.00
26. Subcontracts/Agreements	\$ -	\$ -	\$ -	\$ -	\$ -
27. Other (specific details mandatory):	\$ -	\$ -	\$ -	\$ -	\$ -
28. Food	\$ 10,000.00	\$ -	\$ 10,000.00	\$ -	\$ 10,000.00
29. Child Care	\$ 5,000.00	\$ -	\$ 5,000.00	\$ -	\$ 5,000.00
30. Vehicle Cost/Maintenance	\$ 600.00	\$ -	\$ 600.00	\$ -	\$ 600.00
31. Contingency Management	\$ 500.00	\$ -	\$ 500.00	\$ -	\$ 500.00
32. Client Assistance	\$ 599.00	\$ -	\$ 599.00	\$ -	\$ 599.00
TOTAL	\$ 425,529.00	\$ -	\$ 425,529.00	\$ -	\$ 425,529.00

0.0%

Indirect As A Percent of Direct

CERTIFICATE OF VOTE

(Corporation without Seal)

1. Laurie Goguen, do hereby certify that:
(Name of Clerk of the Corporation; cannot be contract signatory)

1. I am a duly elected Clerk of Greater Nashua Council on Alcoholism
(Corporation Name)
2. The following are true copies of two resolutions duly adopted at a meeting of the Board of Directors of the Corporation duly held on 5/7/13:
(Date)

RESOLVED: That this Corporation enter into a contract with the State of New Hampshire, acting through its Department of Health and Human Services, , for the provision of

Substance Abuse Treatment & Rec Supp. services.

RESOLVED: That the President & CEO
(Title of Contract Signatory)

is hereby authorized on behalf of this Corporation to enter into the said contract with the State and to execute any and all documents, agreements and other instruments, and any amendments, revisions, or modifications thereto, as he/she may deem necessary, desirable or appropriate.

3. The forgoing resolutions have not been amended or revoked, and remain in full force and effect as of the 7th day of May, 2013.
(Date Contract Signed)

4. Peter Kelleher is the duly elected President & CEO
(Name of Contract Signatory) (Title of Contract Signatory)

of the Corporation.

Laurie Goguen
(Signature of Clerk of the Corporation)

STATE OF NEW HAMPSHIRE

County of Hillsborough

The forgoing instrument was acknowledged before me this 7th day of May, 2013,

By Laurie Goguen
(Name of Clerk of the Corporation)

(NOTARY SEAL)

Laurel Lefavor
(Notary Public/Justice of the Peace)

Commission Expires: LEFAVOR, Notary Public
LAUREL A. LEFAVOR
My Commission Expires September 22, 2015

DESCRIPTIONS (Continued from Page 1)

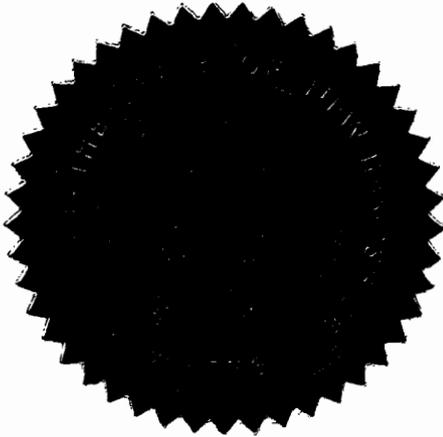
Mifford Regional Counseling Service, Inc.
Greater Nashua Council on Alcoholism dba Keystone Hall
Southern NH HIV/AIDS Task Force
HH Ownership, Inc.

This Certificate covers all operations usual and customary to the insured's business.

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 GREATER NASHUA COUNCIL ON ALCOHOLISM is a New Hampshire nonprofit corporation formed December 16, 1983. I further certify that it is in good standing as far as this office is concerned, having filed the return(s) and paid the fees required by law.



In TESTIMONY WHEREOF, I hereto
set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 10th day of May A.D. 2013

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

William M. Gardner
Secretary of State

5/25/12
GTC



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

BUREAU OF DRUG AND ALCOHOL SERVICES

Nicholas A. Toumpas
Commissioner

105 PLEASANT STREET, CONCORD, NH 03301
603-271-6100 1-800-804-0909
FAX: 603-271-6105 TDD Access: 1-800-735-2964

Nancy L. Rollins
Associate Commissioner

May 25, 2012 approved by: GTC

Date: 6/20/12

Item No.: 110

Contract No.: 1024225

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

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division of Community Based Care Services, Bureau of Drug & Alcohol Services, to enter into an agreement with Greater Nashua Council on Alcoholism D/B/A Keystone Hall (Vendor #166574 B001), 615 Amhurst Street, Nashua, NH 03060, to provide for a continuum of substance abuse treatment services, in an amount not to exceed \$1,356,945.00 to be effective July 1, 2012 or date of Governor and Council approval, whichever is later, through June 30, 2013. Funds are available in the following accounts for State Fiscal Year 2013:

05-95-95-958410-5365 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SERVICES, HHS: COMMISSIONER, DCBCS TREATMENT & PREVENTION, ALCOHOL AND OTHER TREATMENT

Fiscal Year	Class/Object	Class Title	Job Number	Amount
SFY 2013	102-500734	Contracts for Prog Svc	95846501	\$833,565.00
			Subtotal	\$833,565.00

05-95-95-958410-1388 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SERVICES, HHS: COMMISSIONER, DCBCS TREATMENT AND PREVENTION, GOVERNOR

Fiscal Year	Class/Object	Class Title	Job Number	Amount
SFY 2013	102-500734	Contracts for Prog Svc	95848501	\$217,425.00
			Subtotal	\$217,425.00

05-95-95-958410-1387 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SERVICES, HHS: COMMISSIONER, DCBCS TREATMENT & PREVENTION, TREATMENT-PREVENTION-STATE

Fiscal Year	Class/Object	Class Title	Job Number	Amount
SFY 2013	102-500734	Contracts for Prog Svc	95841387	\$305,955.00
			Subtotal	\$305,955.00
			Total	\$1,356,945.00

His Excellency, Governor John H. Lynch
and the Honorable Executive Council
May 25, 2012
Page 2 of 4

EXPLANATION

The purpose of this agreement is to provide a continuum of substance abuse treatment services such as community based outpatient, intensive outpatient, residential, transitional living, and recovery support services, including specialized treatment services for pregnant and parenting women and their children, in the Greater Nashua area.

Client eligibility for treatment services is targeted at those either unable to pay for services or able to pay only part of the cost of services, and who has or is suspected of having an alcohol or other drug abuse problem, and who is a resident of the State of New Hampshire or is homeless in NH. All clients discharged from treatment services supported by this contract will be referred to care coordination and recovery-support aftercare services as clinically appropriate, supported separately by the Federal Access to Recovery Grant.

The State is migrating toward a Resiliency and Recovery Oriented Systems of Care. Recovery-oriented systems of care are networks of organizations, agencies and community members that coordinate a wide spectrum of services to prevent, intervene in, and treat substance use problems and disorders. In addition, this contract will allow the State to improve the quality and array of services available to clients. Quality improvement efforts include the exchange of data and information that will support "data driven" prevention and treatment programming to better address the needs to the region.

The New Hampshire Office of Energy and Planning reported the 2009 Population Estimates of New Hampshire Cities and Towns as 1,324,575. The National Survey on Drug Use and Health commissioned by the Substance Abuse and Mental Health Services Administration in 2008/2009 reported the following demographic data for New Hampshire:

- Alcohol Abuse: 97,630 (7% of population)
- Alcohol dependence: 44,850 (3% of population)
- Illicit Drug Abuse: 43,810 (3% of population)
- Illicit Drug Dependence: 32,240 (2% of population)
- Substance Abuse: 126,630 (10% of population)
- Needing but not receiving treatment for alcohol abuse: 93,990 (7% of population)
- Needing but not receiving treatment for illicit drug use: 39,390 (3% of population)

In addition, the New Hampshire Medical Examiner office reported 172 drug related overdose deaths in NH during 2010. The New Hampshire Administrative Office of the Courts reported 9,500 arrests and 5,000 convictions for Driving While Impaired in 2009. Approximately 90% of individuals arrested for Driving While Impaired have an underlying substance abuse disorder according to the National Institute on Alcohol Abuse and Alcoholism.

Should the Governor and Executive Council determine to not authorize this Request, agencies would not have sufficient resources to promote, implement and provide the array of services necessary to provide individuals with substance use disorders the necessary tools to achieve, enhance and sustain recovery. In addition, failure to obligate the federal funds in the Substance Abuse Prevention and Treatment Block Grant to community based programs to provide alcohol and other drug treatment service would place that Block Grant in jeopardy.

Greater Nashua Council on Alcoholism D/B/A Keystone Hall was selected for this agreement through a competitive bid process. A Request for Proposals was posted on the Department's web site on March 6, 2012 through April 2, 2012. In addition, a bidder's conference was held on March 12, 2012.

A total of 19 proposals were received. A review committee of three professionals reviewed each proposal. All reviewers have between three to twenty years experience managing agreements with vendors for various public health programs. Areas of specific expertise include: maternal and child health; substance abuse prevention and treatment; chronic and communicable diseases; and public health infrastructure. Eighteen of the proposals were selected for funding based on review criteria that included availability of funds, consistency with stated funding priorities, technical score, and equitable geographic distribution. The agency that was not selected did not meet the minimum scoring criteria established for funding. The Bid Summary is attached.

This request covers services for the period July 1, 2012 to June 30, 2013, with an option to renew for one additional year, pending availability of funding, the agreement of the parties and approval of Governor and Council. These services were contracted previously with this agency in State Fiscal Year 2012 in the amount of \$1,356,945.00. This agreement represents level funding.

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

- Utilization criteria will be applied exclusively on a month-by-month basis according to the criteria below.
 - i. Contracts running at 90% to 100% of utilization in a given month will be reimbursed at 100% of the contracted rate for that month.
 - ii. Contracts running at 80% to 89% of utilization in a given month will be reimbursed at rate of 95% of the contracted rate for that month.
 - iii. Contracts running below 80% of utilization in a given month will be reimbursed at the rate of utilization for that month (for example for a given month in which utilization was 59% the contractor would be reimbursed at 59% of the contracted rate for that month).
- Treatment contractors shall respond to calls requesting services, whether an initial or subsequent call, from clients or referring agencies as soon as possible and within at least 2 business days following the day the call was received. The following Access Criteria must be met for a minimum of 80% of prospective clients (from clients or referring agencies) for the month in which billing is being submitted:
 - i. Treatment contractors are required to conduct initial eligibility screening as soon as possible, ideally at the time of first contact (direct communication by phone or in person) with the client or referring agency, but not later than 5 business days following the date of first contact.
 - ii. Those who have screened eligible for services will start receiving services, whether for the identified level of care or interim services, within 10 business days follow the eligibility screening.
- A minimum of 70% of clients, which have completed or otherwise are no longer receiving services, will have met the minimum retention standards for the modality of services received as noted below:
 - i. Have completed a minimum of 6 sessions of outpatient treatment services (OP)
 - ii. Have completed a minimum of 8 days of intensive outpatient treatment services (IOP) – only those days in which a client has participated in minimum of 10 units (2.5 hours) of service per day (12 units per day is the standard for IOP services) may be counted.
 - iii. Have completed a minimum of 14 days of residential treatment service
 - iv. Has completed a minimum of 28 days in a transitional living/halfway house residential program.

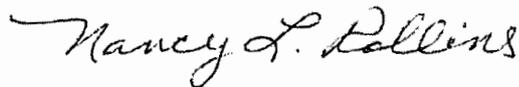
Area served: Greater Nashua area.

His Excellency, Governor John H. Lynch
and the Honorable Executive Council
May 25, 2012
Page 4 of 4

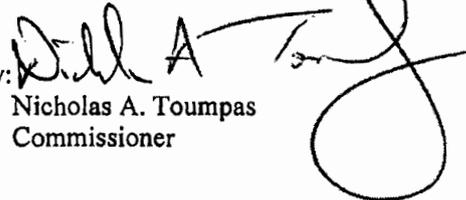
Source of Funds: 61.43% Federal Funds from Substance Abuse and Mental Health Services Administration, Substance Abuse Prevention and Treatment Block Grant, 36.32% General Funds and 2.25% Other (Highway) Funds.

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

Respectfully submitted,



Nancy L. Rollins
Associate Commissioner

Approved by: 
Nicholas A. Toumpas
Commissioner

NLR/ljp



**State of New Hampshire
Department of Health and Human Services
Amendment #1 to the Substance Abuse Treatment and Recovery Support Services
Contract**

This first Amendment to the Substance Abuse Treatment and Recovery Support Services contract (hereinafter referred to as "Amendment #1") dated this April 24th day of 2013, is by and between the State of New Hampshire, Department of Health and Human Services (hereinafter referred to as the "State" or "Department") and Headrest, Inc. (hereinafter referred to as "the Contractor"), a nonprofit corporation with a place of business at 14 Church Street, Lebanon, NH 03766.

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on June 20, 2012, 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 and Exhibit C, Paragraph 17, the State may, extend the agreement by one year by written agreement of the parties;

WHEREAS the State desires to have the Contractor continue to provide the services as specified in the agreement for another one year period;

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) Amendment and modification of P-37 "Agreement";
 - a) Change Completion date in Block 1.7 of the P-37 to read June 30, 2014.
 - b) Change Price Limitation in Block 1.8 of the P-37 to read \$ 502,900.00

- 2) Amendment and modification of Exhibit A;
 - a) **Delete** "CONTRACT PERIOD: July 1, 2012, or date of G&C approval, whichever is later, Through June 30, 2013"
 - b) **Change II A from:** "The contractor shall provide treatment services in the geographic area(s)/location(s) as specified below:"
Change to: "The contractor shall provide treatment services, in each State Fiscal Year, in the geographic area(s)/location(s) as specified below:"
 - c) **Change II B Group Recovery Support Services from:** "Contractors, with the exception of those agencies that only offer outpatient services, are required to develop the capacity for group recovery support aftercare services for a minimum of 50% of the number treatment clients (including outpatient and transitional living program clients) they are under contract to serve. These group recovery support services are for clients discharged from substance use disorder (SUD) treatment services provided under contract with BDAS on behalf of DHHS, which may include clients that had received SUD treatment from the Contractor or a different agency. Contractors are only allowed to access these services for their clients or clients that had received SUD treatment from a different agency through the statewide care coordination program under agreement with BDAS on behalf of DHHS."



Change to: “Contractors, with the exception of those agencies that only offer outpatient services, are required to develop the capacity for group recovery support aftercare services for a minimum of 25% of the number treatment clients (including outpatient and transitional living program clients) they are under contract to serve. These group recovery support services are for clients discharged from substance use disorder (SUD) treatment services provided under contract with BDAS on behalf of DHHS, which may include clients that had received SUD treatment from the Contractor or a different agency. Contractors are only allowed to access these services for their clients or clients that had received SUD treatment from a different agency through the statewide care coordination program under agreement with BDAS on behalf of DHHS.”

d) **Delete Table SAMHSA National Outcome Measures**

Replace with:

Table SAMHSA National Outcome Measures

<i>DOMAIN</i>	<i>OUTCOME</i>	<i>SUBSTANCE ABUSE TREATMENT MEASURES</i>
Access	Reduce the wait time for Intake & Admission	<ul style="list-style-type: none"> 80% of clients will receive a telephone eligibility screening of the initial first contact with the Contractor and those who screen eligible will receive an intake within 5 business days of the eligibility screening and 80% of clients who meet admission criteria will be admitted to services or interim services within 5 business days of intake.
Retention	Increase retention in substance abuse treatment	70% of clients that have participated in the minimum participation requirement. See section in the following pay for performance paragraph.
Capacity	Increase service capacity	Increase by 10% the (unduplicated) number of clients receiving service from previous year – DHHS will not be held to this standard for SFY 2013 due to significant budget reductions.
Social Connectedness	Increased recovery supports/ connections	25% of clients participate in care coordination and post treatment recovery support services (RSS).
Perception of Care	Client perception of care	Under development
Cost Effectiveness	Cost effectiveness (average cost)	Average Contractor cost per client for services provided per client are within 10% of the average statewide cost per client of service for each modality of service.

*mjc
5/9/13*

New Hampshire Substance Abuse Treatment and Recovery Support Services



DOMAIN	OUTCOME	SUBSTANCE ABUSE TREATMENT MEASURES
Use of Evidenced-Based Practices	Use of Evidenced-Based Practices	<ul style="list-style-type: none"> • WITS Electronic Health Record • ASI or GAIN Assessment • NIDA/SAMHSA MATRS Treatment Planning model • Clinical model for treatment services recognized by National Registry of Evidence Based Programs and Practices (NREPP).

- 3) Amendment and modification of Exhibit B;
 - a) **Delete** "CONTRACT PERIOD: July 1, 2012, or date of G&C approval, whichever is later, through June 30, 2013"
 - b) **Change from** Section II: "The total amount of all payments made to the Contractor for cost and expenses incurred in the performance of the services, as detailed in Exhibit B, during the period of the contract shall not exceed:"
Change to: "The total amount of all payments made to the Contractor for cost and expenses incurred in the performance of the services during each State Fiscal Year of the contract shall not exceed:"
 - c) Delete in Section II; "TOTAL: \$251,450.00"
- 4) **Add** Exhibit B-1 and B-2

MJC
5/9/12



New Hampshire Substance Abuse Treatment and Recovery Support Services

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

5/28/13
Date

Nancy L. Rollins
Nancy L. Rollins
Associate Commissioner

Headrest, Inc.

May 9, 2013
Date

Michael J. Cryans
Name: Michael J. Cryans
Title: Executive Director

Acknowledgement:

State of New Hampshire, County of Grafton on May 9, 2013, 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 of Notary Public or Justice of the Peace

Patricia L. Jordan
Name and Title of Notary or Justice of the Peace

Notary for Michael Cryans only

PATRICIA L. JORDAN, Notary Public
My Commission Expires October 20, 2015

New Hampshire Substance Abuse Treatment and Recovery Support Services



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

OFFICE OF THE ATTORNEY GENERAL

17 May 2013
Date

[Signature]
Name: Janne P. Herrick
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:

*msc
5/13*

Exhibit B-1

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

Bidder/Program Name: Headrest, Inc Oupatient Services

Budget Request for: Substance Abuse Treatment Services
(Name of RFP)

Budget Period: State Fiscal Year 2014

Line Item	Total Program Cost			Contractor Share / Match			Funded by DHHS contract share		
	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total
1. Total Salary/Wages	\$ 126,356.00	\$ 23,644.00	\$ 150,000.00	\$ -	\$ -	\$ -	\$ 73,118.00	\$ 13,644.00	\$ 86,762.00
2. Employee Benefits	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
3. Consultants	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
4. Equipment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Rental	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Repair and Maintenance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Purchase/Depreciation	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
5. Supplies	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Educational	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Lab	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Pharmacy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Medical	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Office	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
6. Travel	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
7. Occupancy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
8. Current Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Telephone	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Postage	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Subscriptions	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Audit and Legal	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Insurance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Board Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
9. Software	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
10. Marketing/Communications	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
11. Staff Education and Training	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
12. Subcontracts/Agreements	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
13. Other (specify details mandatory)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL	\$ 126,356.00	\$ 23,644.00	\$ 150,000.00	\$ 53,238.00	\$ 10,000.00	\$ 63,238.00	\$ 73,118.00	\$ 13,644.00	\$ 86,762.00

18.7%

Indirect As A Percent of Direct

mtc/af/13

Exhibit B-2

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

Bidder/Program Name: Headrest, Inc Transitional Living

Budget Request for: Substance Abuse Treatment Services
(Name of RFP)

Budget Period: State Fiscal Year 2014

Line Item	Total Program Cost		Contractor Share / Match		Funded by DHHS contract share		Total
	Direct Incremental	Indirect Fixed	Direct Incremental	Indirect Fixed	Direct Incremental	Indirect Fixed	
1. Total Salary/Wages	\$ 202,711.00	\$ 47,289.00	\$ 65,312.00	\$ 20,000.00	\$ 137,399.00	\$ 27,289.00	\$ 164,688.00
2. Employee Benefits	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
3. Consultants	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
4. Equipment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Rental	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Repair and Maintenance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Purchase/Depreciation	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Supplies	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Educational	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Lab	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Pharmacy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Medical	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Office	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
6. Travel	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
7. Occupancy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
8. Current Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Telephone	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Postage	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Subscriptions	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Audit and Legal	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Insurance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Board Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
9. Software	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
10. Marketing/Communications	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
11. Staff Education and Training	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
12. Subcontracts/Agreements	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
13. Other (specific details mandatory)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL	\$ 202,711.00	\$ 47,289.00	\$ 65,312.00	\$ 20,000.00	\$ 137,399.00	\$ 27,289.00	\$ 164,688.00
Indirect As A Percent of Direct		23.3%					

MTC
5/19/13

CERTIFICATE OF VOTE
(Corporation without Seal)

I, John A. Daubenspeck, do hereby certify that:
(Name of Clerk of the Corporation; cannot be contract signatory)

1. I am a duly elected Clerk of Heavenrest, Inc.
(Corporation Name)
2. The following are true copies of two resolutions duly adopted at a meeting of the Board of Directors of the Corporation duly held on May 9, 2013:
(Date)

RESOLVED: That this Corporation enter into a contract with the State of New Hampshire, acting through its Department of Health and Human Services, _____, for the provision of

Substance Abuse Treatment and Recovery Support services.

RESOLVED: That the Executive Director
(Title of Contract Signatory)

is hereby authorized on behalf of this Corporation to enter into the said contract with the State and to execute any and all documents, agreements and other instruments, and any amendments, revisions, or modifications thereto, as he/she may deem necessary, desirable or appropriate.

3. The forgoing resolutions have not been amended or revoked, and remain in full force and effect as of the 9th day of May, 2013.
(Date Contract Signed)

4. Michael J. Cryans is the duly elected Executive Director
(Name of Contract Signatory) (Title of Contract Signatory)

of the Corporation.

John A. Daubenspeck
(Signature of Clerk of the Corporation)

STATE OF NEW HAMPSHIRE

County of Grafton

The forgoing instrument was acknowledged before me this 9th day of May, 2013.

By John A. Daubenspeck
(Name of Clerk of the Corporation)

Mary R. Duval
(Notary Public/Justice of the Peace)

(Notary Public Seal)

Commission Expires: 02/02/16

State of New Hampshire
Department of State

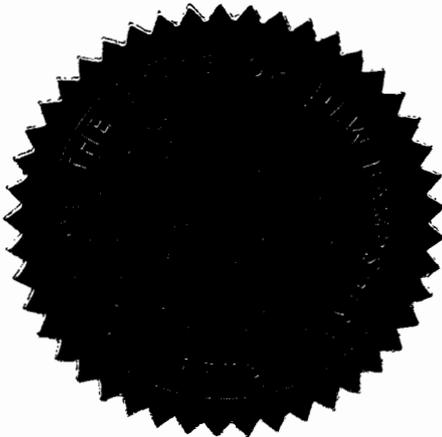
CERTIFICATE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that HEADREST is a New Hampshire nonprofit corporation formed April 27, 1972. I further certify that it is in good standing as far as this office is concerned, having filed the return(s) and paid the fees required by law.

In TESTIMONY WHEREOF, I hereto set my hand and cause to be affixed the Seal of the State of New Hampshire, this 16th day of May A.D. 2013



William M. Gardner
Secretary of State



SRD



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

BUREAU OF DRUG AND ALCOHOL SERVICES

Nicholas A. Toumpas
Commissioner

Nancy L. Rollins
Associate Commissioner

105 PLEASANT STREET, CONCORD, NH 03301
803-271-8100 1-800-804-0909
FAX: 603-271-8105 TDD Access: 1-800-735-2964

May 24, 2012

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

Approved by: G+C
Date: 6/20/12
Item No.: 97
Contract No.: 1024154

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division of Community Based Care Services, Bureau of Drug & Alcohol Services, to enter into an agreement with Headrest, Inc. (Vendor # 175226), 14 Church Street, Lebanon, NH 03766, to provide for a continuum of substance abuse treatment services, in an amount not to exceed \$251,450.00 to be effective July 1, 2012 or date of Governor and Council approval, whichever is later, through June 30, 2013. Funds are available in the following accounts for State Fiscal Year 2013:

05-95-95-958410-5365 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SERVICES, HHS: COMMISSIONER, DCBCS TREATMENT & PREVENTION, ALCOHOL AND OTHER TREATMENT

Fiscal Year	Class/Object	Class Title	Job Number	Amount
SFY 2013	102-500734	Contracts for Prog Svc	95846501	\$115,654.00
			Subtotal	\$115,654.00

05-95-95-958410-1388 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SERVICES, HHS: COMMISSIONER, DCBCS TREATMENT AND PREVENTION, GOVERNOR

Fiscal Year	Class/Object	Class Title	Job Number	Amount
SFY 2013	102-500734	Contracts for Prog Svc	95848501	\$56,413.00
			Subtotal	\$56,413.00

05-95-95-958410-1387 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SERVICES, HHS: COMMISSIONER, DCBCS TREATMENT & PREVENTION, TREATMENT-PREVENTION-STATE

Fiscal Year	Class/Object	Class Title	Job Number	Amount
SFY 2013	102-500734	Contracts for Prog Svc	95841387	\$79,383.00
			Subtotal	\$79,383.00
			Total	\$251,450.00

3001

EXPLANATION

The purpose of this agreement is to provide a continuum of substance abuse treatment services such as community based outpatient, intensive outpatient, residential, transitional living, and recovery support services, including specialized treatment services for pregnant and parenting women and their children, in the Lebanon Area.

Client eligibility for treatment services is targeted at those either unable to pay for services or able to pay only part of the cost of services, and who has or is suspected of having an alcohol or other drug abuse problem, and who is a resident of the State of New Hampshire or is homeless in NH. All clients discharged from treatment services supported by this contract will be referred to care coordination and recovery-support aftercare services as clinically appropriate, supported separately by the Federal Access to Recovery Grant.

The State is migrating toward a Resiliency and Recovery Oriented Systems of Care. Recovery-oriented systems of care are networks of organizations, agencies and community members that coordinate a wide spectrum of services to prevent, intervene in, and treat substance use problems and disorders. In addition, this contract will allow the State to improve the quality and array of services available to clients. Quality improvement efforts include the exchange of data and information that will support "data driven" prevention and treatment programming to better address the needs to the region.

The New Hampshire Office of Energy and Planning reported the 2009 Population Estimates of New Hampshire Cities and Towns as 1,324,575. The National Survey on Drug Use and Health commissioned by the Substance Abuse and Mental Health Services Administration in 2008/2009 reported the following demographic data for New Hampshire:

- Alcohol Abuse: 97,630 (7% of population)
- Alcohol dependence: 44,850 (3% of population)
- Illicit Drug Abuse: 43,810 (3% of population)
- Illicit Drug Dependence: 32,240 (2% of population)
- Substance Abuse: 126,630 (10% of population)
- Needing but not receiving treatment for alcohol abuse: 93,990 (7% of population)
- Needing but not receiving treatment for illicit drug use: 39,390 (3% of population)

In addition, the New Hampshire Medical Examiner office reported 172 drug related overdose deaths in NH during 2010. The New Hampshire Administrative Office of the Courts reported 9,500 arrests and 5,000 convictions for Driving While Impaired in 2009. Approximately 90% of individuals arrested for Driving While Impaired have an underlying substance abuse disorder according to the National Institute on Alcohol Abuse and Alcoholism.

Should the Governor and Executive Council determine to not authorize this Request, agencies would not have sufficient resources to promote, implement and provide the array of services necessary to provide individuals with substance use disorders the necessary tools to achieve, enhance and sustain recovery. In addition, failure to obligate the federal funds in the Substance Abuse Prevention and Treatment Block Grant to community based programs to provide alcohol and other drug treatment service would place that Block Grant in jeopardy.

Headrest, Inc., was selected for this agreement through a competitive bid process. A Request for Proposals was posted on the Department's web site on March 6, 2012 through April 2, 2012. In addition, a bidder's conference was held on March 12, 2012.

A total of 19 proposals were received. A review committee of three professionals reviewed each proposal. All reviewers have between three to twenty years experience managing agreements with vendors for various public health programs. Areas of specific expertise include: maternal and child health; substance abuse prevention and treatment; chronic and communicable diseases; and public health infrastructure. Eighteen of the proposals were selected for funding based on review criteria that included availability of funds, consistency with stated funding priorities, technical score, and equitable geographic distribution. The agency that was not selected did not meet the minimum scoring criteria established for funding. The Bid Summary is attached.

This request covers services for the period July 1, 2012 to June 30, 2013, with an option to renew for one additional year, pending availability of funding, the agreement of the parties and approval of Governor and Council. These services were contracted previously with this agency in State Fiscal Year 2012 in the amount of \$251,450.00. This agreement represents level funding.

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

- Utilization criteria will be applied exclusively on a month-by-month basis according to the criteria below.
 - i. Contracts running at 90% to 100% of utilization in a given month will be reimbursed at 100% of the contracted rate for that month.
 - ii. Contracts running at 80% to 89% of utilization in a given month will be reimbursed at rate of 95% of the contracted rate for that month.
 - iii. Contracts running below 80% of utilization in a given month will be reimbursed at the rate of utilization for that month (for example for a given month in which utilization was 59% the contractor would be reimbursed at 59% of the contracted rate for that month).
- Treatment contractors shall respond to calls requesting services, whether an initial or subsequent call, from clients or referring agencies as soon as possible and within at least 2 business days following the day the call was received. The following Access Criteria must be met for a minimum of 80% of prospective clients (from clients or referring agencies) for the month in which billing is being submitted:
 - i. Treatment contractors are required to conduct initial eligibility screening as soon as possible, ideally at the time of first contact (direct communication by phone or in person) with the client or referring agency, but not later than 5 business days following the date of first contact.
 - ii. Those who have screened eligible for services will start receiving services, whether for the identified level of care or interim services, within 10 business days follow the eligibility screening.
- A minimum of 70% of clients, which have completed or otherwise are no longer receiving services, will have met the minimum retention standards for the modality of services received as noted below:
 - i. Have completed a minimum of 6 sessions of outpatient treatment services (OP)
 - ii. Have completed a minimum of 8 days of intensive outpatient treatment services (IOP) – only those days in which a client has participated in minimum of 10 units (2.5 hours) of service per day (12 units per day is the standard for IOP services) may be counted.
 - iii. Have completed a minimum of 14 days of residential treatment service
 - iv. Has completed a minimum of 28 days in a transitional living/halfway house residential program.

Area served: Lebanon Area.

His Excellency, Governor John H. Lynch
and the Honorable Executive Council
May 24, 2012
Page 4 of 4

Source of Funds: 45.99% Federal Funds from Substance Abuse and Mental Health Services Administration, Substance Abuse Prevention and Treatment Block Grant, 50.85% General Funds and 3.16% Other (Highway) Funds.

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

Respectfully submitted,



Nancy L. Rollins
Associate Commissioner

Approved by:



Nicholas A. Toumpas
Commissioner



NLR/df



**State of New Hampshire
Department of Health and Human Services
Amendment #1 to the Substance Abuse Treatment and Recovery Support Services
Contract**

This first Amendment to the Substance Abuse Treatment and Recovery Support Services contract (hereinafter referred to as "Amendment #1") dated this April 24th day of 2013, is by and between the State of New Hampshire, Department of Health and Human Services (hereinafter referred to as the "State" or "Department") and Horizons Counseling Center, Inc. (hereinafter referred to as "the Contractor"), a nonprofit corporation with a place of business at 25 Country Club Road, Suite 705, Gilford NH 03249.

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on June 20, 2012, 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 and Exhibit C, Paragraph 17, the State may, extend the agreement by one year by written agreement of the parties;

WHEREAS the State desires to have the Contractor continue to provide the services as specified in the agreement for another one year period;

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) Amendment and modification of P-37 "Agreement";
 - a) Change Completion date in Block 1.7 of the P-37 to read June 30, 2014.
 - b) Change Price Limitation in Block 1.8 of the P-37 to read \$ 379,152.00

- 2) Amendment and modification of Exhibit A;
 - a) **Delete** "CONTRACT PERIOD: July 1, 2012, or date of G&C approval, whichever is later, Through June 30, 2013"
 - b) **Change II A from:** "The contractor shall provide treatment services in the geographic area(s)/location(s) as specified below."
Change to: "The contractor shall provide treatment services, in each State Fiscal Year, in the geographic area(s)/location(s) as specified below."
 - c) **Change II B Group Recovery Support Services from:** "Contractors, with the exception of those agencies that only offer outpatient services, are required to develop the capacity for group recovery support aftercare services for a minimum of 50% of the number treatment clients (including outpatient and transitional living program clients) they are under contract to serve. These group recovery support services are for clients discharged from substance use disorder (SUD) treatment services provided under contract with BDAS on behalf of DHHS, which may include clients that had received SUD treatment from the Contractor or a different agency. Contractors are only allowed to access these services for their clients or clients that had received SUD treatment from a different agency through the statewide care coordination program under agreement with BDAS on behalf of DHHS."



Change to: "Contractors, with the exception of those agencies that only offer outpatient services, are required to develop the capacity for group recovery support aftercare services for a minimum of 25% of the number treatment clients (including outpatient and transitional living program clients) they are under contract to serve. These group recovery support services are for clients discharged from substance use disorder (SUD) treatment services provided under contract with BDAS on behalf of DHHS, which may include clients that had received SUD treatment from the Contractor or a different agency. Contractors are only allowed to access these services for their clients or clients that had received SUD treatment from a different agency through the statewide care coordination program under agreement with BDAS on behalf of DHHS."

d) **Delete Table SAMHSA National Outcome Measures**

Replace with:

Table SAMHSA National Outcome Measures

<i>DOMAIN</i>	<i>OUTCOME</i>	<i>SUBSTANCE ABUSE TREATMENT MEASURES</i>
Access	Reduce the wait time for Intake & Admission	<ul style="list-style-type: none"> 80% of clients will receive a telephone eligibility screening of the initial first contact with the Contractor and those who screen eligible will receive an intake within 5 business days of the eligibility screening and 80% of clients who meet admission criteria will be admitted to services or interim services within 5 business days of intake.
Retention	Increase retention in substance abuse treatment	70% of clients that have participated in the minimum participation requirement. See section in the following pay for performance paragraph.
Capacity	Increase service capacity	Increase by 10% the (unduplicated) number of clients receiving service from previous year – DHHS will not be held to this standard for SFY 2013 due to significant budget reductions.
Social Connectedness	Increased recovery supports/connections	25% of clients participate in care coordination and post treatment recovery support services (RSS).
Perception of Care	Client perception of care	Under development
Cost Effectiveness	Cost effectiveness (average cost)	Average Contractor cost per client for services provided per client are within 10% of the average statewide cost per client of service for each modality of service.

New Hampshire Substance Abuse Treatment and Recovery Support Services



DOMAIN	OUTCOME	SUBSTANCE ABUSE TREATMENT MEASURES
Use of Evidenced-Based Practices	Use of Evidenced-Based Practices	<ul style="list-style-type: none"> • WITS Electronic Health Record • ASI or GAIN Assessment • NIDA/SAMHSA MATRS Treatment Planning model • Clinical model for treatment services recognized by National Registry of Evidence Based Programs and Practices (NREPP).

- 3) Amendment and modification of Exhibit B;
- a) **Delete** "CONTRACT PERIOD: July 1, 2012, or date of G&C approval, whichever is later, through June 30, 2013"
 - b) **Change from** Section II: "The total amount of all payments made to the Contractor for cost and expenses incurred in the performance of the services, as detailed in Exhibit B, during the period of the contract shall not exceed:"
Change to: "The total amount of all payments made to the Contractor for cost and expenses incurred in the performance of the services during each State Fiscal Year of the contract shall not exceed:"
 - c) Delete in Section II; "TOTAL: \$189,576.00"
- 4) **Add** Exhibit B-1 and B-2

Exhibit B-1

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

Bidder/Program Name: Horizons Counseling Center Intensive Outpatient Program
Budget Request for: Substance Abuse Treatment Services

Budget Period: State Fiscal Year 2014

Line Item	Total Program Cost			Contractor Share / Match			Funded by DHHS contract share		
	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total
1. Total Salary/Wages	\$ 32,000.00	\$ -	\$ 32,000.00	\$ 13,100.00	\$ -	\$ 13,100.00	\$ 18,900.00	\$ -	\$ 18,900.00
2. Employee Benefits	\$ 10,240.00	\$ -	\$ 10,240.00	\$ 4,187.00	\$ -	\$ 4,187.00	\$ 6,053.00	\$ -	\$ 6,053.00
3. Consultants	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
4. Equipment:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Rental	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Repair and Maintenance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Purchase/Depreciation	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
5. Supplies:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Educational	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Lab	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Pharmacy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Medical	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Office	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
6. Travel	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
7. Occupancy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
8. Current Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Telephone	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Postage	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Subscriptions	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Audit and Legal	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Insurance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Board Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
9. Software	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
10. Marketing/Communications	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
11. Staff Education and Training	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
12. Subcontracts/Agreements	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL	\$ 42,240.00	\$ -	\$ 42,240.00	\$ 17,287.00	\$ -	\$ 17,287.00	\$ 24,953.00	\$ -	\$ 24,953.00

0.0%

Indirect As A Percent of Direct

Contractor Initials Date 5/15/2013

Exhibit B-2

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

Bidder/Program Name: Horizon Counseling Center Outpatient Program

Budget Request for: Substance Abuse Treatment Services

Budget Period: State Fiscal Year 2014

Line Item	Total Program Cost			Contractor Share / Match			Funded by DHHS contract share		
	Direct Incremental	Indirect	Total	Direct Incremental	Indirect	Total	Direct Incremental	Indirect	Total
1. Total Salary/Wages	\$ 157,550.00	\$ -	\$ 157,550.00	\$ -	\$ -	\$ -	\$ 124,696.00	\$ -	\$ 124,696.00
2. Employee Benefits	\$ 50,416.00	\$ -	\$ 50,416.00	\$ -	\$ -	\$ -	\$ 39,927.00	\$ -	\$ 39,927.00
3. Consultants	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
4. Equipment:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Rental	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Repair and Maintenance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Purchase/Depreciation	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
5. Supplies:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Educational	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Lab	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Pharmacy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Medical	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Office	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
6. Travel	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
7. Occupancy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
8. Current Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Telephone	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Postage	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Subscriptions	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Audit and Legal	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Insurance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Board Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Software	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
9. Marketing/Communications	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
10. Staff Education and Training	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
11. Staff Education and Training	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
12. Subcontracts/Agreements	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL	\$ 207,966.00	\$ -	\$ 207,966.00	\$ 43,343.00	\$ -	\$ 43,343.00	\$ 164,623.00	\$ -	\$ 164,623.00

0.0%

Indirect As A Percent of Direct

Contractor Initials *jd*
Date 5/15/2013

New Hampshire Substance Abuse Treatment and Recovery Support Services



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

5/28/13
Date

Nancy L. Rollins
Nancy L. Rollins
Associate Commissioner

Horizons Counseling Center, Inc.

May 15, 2013
Date

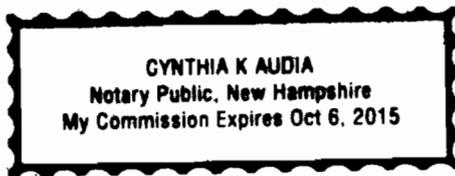
Jacqueline Abikoff
Name: Jacqueline Abikoff
Title: Executive Director

Acknowledgement:

State of NH, County of Bulkley on 5/15/13, 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 of Notary Public or Justice of the Peace

[Signature]
Name and Title of Notary or Justice of the Peace



New Hampshire Substance Abuse Treatment and Recovery Support Services



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

OFFICE OF THE ATTORNEY GENERAL

17 May 2013
Date

Janne P. Herrick
Name: Janne P. Herrick
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:

WITH SEAL

CERTIFICATE OF VOTE

I, Rosanne Sheridan, of Horizons Counseling Center, Inc., do hereby certify that:

1. I am the duly elected Treasurer of the Horizons Counseling Center, Inc.;
2. The following are true copies of two resolutions duly adopted at a meeting of the Board of Directors of the corporation duly held on November 9,, 2011;

RESOLVED: That this corporation enters into a contract with the State of New Hampshire, acting through its Department of Health and Human Services, Division of Community Based Care Services.

RESOLVED: That the Executive Director is hereby authorized on behalf of this corporation to enter into said contract with the State and to execute any and all documents, agreements, and other instruments; and any amendments, revisions, or modifications thereto, as he/she may deem necessary, desirable, or appropriate. Jacqueline Abikoff is the duly elected Executive Director of the corporation.

3. The foregoing resolutions have not been amended or revoked and remain in full force and effect as of May 15,, 2013.

IN WITNESS WHEREOF, I have hereunto set my hand as the Treasurer of the corporation this 15th day of May, 2013.



(CORPORATE SEAL)

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 HORIZONS COUNSELING CENTER, INC. is a New Hampshire nonprofit corporation formed March 2, 1990. I further certify that it is in good standing as far as this office is concerned, having filed the return(s) and paid the fees required by law.



In TESTIMONY WHEREOF, I hereto
set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 10th day of May A.D. 2013

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

William M. Gardner
Secretary of State



CERTIFICATE OF LIABILITY INSURANCE

HORIZ-2 OP ID: SAC

DATE (MM/DD/YYYY)

05/29/12

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 Cross Insurance 155 Court Street Laconia, NH 03246 Wayne Davis	603-524-2425 603-528-7791	CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS:	FAX (A/C, No):
	INSURER(S) AFFORDING COVERAGE		NAIC #
INSURED Horizons Counseling Center Jacqui Abikoff 25 Country Club Road Gilford, NH 03249		INSURER A: Peerless Insurance Company	24198
		INSURER B:	
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	

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

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

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY			BOP3772229	06/14/12	06/14/13	EACH OCCURRENCE	\$ 2,000,000
	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 50,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person)	\$ 5,000
	<input checked="" type="checkbox"/> Business Owners						PERSONAL & ADV INJURY	\$ 2,000,000
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 4,000,000
<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC							PRODUCTS - COMP/OP AGG	\$ 4,000,000
								\$
AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$
<input type="checkbox"/> ANY AUTO							BODILY INJURY (Per person)	\$
<input type="checkbox"/> ALL OWNED AUTOS							BODILY INJURY (Per accident)	\$
<input checked="" type="checkbox"/> HIRED AUTOS							PROPERTY DAMAGE (Per accident)	\$
<input checked="" type="checkbox"/> SCHEDULED AUTOS								\$
<input checked="" type="checkbox"/> NON-OWNED AUTOS								\$
UMBRELLA LIAB							EACH OCCURRENCE	\$
<input type="checkbox"/> OCCUR							AGGREGATE	\$
EXCESS LIAB								\$
<input type="checkbox"/> CLAIMS-MADE								\$
DED								\$
RETENTION \$								\$
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							WC STATUTORY LIMITS	OTHER
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)							E.L. EACH ACCIDENT	\$
If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$

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

CERTIFICATE HOLDER**CANCELLATION**

NHDDHS
 105 PLEASANT STREET
 CONCORD, NH 03301

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

AUTHORIZED REPRESENTATIVE

© 1988-2010 ACORD CORPORATION. All rights reserved.

Account Number: NH HORI 7330

Date: 6/26/12 Initials: QTMHHTTP

CERTIFICATE OF INSURANCE

AMERICAN HOME ASSURANCE CO.

C/O: American Professional Agency, Inc.
95 Broadway, Amityville, NY 11701
800-421-6694

This is to certify that the insurance policies specified below have been issued by the company indicated above to the insured named herein and that, subject to their provisions and conditions, such policies afford the coverages indicated insofar as such coverages apply to the occupation or business of the Named insured(s) as stated.

THIS CERTIFICATE OF INSURANCE NEITHER AFFIRMATIVELY NOR NEGATIVELY AMENDS, EXTENDS OR ALTERS THE COVERAGE(S) AFFORDED BY THE POLICY(IES) LISTED ON THIS CERTIFICATE.

Name and Address of Insured:

HORIZONS COUNSELING CENTER INC
25 COUNTRY CLUB RD #705
GILFORD NH 03249

Additional Named Insureds:

JACQUELINE ABIKOFF
LYNNE TOWLE
ROBERT A. ULMAN
ELSA JOHNSON
DIANNE PEPIN
LYDIA TIMMONS

Type of Work Covered: PROFESSIONAL SOCIAL WORKER

Location of Operations: N/A
(If different than address listed above)

Claim History: None to the best of our knowledge.

Retroactive date is 07/01/1997

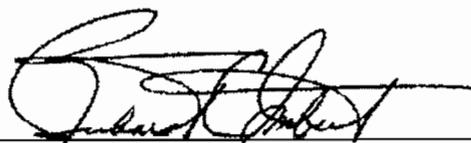
Coverages	Policy Number	Effective Date	Expiration Date	Limits of Liability
PROFESSIONAL/ LIABILITY	SWL-003928070	7/01/11	7/01/12	2,000,000 4,000,000

NOTICE OF CANCELLATION WILL ONLY BE GIVEN TO THE FIRST NAMED INSURED ON THIS POLICY AND HE OR SHE SHALL ACT ON BEHALF OF ALL INSURED(S) WITH RESPECT TO GIVING OR RECEIVING NOTICE OF CANCELLATION.

Comments:

This Certificate Issued to:

Name: NH DHHS
105 Pleasant Street
Address: Concord, NH 03301


Authorized Representative

SW
1/11



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

BUREAU OF DRUG AND ALCOHOL SERVICES

Nicholas A. Toumpas
Commissioner

Nancy L. Rollins
Associate Commissioner

105 PLEASANT STREET, CONCORD, NH 03301
603-271-6100 1-800-804-0909
FAX: 603-271-6105 TDD Access: 1-800-735-2964

May 25, 2012

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

Approved by: GTC
Date: 6/20/12
Item No.: 99
Contract No.: 1024156

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division of Community Based Care Services, Bureau of Drug & Alcohol Services, to enter into an agreement with Horizons Counseling Center, Inc. (Vendor #156808 B001), 25 Country Club Road, Suite 705, Gilford, NH 03249, to provide for a continuum of substance abuse treatment services, in an amount not to exceed \$189,576.00 to be effective July 1, 2012 or date of Governor and Council approval, whichever is later, through June 30, 2013. Funds are available in the following accounts for State Fiscal Year 2013:

05-95-95-958410-5365 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SERVICES, HHS: COMMISSIONER, DCBCS TREATMENT & PREVENTION, ALCOHOL AND OTHER TREATMENT

Fiscal Year	Class/Object	Class Title	Job Number	Amount
SFY 2013	102-500734	Contracts for Prog Svc	95846501	\$87,195.00
			Subtotal	\$87,195.00

05-95-95-958410-1388 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SERVICES, HHS: COMMISSIONER, DCBCS TREATMENT AND PREVENTION, GOVERNOR

Fiscal Year	Class/Object	Class Title	Job Number	Amount
SFY 2013	102-500734	Contracts for Prog Svc	95848501	\$42,532.00
			Subtotal	\$42,532.00

05-95-95-958410-1387 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SERVICES, HHS: COMMISSIONER, DCBCS TREATMENT & PREVENTION, TREATMENT-PREVENTION-STATE

Fiscal Year	Class/Object	Class Title	Job Number	Amount
SFY 2013	102-500734	Contracts for Prog Svc	95841387	\$59,849.00
			Subtotal	\$59,849.00
			Total	\$189,576.00

EXPLANATION

The purpose of this agreement is to provide a continuum of substance abuse treatment services such as community based outpatient, intensive outpatient, residential, transitional living, and recovery support services, including specialized treatment services for pregnant and parenting women and their children, in the Gilford, Laconia and Plymouth areas.

Client eligibility for treatment services is targeted at those either unable to pay for services or able to pay only part of the cost of services, and who has or is suspected of having an alcohol or other drug abuse problem, and who is a resident of the State of New Hampshire or is homeless in NH. All clients discharged from treatment services supported by this contract will be referred to care coordination and recovery-support aftercare services as clinically appropriate, supported separately by the Federal Access to Recovery Grant.

The State is migrating toward a Resiliency and Recovery Oriented Systems of Care. Recovery-oriented systems of care are networks of organizations, agencies and community members that coordinate a wide spectrum of services to prevent, intervene in, and treat substance use problems and disorders. In addition, this contract will allow the State to improve the quality and array of services available to clients. Quality improvement efforts include the exchange of data and information that will support "data driven" prevention and treatment programming to better address the needs to the region.

The New Hampshire Office of Energy and Planning reported the 2009 Population Estimates of New Hampshire Cities and Towns as 1,324,575. The National Survey on Drug Use and Health commissioned by the Substance Abuse and Mental Health Services Administration in 2008/2009 reported the following demographic data for New Hampshire:

- Alcohol Abuse: 97,630 (7% of population)
- Alcohol dependence: 44,850 (3% of population)
- Illicit Drug Abuse: 43,810 (3% of population)
- Illicit Drug Dependence: 32,240 (2% of population)
- Substance Abuse: 126,630 (10% of population)
- Needing but not receiving treatment for alcohol abuse: 93,990 (7% of population)
- Needing but not receiving treatment for illicit drug use: 39,390 (3% of population)

In addition, the New Hampshire Medical Examiner office reported 172 drug related overdose deaths in NH during 2010. The New Hampshire Administrative Office of the Courts reported 9,500 arrests and 5,000 convictions for Driving While Impaired in 2009. Approximately 90% of individuals arrested for Driving While Impaired have an underlying substance abuse disorder according to the National Institute on Alcohol Abuse and Alcoholism.

Should the Governor and Executive Council determine to not authorize this Request, agencies would not have sufficient resources to promote, implement and provide the array of services necessary to provide individuals with substance use disorders the necessary tools to achieve, enhance and sustain recovery. In addition, failure to obligate the federal funds in the Substance Abuse Prevention and Treatment Block Grant to community based programs to provide alcohol and other drug treatment service would place that Block Grant in jeopardy.

Horizons Counseling Center, Inc. was selected for this agreement through a competitive bid process. A Request for Proposals was posted on the Department's web site on March 6, 2012 through April 2, 2012. In addition, a bidder's conference was held on March 12, 2012.

A total of 19 proposals were received. A review committee of three professionals reviewed each proposal. All reviewers have between three to twenty years experience managing agreements with vendors for various public health programs. Areas of specific expertise include: maternal and child health; substance abuse prevention and treatment; chronic and communicable diseases; and public health infrastructure. Eighteen of the proposals were selected for funding based on review criteria that included availability of funds, consistency with stated funding priorities, technical score, and equitable geographic distribution. The agency that was not selected did not meet the minimum scoring criteria established for funding. The Bid Summary is attached.

This request covers services for the period July 1, 2012 to June 30, 2013, with an option to renew for one additional year, pending availability of funding, the agreement of the parties and approval of Governor and Council. These services were contracted previously with this agency in State Fiscal Year 2012 in the amount of \$189,576.00. This agreement represents level funding.

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

- Utilization criteria will be applied exclusively on a month-by-month basis according to the criteria below.
 - i. Contracts running at 90% to 100% of utilization in a given month will be reimbursed at 100% of the contracted rate for that month.
 - ii. Contracts running at 80% to 89% of utilization in a given month will be reimbursed at rate of 95% of the contracted rate for that month.
 - iii. Contracts running below 80% of utilization in a given month will be reimbursed at the rate of utilization for that month (for example for a given month in which utilization was 59% the contractor would be reimbursed at 59% of the contracted rate for that month).
- Treatment contractors shall respond to calls requesting services, whether an initial or subsequent call, from clients or referring agencies as soon as possible and within at least 2 business days following the day the call was received. The following Access Criteria must be met for a minimum of 80% of prospective clients (from clients or referring agencies) for the month in which billing is being submitted:
 - i. Treatment contractors are required to conduct initial eligibility screening as soon as possible, ideally at the time of first contact (direct communication by phone or in person) with the client or referring agency, but not later than 5 business days following the date of first contact.
 - ii. Those who have screened eligible for services will start receiving services, whether for the identified level of care or interim services, within 10 business days follow the eligibility screening.
- A minimum of 70% of clients, which have completed or otherwise are no longer receiving services, will have met the minimum retention standards for the modality of services received as noted below:
 - i. Have completed a minimum of 6 sessions of outpatient treatment services (OP)
 - ii. Have completed a minimum of 8 days of intensive outpatient treatment services (IOP) – only those days in which a client has participated in minimum of 10 units (2.5 hours) of service per day (12 units per day is the standard for IOP services) may be counted.
 - iii. Have completed a minimum of 14 days of residential treatment service
 - iv. Has completed a minimum of 28 days in a transitional living/halfway house residential program.

Area served: Gilford, Laconia and Plymouth areas.

His Excellency, Governor John H. Lynch
and the Honorable Executive Council
May 25, 2012
Page 4 of 4

Source of Funds: 45.99% Federal Funds from Substance Abuse and Mental Health Services Administration, Substance Abuse Prevention and Treatment Block Grant, 50.85% General Funds and 3.16% Other (Highway) Funds.

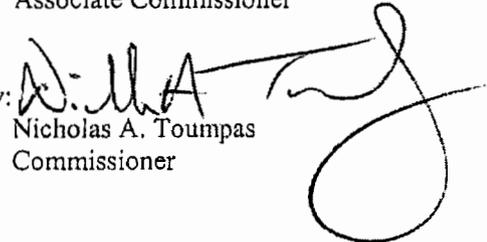
In the event that the Federal or Other Funds become no longer available, General Funds will not be requested to support this program.

Respectfully submitted,



Nancy L. Rollins
Associate Commissioner

Approved by:



Nicholas A. Toumpas
Commissioner

NLR/ljp



**State of New Hampshire
Department of Health and Human Services
Amendment #1 to the Substance Abuse Treatment and Recovery Support Services
Contract**

This first Amendment to the Substance Abuse Treatment and Recovery Support Services contract (hereinafter referred to as "Amendment #1") dated this April 24th day of 2013, is by and between the State of New Hampshire, Department of Health and Human Services (hereinafter referred to as the "State" or "Department") and Manchester Alcoholism Rehabilitation Center (hereinafter referred to as "the Contractor"), a nonprofit corporation with a place of business at 555 Auburn Street, Manchester, NH 03103.

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on June 20, 2012, 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 and Exhibit C, Paragraph 17, the State may, extend the agreement by one year by written agreement of the parties;

WHEREAS the State desires to have the Contractor continue to provide the services as specified in the agreement for another one year period;

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) Amendment and modification of P-37 "Agreement";
 - a) Change Completion date in Block 1.7 of the P-37 to read June 30, 2014.
 - b) Change Price Limitation in Block 1.8 of the P-37 to read \$ 2,241,198.00
- 2) Amendment and modification of Exhibit A;
 - a) **Delete** "CONTRACT PERIOD: July 1, 2012, or date of G&C approval, whichever is later, Through June 30, 2013"
 - b) **Change II A from:** "The contractor shall provide treatment services in the geographic area(s)/location(s) as specified below."
Change to: "The contractor shall provide treatment services, in each State Fiscal Year, in the geographic area(s)/location(s) as specified below:"
 - c) **Change II B Group Recovery Support Services from:** "Contractors, with the exception of those agencies that only offer outpatient services, are required to develop the capacity for group recovery support aftercare services for a minimum of 50% of the number treatment clients (including outpatient and transitional living program clients) they are under contract to serve. These group recovery support services are for clients discharged from substance use disorder (SUD) treatment services provided under contract with BDAS on behalf of DHHS, which may include clients that had received SUD treatment from the Contractor or a different agency. Contractors are only allowed to access these services for their clients or clients that had received SUD treatment from a different agency through the statewide care coordination program under agreement with BDAS on behalf of DHHS."



Change to: “Contractors, with the exception of those agencies that only offer outpatient services, are required to develop the capacity for group recovery support aftercare services for a minimum of 25% of the number treatment clients (including outpatient and transitional living program clients) they are under contract to serve. These group recovery support services are for clients discharged from substance use disorder (SUD) treatment services provided under contract with BDAS on behalf of DHHS, which may include clients that had received SUD treatment from the Contractor or a different agency. Contractors are only allowed to access these services for their clients or clients that had received SUD treatment from a different agency through the statewide care coordination program under agreement with BDAS on behalf of DHHS.”

d) **Delete Table SAMHSA National Outcome Measures**

Replace with:

Table SAMHSA National Outcome Measures

<i>DOMAIN</i>	<i>OUTCOME</i>	<i>SUBSTANCE ABUSE TREATMENT MEASURES</i>
Access	Reduce the wait time for Intake & Admission	<ul style="list-style-type: none"> 80% of clients will receive a telephone eligibility screening of the initial first contact with the Contractor and those who screen eligible will receive an intake within 5 business days of the eligibility screening and 80% of clients who meet admission criteria will be admitted to services or interim services within 5 business days of intake.
Retention	Increase retention in substance abuse treatment	70% of clients that have participated in the minimum participation requirement. See section in the following pay for performance paragraph.
Capacity	Increase service capacity	Increase by 10% the (unduplicated) number of clients receiving service from previous year – DHHS will not be held to this standard for SFY 2013 due to significant budget reductions.
Social Connectedness	Increased recovery supports/connections	25% of clients participate in care coordination and post treatment recovery support services (RSS).
Perception of Care	Client perception of care	Under development
Cost Effectiveness	Cost effectiveness (average cost)	Average Contractor cost per client for services provided per client are within 10% of the average statewide cost per client of service for each modality of service.

New Hampshire Substance Abuse Treatment and Recovery Support Services



DOMAIN	OUTCOME	SUBSTANCE ABUSE TREATMENT MEASURES
Use of Evidenced-Based Practices	Use of Evidenced-Based Practices	<ul style="list-style-type: none"> • WITS Electronic Health Record • ASI or GAIN Assessment • NIDA/SAMHSA MATRS Treatment Planning model • Clinical model for treatment services recognized by National Registry of Evidence Based Programs and Practices (NREPP).

- 3) Amendment and modification of Exhibit B;
 - a) **Delete** "CONTRACT PERIOD: July 1, 2012, or date of G&C approval, whichever is later, through June 30, 2013"
 - b) **Change from** Section II: "The total amount of all payments made to the Contractor for cost and expenses incurred in the performance of the services, as detailed in Exhibit B, during the period of the contract shall not exceed:"
Change to: "The total amount of all payments made to the Contractor for cost and expenses incurred in the performance of the services during each State Fiscal Year of the contract shall not exceed:"
 - c) Delete in Section II; "TOTAL: \$1,120,599.00"
- 4) **Add** Exhibit B-1, B-2 and B-3

New Hampshire Substance Abuse Treatment and Recovery Support Services



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

5/28/13
Date

Nancy L. Rollins for NR
Nancy L. Rollins
Associate Commissioner

Manchester Alcoholism Rehabilitation Center

5/17/2013
Date

Elin Treanor
Name: Elin Treanor
Title: COO/CFO

Acknowledgement:

State of New Hampshire, County of Hillsborough on May 17, 2013, 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 of Notary Public or Justice of the Peace

Diane L. Boulay
Name and Title of Notary or Justice of the Peace

DIANE L. BOULAY, Notary Public
My Commission Expires September 3, 2013

New Hampshire Substance Abuse Treatment and Recovery Support Services



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

OFFICE OF THE ATTORNEY GENERAL

21 May 2013
Date

[Signature]
Name: Jeanne P. Herrick
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 B-3

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

Bidder/Program Name: Manchester Alcoholism Rehabilitation Center
Budget Request for: Substance Abuse Treatment Services - Outpatient

Budget Period: State Fiscal Year 2014

Line Item	Total Program Cost		Contractor Share / Month		Year		Budget Requested by Bidder		Total
	Amount	Planned	Amount	Planned	Amount	Planned	Amount	Planned	
1. Total Salary/Wages	\$ 156,426.00	\$ -	\$ 47,261.00	\$ -	\$ 47,261.00	\$ -	\$ 109,165.00	\$ -	\$ 109,165.00
2. Employee Benefits	\$ 43,799.00	\$ -	\$ 13,233.00	\$ -	\$ 13,233.00	\$ -	\$ 30,566.00	\$ -	\$ 30,566.00
3. Consultants	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
4. Equipment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
5. Rental	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
6. Repair and Maintenance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
7. Purchase/Depreciation	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
8. Supplies:	\$ 5,000.00	\$ -	\$ 1,000.00	\$ -	\$ 1,000.00	\$ -	\$ 4,000.00	\$ -	\$ 4,000.00
9. Educational	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
10. Lab	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
11. Pharmacy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
12. Medical	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
13. Office	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
14. Travel	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
15. Occupancy	\$ 70,152.00	\$ -	\$ 47,001.00	\$ -	\$ 47,001.00	\$ -	\$ 23,151.00	\$ -	\$ 23,151.00
16. Current Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
17. Telephone	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
18. Postage	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
19. Subscriptions	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
20. Audit and Legal	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
21. Insurance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
22. Board Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
23. Software	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
24. Marketing/Communications	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
25. Staff Education and Training	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
26. Subcontracts/Agreements	\$ 30,000.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 30,000.00	\$ -	\$ 30,000.00
27. Other (specific details mandatory):	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
28. Other (specific details mandatory):	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
29. Other (specific details mandatory):	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
30. Other (specific details mandatory):	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
31. Other (specific details mandatory):	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
32. Other (specific details mandatory):	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
33. Other (specific details mandatory):	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
34. Other (specific details mandatory):	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
35. Other (specific details mandatory):	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
36. Other (specific details mandatory):	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
37. Other (specific details mandatory):	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
38. Other (specific details mandatory):	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
39. Other (specific details mandatory):	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
40. Other (specific details mandatory):	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
41. Other (specific details mandatory):	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
42. Other (specific details mandatory):	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
43. Other (specific details mandatory):	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
44. Other (specific details mandatory):	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
45. Other (specific details mandatory):	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
46. Other (specific details mandatory):	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
47. Other (specific details mandatory):	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
48. Other (specific details mandatory):	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
49. Other (specific details mandatory):	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
50. Other (specific details mandatory):	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
51. Other (specific details mandatory):	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
52. Other (specific details mandatory):	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
53. Other (specific details mandatory):	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
54. Other (specific details mandatory):	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
55. Other (specific details mandatory):	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
56. Other (specific details mandatory):	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
57. Other (specific details mandatory):	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
58. Other (specific details mandatory):	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
59. Other (specific details mandatory):	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
60. Other (specific details mandatory):	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
61. Other (specific details mandatory):	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
62. Other (specific details mandatory):	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
63. Other (specific details mandatory):	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
64. Other (specific details mandatory):	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
65. Other (specific details mandatory):	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
66. Other (specific details mandatory):	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
67. Other (specific details mandatory):	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
68. Other (specific details mandatory):	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
69. Other (specific details mandatory):	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
70. Other (specific details mandatory):	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
71. Other (specific details mandatory):	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
72. Other (specific details mandatory):	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
73. Other (specific details mandatory):	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
74. Other (specific details mandatory):	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
75. Other (specific details mandatory):	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
76. Other (specific details mandatory):	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
77. Other (specific details mandatory):	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
78. Other (specific details mandatory):	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
79. Other (specific details mandatory):	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
80. Other (specific details mandatory):	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
81. Other (specific details mandatory):	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
82. Other (specific details mandatory):	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
83. Other (specific details mandatory):	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
84. Other (specific details mandatory):	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
85. Other (specific details mandatory):	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
86. Other (specific details mandatory):	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
87. Other (specific details mandatory):	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
88. Other (specific details mandatory):	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
89. Other (specific details mandatory):	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
90. Other (specific details mandatory):	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
91. Other (specific details mandatory):	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
92. Other (specific details mandatory):	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
93. Other (specific details mandatory):	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
94. Other (specific details mandatory):	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
95. Other (specific details mandatory):	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
96. Other (specific details mandatory):	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
97. Other (specific details mandatory):	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
98. Other (specific details mandatory):	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
99. Other (specific details mandatory):	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
100. Other (specific details mandatory):	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL	\$ 305,377.00	\$ -	\$ 102,495.00	\$ -	\$ 102,495.00	\$ -	\$ 196,882.00	\$ -	\$ 196,882.00

Indirect: As A Percent of Direct 0.0%

Contractor Initials ET Page 1
Date 5/10/13



CERTIFICATE OF VOTE / AUTHORIZATION

I, Betty Burke, do hereby certify that:

1. I am the duly elected Assistant Secretary of Easter Seals New Hampshire, Inc.
2. The following is a true copy of a resolution duly adopted at a meeting of the Board of Directors of the Corporation duly held on March 28, 2012.

RESOLVED: To authorize the president, chief financial officer, vice president of finance, senior vice president of human resources and the legal counsel of the corporation, or any one of them acting alone, to execute contracts, leases and documents, which have been approved in accordance with the policies of the corporation and its fiscal authorities adopted by the board of directors and to include within that authority Easter Seals New York, Inc., Easter Seals Maine, Inc., Easter Seals Rhode Island, Inc., Easter Seals Connecticut/dba Coastal Fairfield County, Harbor School, Inc., Manchester Alcoholism Rehabilitation Center (Farnum Center), Webster Place Center, Inc., Special Transit Services, Inc. or Agency Realty, Inc.

3. I further certify that ELWIN TREANOR is the COO / CFO of Easter Seals New Hampshire, Inc., and *all* its subsidiaries, and is still qualified and serving in such capacity.
4. The foregoing resolution has not been amended or revoked and remains in full force and effect as of MAY 17, 2013.

Betty Burke
Assistant Secretary

The foregoing instrument was acknowledged before me this 17th day of May 2013.

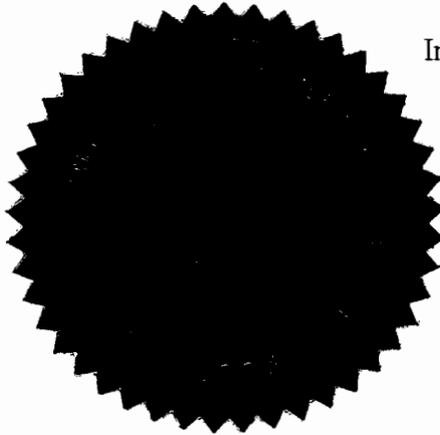
Diane L Boulay
Notary Public

DIANE L. BOULAY, Notary Public
My Commission Expires September 3, 2013

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 Easter Seals New Hampshire, Inc. is a New Hampshire nonprofit corporation formed November 6, 1967. I further certify that it is in good standing as far as this office is concerned, having filed the return(s) and paid the fees required by law.



In TESTIMONY WHEREOF, I hereto set my hand and cause to be affixed the Seal of the State of New Hampshire, this 4th day of April A.D. 2013

William M. Gardner
Secretary of State

DESCRIPTIONS (Continued from Page 1)

Waiver of Subrogation status to the Certificate holder, only when there is a written contract or written agreement between the named insured and the certificate holder that requires such status, and only with regard to the above referenced on behalf of the named insured. The General Liability policy contains a special endorsement with "Primary and Non-Contributory" wording.

5/23/12



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

BUREAU OF DRUG AND ALCOHOL SERVICES

Nicholas A. Toumpas
Commissioner

Nancy L. Rollins
Associate Commissioner

105 PLEASANT STREET, CONCORD, NH 03301
603-271-6100 1-800-804-0909
FAX: 603-271-6105 TDD Access: 1-800-735-2964

May 24, 2012

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

Approved by: G+C
Date: 6/20/12
Item No.: 104
Contract No.: 1024157

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division of Community Based Care Services, Bureau of Drug & Alcohol Services, to enter into an agreement with Manchester Alcoholism Rehabilitation Center (Vendor # 177204), 555 Auburn Street, Manchester, NH 03103, to provide for a continuum of substance abuse treatment services, in an amount not to exceed \$1,120,599.00 to be effective July 1, 2012 or date of Governor and Council approval, whichever is later, through June 30, 2013. Funds are available in the following accounts for State Fiscal Year 2013:

05-95-95-958410-5365 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SERVICES, HHS: COMMISSIONER, DCBCS TREATMENT & PREVENTION, ALCOHOL AND OTHER TREATMENT

Fiscal Year	Class/Object	Class Title	Job Number	Amount
SFY 2013	102-500734	Contracts for Prog Svc	95846501	\$515,420.00
			Subtotal	\$515,420.00

05-95-95-958410-1388 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SERVICES, HHS: COMMISSIONER, DCBCS TREATMENT AND PREVENTION, GOVERNOR

Fiscal Year	Class/Object	Class Title	Job Number	Amount
SFY 2013	102-500734	Contracts for Prog Svc	95848501	\$251,406.00
			Subtotal	\$251,406.00

05-95-95-958410-1387 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SERVICES, HHS: COMMISSIONER, DCBCS TREATMENT & PREVENTION, TREATMENT-PREVENTION-STATE

Fiscal Year	Class/Object	Class Title	Job Number	Amount
SFY 2013	102-500734	Contracts for Prog Svc	95841387	\$353,773.00
			Subtotal	\$353,773.00
			Total	\$1,120,599.00

EXPLANATION

The purpose of this agreement is to provide a continuum of substance abuse treatment services such as community based outpatient, intensive outpatient, residential, transitional living, and recovery support services, including specialized treatment services for pregnant and parenting women and their children, in the Manchester Area.

Client eligibility for treatment services is targeted at those either unable to pay for services or able to pay only part of the cost of services, and who has or is suspected of having an alcohol or other drug abuse problem, and who is a resident of the State of New Hampshire or is homeless in NH. All clients discharged from treatment services supported by this contract will be referred to care coordination and recovery-support aftercare services as clinically appropriate, supported separately by the Federal Access to Recovery Grant.

The State is migrating toward a Resiliency and Recovery Oriented Systems of Care. Recovery-oriented systems of care are networks of organizations, agencies and community members that coordinate a wide spectrum of services to prevent, intervene in, and treat substance use problems and disorders. In addition, this contract will allow the State to improve the quality and array of services available to clients. Quality improvement efforts include the exchange of data and information that will support "data driven" prevention and treatment programming to better address the needs to the region.

The New Hampshire Office of Energy and Planning reported the 2009 Population Estimates of New Hampshire Cities and Towns as 1,324,575. The National Survey on Drug Use and Health commissioned by the Substance Abuse and Mental Health Services Administration in 2008/2009 reported the following demographic data for New Hampshire:

- Alcohol Abuse: 97,630 (7% of population)
- Alcohol dependence: 44,850 (3% of population)
- Illicit Drug Abuse: 43,810 (3% of population)
- Illicit Drug Dependence: 32,240 (2% of population)
- Substance Abuse: 126,630 (10% of population)
- Needing but not receiving treatment for alcohol abuse: 93,990 (7% of population)
- Needing but not receiving treatment for illicit drug use: 39,390 (3% of population)

In addition, the New Hampshire Medical Examiner office reported 172 drug related overdose deaths in NH during 2010. The New Hampshire Administrative Office of the Courts reported 9,500 arrests and 5,000 convictions for Driving While Impaired in 2009. Approximately 90% of individuals arrested for Driving While Impaired have an underlying substance abuse disorder according to the National Institute on Alcohol Abuse and Alcoholism.

Should the Governor and Executive Council determine to not authorize this Request, agencies would not have sufficient resources to promote, implement and provide the array of services necessary to provide individuals with substance use disorders the necessary tools to achieve, enhance and sustain recovery. In addition, failure to obligate the federal funds in the Substance Abuse Prevention and Treatment Block Grant to community based programs to provide alcohol and other drug treatment service would place that Block Grant in jeopardy.

Manchester Alcoholism Rehabilitation Center was selected for this agreement through a competitive bid process. A Request for Proposals was posted on the Department's web site on March 6, 2012 through April 2, 2012. In addition, a bidder's conference was held on March 12, 2012.

A total of 19 proposals were received. A review committee of three professionals reviewed each proposal. All reviewers have between three to twenty years experience managing agreements with vendors for various public health programs. Areas of specific expertise include: maternal and child health; substance abuse prevention and treatment; chronic and communicable diseases; and public health infrastructure. Eighteen of the proposals were selected for funding based on review criteria that included availability of funds, consistency with stated funding priorities, technical score, and equitable geographic distribution. The agency that was not selected did not meet the minimum scoring criteria established for funding. The Bid Summary is attached.

This request covers services for the period July 1, 2012 to June 30, 2013, with an option to renew for one additional year, pending availability of funding, the agreement of the parties and approval of Governor and Council. These services were contracted previously with this agency in State Fiscal Year 2012 in the amount of \$1,120,599.00. This agreement represents level funding.

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

- Utilization criteria will be applied exclusively on a month-by-month basis according to the criteria below.
 - i. Contracts running at 90% to 100% of utilization in a given month will be reimbursed at 100% of the contracted rate for that month.
 - ii. Contracts running at 80% to 89% of utilization in a given month will be reimbursed at rate of 95% of the contracted rate for that month.
 - iii. Contracts running below 80% of utilization in a given month will be reimbursed at the rate of utilization for that month (for example for a given month in which utilization was 59% the contractor would be reimbursed at 59% of the contracted rate for that month).

- Treatment contractors shall respond to calls requesting services, whether an initial or subsequent call, from clients or referring agencies as soon as possible and within at least 2 business days following the day the call was received. The following Access Criteria must be met for a minimum of 80% of prospective clients (from clients or referring agencies) for the month in which billing is being submitted:
 - i. Treatment contractors are required to conduct initial eligibility screening as soon as possible, ideally at the time of first contact (direct communication by phone or in person) with the client or referring agency, but not later than 5 business days following the date of first contact.
 - ii. Those who have screened eligible for services will start receiving services, whether for the identified level of care or interim services, within 10 business days follow the eligibility screening.

- A minimum of 70% of clients, which have completed or otherwise are no longer receiving services, will have met the minimum retention standards for the modality of services received as noted below:
 - i. Have completed a minimum of 6 sessions of outpatient treatment services (OP)
 - ii. Have completed a minimum of 8 days of intensive outpatient treatment services (IOP) – only those days in which a client has participated in minimum of 10 units (2.5 hours) of service per day (12 units per day is the standard for IOP services) may be counted.
 - iii. Have completed a minimum of 14 days of residential treatment service
 - iv. Has completed a minimum of 28 days in a transitional living/halfway house residential program.

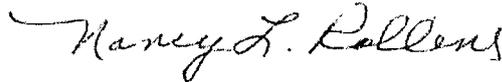
Area served: Manchester Area.

His Excellency, Governor John H. Lynch
and the Honorable Executive Council
May 24, 2012
Page 4 of 4

Source of Funds: 46% Federal Funds from Substance Abuse and Mental Health Services Administration, Substance Abuse Prevention and Treatment Block Grant, 50.85% General Funds and 3.15% Other (Highway) Funds.

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

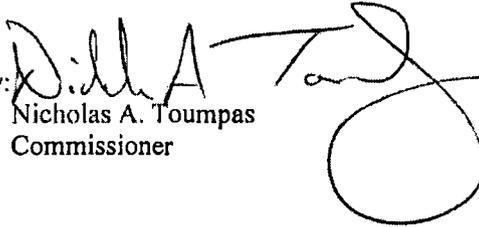
Respectfully submitted,



Nancy L. Rollins
Associate Commissioner

SIGN HERE

Approved by:



Nicholas A. Toumpas
Commissioner

NLR/df



**State of New Hampshire
Department of Health and Human Services
Amendment #1 to the Substance Abuse Treatment and Recovery Support Services
Contract**

This first Amendment to the Substance Abuse Treatment and Recovery Support Services contract (hereinafter referred to as "Amendment #1") dated this April 24th day of 2013, 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 Mental Health Center of Greater Manchester, Inc. (hereinafter referred to as "the Contractor"), a nonprofit corporation with a place of business at 401 Cypress Street, Manchester, NH 03103.

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on June 20, 2012, 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 and Exhibit C, Paragraph 17, the State may, extend the agreement by one year by written agreement of the parties;

WHEREAS the State desires to have the Contractor continue to provide the services as specified in the agreement for another one year period;

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) Amendment and modification of P-37 "Agreement";
 - a) Change Completion date in Block 1.7 of the P-37 to read June 30, 2014.
 - b) Change Price Limitation in Block 1.8 of the P-37 to read \$ 54,228.00

- 2) Amendment and modification of Exhibit A;
 - a) **Delete** "CONTRACT PERIOD: July 1, 2012, or date of G&C approval, whichever is later, Through June 30, 2013"
 - b) **Change II A from:** "The contractor shall provide treatment services in the geographic area(s)/location(s) as specified below:"
Change to: "The contractor shall provide treatment services, in each State Fiscal Year, in the geographic area(s)/location(s) as specified below:"
 - c) **Change II B Group Recovery Support Services from:** "Contractors, with the exception of those agencies that only offer outpatient services, are required to develop the capacity for group recovery support aftercare services for a minimum of 50% of the number treatment clients (including outpatient and transitional living program clients) they are under contract to serve. These group recovery support services are for clients discharged from substance use disorder (SUD) treatment services provided under contract with BDAS on behalf of DHHS, which may include clients that had received SUD treatment from the Contractor or a different agency. Contractors are only allowed to access these services for their clients or clients that had received SUD treatment from a different agency through the statewide care coordination program under agreement with BDAS on behalf of DHHS."

PWT
5/2/13



Change to: “Contractors, with the exception of those agencies that only offer outpatient services, are required to develop the capacity for group recovery support aftercare services for a minimum of 25% of the number treatment clients (including outpatient and transitional living program clients) they are under contract to serve. These group recovery support services are for clients discharged from substance use disorder (SUD) treatment services provided under contract with BDAS on behalf of DHHS, which may include clients that had received SUD treatment from the Contractor or a different agency. Contractors are only allowed to access these services for their clients or clients that had received SUD treatment from a different agency through the statewide care coordination program under agreement with BDAS on behalf of DHHS.”

d) **Delete Table SAMHSA National Outcome Measures**

Replace with:

Table SAMHSA National Outcome Measures

<i>DOMAIN</i>	<i>OUTCOME</i>	<i>SUBSTANCE ABUSE TREATMENT MEASURES</i>
Access	Reduce the wait time for Intake & Admission	<ul style="list-style-type: none"> 80% of clients will receive a telephone eligibility screening of the initial first contact with the Contractor and those who screen eligible will receive an intake within 5 business days of the eligibility screening and 80% of clients who meet admission criteria will be admitted to services or interim services within 5 business days of intake.
Retention	Increase retention in substance abuse treatment	70% of clients that have participated in the minimum participation requirement. See section in the following pay for performance paragraph.
Capacity	Increase service capacity	Increase by 10% the (unduplicated) number of clients receiving service from previous year – DHHS will not be held to this standard for SFY 2013 due to significant budget reductions.
Social Connectedness	Increased recovery supports/ connections	25% of clients participate in care coordination and post treatment recovery support services (RSS).
Perception of Care	Client perception of care	Under development
Cost Effectiveness	Cost effectiveness (average cost)	Average Contractor cost per client for services provided per client are within 10% of the average statewide cost per client of service for each modality of service.

Pw 5
5/2/13



<i>DOMAIN</i>	<i>OUTCOME</i>	<i>SUBSTANCE ABUSE TREATMENT MEASURES</i>
Use of Evidenced-Based Practices	Use of Evidenced-Based Practices	<ul style="list-style-type: none"> • WITS Electronic Health Record • ASI or GAIN Assessment • NIDA/SAMHSA MATRS Treatment Planning model • Clinical model for treatment services recognized by National Registry of Evidence Based Programs and Practices (NREPP).

- 3) Amendment and modification of Exhibit B;
 - a) **Delete** "CONTRACT PERIOD: July 1, 2012, or date of G&C approval, whichever is later, through June 30, 2013"
 - b) **Change from** Section II: "The total amount of all payments made to the Contractor for cost and expenses incurred in the performance of the services, as detailed in Exhibit B, during the period of the contract shall not exceed:"
Change to: "The total amount of all payments made to the Contractor for cost and expenses incurred in the performance of the services during each State Fiscal Year of the contract shall not exceed:"
 - c) Delete in Section II; "TOTAL: \$27,114.00"
- 4) **Add** Exhibit B-1

RWT
5/10/13

New Hampshire Substance Abuse Treatment and Recovery Support Services



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

5/28/13
Date

Nancy L. Rollins
Nancy L. Rollins
Associate Commissioner

The Mental Health Center of Greater
Manchester, Inc.

5/8/2013
Date

Peter J. Wells
Name: Peter J. Wells
Title: President/CEO

Acknowledgement:

State of NH, County of Hillsborough on May 8, 2013, 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 of Notary Public or Justice of the Peace

Joanne C. Duclos

Name and Title of Notary or Justice of the Peace

JOANNE C. DUCLOS, Notary Public
My Commission Expires October 22, 2013

New Hampshire Substance Abuse Treatment and Recovery Support Services



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

OFFICE OF THE ATTORNEY GENERAL

17 May 2013
Date

Jeanne P. Herrick
Name: Jeanne P. Herrick
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:

PO 5
5/21/13

Exhibit B-1

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

Bladder/Program Name: THE MENTAL HEALTH CENTER OF GREATER MANCHESTER

Budget Request for: Substance Abuse Treatment Services
(Name of RFP)

Budget Period: State Fiscal Year 2014

Line Item	Total Program Cost			Contractor Share / Match			Funded by DHHS contract share			Total
	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total	
1. Total Salary/Wages	\$ 45,986.31	\$ -	\$ 45,986.31	\$ 24,707.31	\$ -	\$ 24,707.31	\$ 21,279.00	\$ -	\$ 21,279.00	
2. Employee Benefits	\$ 12,859.55	\$ -	\$ 12,859.55	\$ 7,024.55	\$ -	\$ 7,024.55	\$ 5,838.00	\$ -	\$ 5,838.00	
3. Consultants	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
4. Equipment:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Rental	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Repair and Maintenance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Purchase/Depreciation	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
5. Supplies:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Educational	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Lab	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Pharmacy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Medical	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Office	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
6. Travel	\$ 800.00	\$ -	\$ 800.00	\$ 600.00	\$ -	\$ 600.00	\$ -	\$ -	\$ 600.00	
7. Occupancy	\$ 1,100.00	\$ -	\$ 1,100.00	\$ 1,100.00	\$ -	\$ 1,100.00	\$ -	\$ -	\$ 1,100.00	
8. Current Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Telephone	\$ 700.00	\$ -	\$ 700.00	\$ 700.00	\$ -	\$ 700.00	\$ -	\$ -	\$ 700.00	
Postage	\$ 150.00	\$ -	\$ 150.00	\$ 150.00	\$ -	\$ 150.00	\$ -	\$ -	\$ 150.00	
Subscriptions	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Audit and Legal	\$ 430.00	\$ -	\$ 430.00	\$ 430.00	\$ -	\$ 430.00	\$ -	\$ -	\$ 430.00	
Insurance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Board Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
9. Software	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
10. Marketing/Communications	\$ 200.00	\$ -	\$ 200.00	\$ 200.00	\$ -	\$ 200.00	\$ -	\$ -	\$ 200.00	
11. Staff Education and Training	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
12. Subcontracts/Agreements	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
13. Other (specify detail in narrative):	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
TOTAL	\$ 82,025.86	\$ -	\$ 82,025.86	\$ 34,911.86	\$ -	\$ 34,911.86	\$ 27,114.00	\$ -	\$ 27,114.00	

Indirect As A Percent of Direct 0.0%

Contractor Initials PLS
Date 5/10/2013 Page 1

WITH SEAL

CERTIFICATE OF VOTE

I, Timothy Soucy, of The Mental Health Center of Greater Manchester, do hereby certify that:

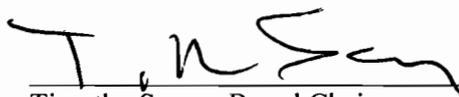
1. I am the duly elected Chair of the Board of Directors;
2. The following are true copies of two resolutions duly adopted at a meeting of the Board of Directors of the corporation duly held on March 27, 2012;

RESOLVED: That this corporation enters into a contract with the State of New Hampshire, acting through its Department of Health and Human Services, Division of Community Based Care Services.

RESOLVED: That the President/Chief Executive Officer is hereby authorized on behalf of this corporation to enter into said contract with the State and to execute any and all documents, agreements, and other instruments; and any amendments, revisions, or modifications thereto, as he/she may deem necessary, desirable, or appropriate. Peter Janelle is the duly elected President/Chief Executive Officer of the corporation.

3. The foregoing resolutions have not been amended or revoked and remain in full force and effect as of May 8, 2013.

IN WITNESS WHEREOF, I have hereunto set my hand as the Chair of the corporation this 8th day of May, 2013.



Timothy Soucy, Board Chair

(CORPORATE SEAL)

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 THE MENTAL HEALTH CENTER OF GREATER MANCHESTER, INC. is a New Hampshire nonprofit corporation formed October 17, 1960. I further certify that it is in good standing as far as this office is concerned, having filed the return(s) and paid the fees required by law.



In TESTIMONY WHEREOF, I hereto set my hand and cause to be affixed the Seal of the State of New Hampshire, this 1st day of April A.D. 2013

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

William M. Gardner
Secretary of State

UP
SAD
W



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

BUREAU OF DRUG AND ALCOHOL SERVICES

Nicholas A. Toumpas
Commissioner

Nancy L. Rollins
Associate
Commissioner

106 PLEASANT STREET, CONCORD, NH 03301
603-271-6100 1-800-804-0909
FAX: 603-271-6105 TDD Access: 1-800-735-2964

May 25, 2012 Approved by: GTC
Date: 6/20/12
Item No.: 109
Contract No.: 1024228

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

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division of Community Based Care Services, Bureau of Drug & Alcohol Services, to enter into an agreement with The Mental Health Center of Greater Manchester, Inc. (Vendor #177184 B001), 401 Cypress Street, Manchester, NH 03103, to provide for a continuum of substance abuse treatment services, in an amount not to exceed \$27,114.00 to be effective July 1, 2012 or date of Governor and Council approval, whichever is later, through June 30, 2013. Funds are available in the following accounts for State Fiscal Year 2013:

05-95-95-958410-5365 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SERVICES, HHS: COMMISSIONER, DCBCS TREATMENT & PREVENTION, ALCOHOL AND OTHER TREATMENT

Fiscal Year	Class/Object	Class Title	Job Number	Amount
SFY 2013	102-500734	Contracts for Prog Svc	95846501	\$12,377.00
			Subtotal	\$12,377.00

05-95-95-958410-1388 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SERVICES, HHS: COMMISSIONER, DCBCS TREATMENT AND PREVENTION, GOVERNOR

Fiscal Year	Class/Object	Class Title	Job Number	Amount
SFY 2013	102-500734	Contracts for Prog Svc	95848501	\$6,083.00
			Subtotal	\$6,083.00

05-95-95-958410-1387 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SERVICES, HHS: COMMISSIONER, DCBCS TREATMENT & PREVENTION, TREATMENT-PREVENTION-STATE

Fiscal Year	Class/Object	Class Title	Job Number	Amount
SFY 2013	102-500734	Contracts for Prog Svc	95841387	\$8,654.00
			Subtotal	\$8,654.00
			Total	\$27,114.00

EXPLANATION

The purpose of this agreement is to provide a continuum of substance abuse treatment services such as community based outpatient, intensive outpatient, residential, transitional living, and recovery support services, including specialized treatment services for pregnant and parenting women and their children, in the Manchester area.

Client eligibility for treatment services is targeted at those either unable to pay for services or able to pay only part of the cost of services, and who has or is suspected of having an alcohol or other drug abuse problem, and who is a resident of the State of New Hampshire or is homeless in NH. All clients discharged from treatment services supported by this contract will be referred to care coordination and recovery-support aftercare services as clinically appropriate, supported separately by the Federal Access to Recovery Grant.

The State is migrating toward a Resiliency and Recovery Oriented Systems of Care. Recovery-oriented systems of care are networks of organizations, agencies and community members that coordinate a wide spectrum of services to prevent, intervene in, and treat substance use problems and disorders. In addition, this contract will allow the State to improve the quality and array of services available to clients. Quality improvement efforts include the exchange of data and information that will support "data driven" prevention and treatment programming to better address the needs to the region.

The New Hampshire Office of Energy and Planning reported the 2009 Population Estimates of New Hampshire Cities and Towns as 1,324,575. The National Survey on Drug Use and Health commissioned by the Substance Abuse and Mental Health Services Administration in 2008/2009 reported the following demographic data for New Hampshire:

- Alcohol Abuse: 97,630 (7% of population)
- Alcohol dependence: 44,850 (3% of population)
- Illicit Drug Abuse: 43,810 (3% of population)
- Illicit Drug Dependence: 32,240 (2% of population)
- Substance Abuse: 126,630 (10% of population)
- Needing but not receiving treatment for alcohol abuse: 93,990 (7% of population)
- Needing but not receiving treatment for illicit drug use: 39,390 (3% of population)

In addition, the New Hampshire Medical Examiner office reported 172 drug related overdose deaths in NH during 2010. The New Hampshire Administrative Office of the Courts reported 9,500 arrests and 5,000 convictions for Driving While Impaired in 2009. Approximately 90% of individuals arrested for Driving While Impaired have an underlying substance abuse disorder according to the National Institute on Alcohol Abuse and Alcoholism.

Should the Governor and Executive Council determine to not authorize this Request, agencies would not have sufficient resources to promote, implement and provide the array of services necessary to provide individuals with substance use disorders the necessary tools to achieve, enhance and sustain recovery. In addition, failure to obligate the federal funds in the Substance Abuse Prevention and Treatment Block Grant to community based programs to provide alcohol and other drug treatment service would place that Block Grant in jeopardy.

The Mental Health Center of Greater Manchester was selected for this agreement through a competitive bid process. A Request for Proposals was posted on the Department's web site on March 6, 2012 through April 2, 2012. In addition, a bidder's conference was held on March 12, 2012.

A total of 19 proposals were received. A review committee of three professionals reviewed each proposal. All reviewers have between three to twenty years experience managing agreements with vendors for various public health programs. Areas of specific expertise include: maternal and child health; substance abuse prevention and treatment; chronic and communicable diseases; and public health infrastructure. Eighteen of the proposals were selected for funding based on review criteria that included availability of funds, consistency with stated funding priorities, technical score, and equitable geographic distribution. The agency that was not selected did not meet the minimum scoring criteria established for funding. The Bid Summary is attached.

This request covers services for the period July 1, 2012 to June 30, 2013, with an option to renew for one additional year, pending availability of funding, the agreement of the parties and approval of Governor and Council. These services were contracted previously with this agency in State Fiscal Year 2012 in the amount of \$27,114.00. This agreement represents level funding.

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

- Utilization criteria will be applied exclusively on a month-by-month basis according to the criteria below.
 - i. Contracts running at 90% to 100% of utilization in a given month will be reimbursed at 100% of the contracted rate for that month.
 - ii. Contracts running at 80% to 89% of utilization in a given month will be reimbursed at rate of 95% of the contracted rate for that month.
 - iii. Contracts running below 80% of utilization in a given month will be reimbursed at the rate of utilization for that month (for example for a given month in which utilization was 59% the contractor would be reimbursed at 59% of the contracted rate for that month).
- Treatment contractors shall respond to calls requesting services, whether an initial or subsequent call, from clients or referring agencies as soon as possible and within at least 2 business days following the day the call was received. The following Access Criteria must be met for a minimum of 80% of prospective clients (from clients or referring agencies) for the month in which billing is being submitted:
 - i. Treatment contractors are required to conduct initial eligibility screening as soon as possible, ideally at the time of first contact (direct communication by phone or in person) with the client or referring agency, but not later than 5 business days following the date of first contact.
 - ii. Those who have screened eligible for services will start receiving services, whether for the identified level of care or interim services, within 10 business days follow the eligibility screening.
- A minimum of 70% of clients, which have completed or otherwise are no longer receiving services, will have met the minimum retention standards for the modality of services received as noted below:
 - i. Have completed a minimum of 6 sessions of outpatient treatment services (OP)
 - ii. Have completed a minimum of 8 days of intensive outpatient treatment services (IOP) – only those days in which a client has participated in minimum of 10 units (2.5 hours) of service per day (12 units per day is the standard for IOP services) may be counted.
 - iii. Have completed a minimum of 14 days of residential treatment service
 - iv. Has completed a minimum of 28 days in a transitional living/halfway house residential program.

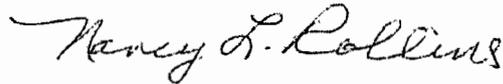
Area served: Manchester.

His Excellency, Governor John H. Lynch
and the Honorable Executive Council
May 25, 2012
Page 4 of 4

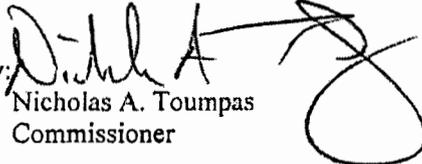
Source of Funds: 45.65% Federal Funds from Substance Abuse and Mental Health Services Administration, Substance Abuse Prevention and Treatment Block Grant, 51.16% General Funds and 3.19% Other (Highway) Funds.

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

Respectfully submitted,



Nancy L. Rollins
Associate Commissioner

Approved by: 
Nicholas A. Toumpas
Commissioner

NLR/df



**State of New Hampshire
Department of Health and Human Services
Amendment #1 to the Substance Abuse Treatment and Recovery Support Services
Contract**

This first Amendment to the Substance Abuse Treatment and Recovery Support Services contract (hereinafter referred to as "Amendment #1") dated this April 24th day of 2013, is by and between the State of New Hampshire, Department of Health and Human Services (hereinafter referred to as the "State" or "Department") and Monadnock Family Services (hereinafter referred to as "the Contractor"), a nonprofit corporation with a place of business at 64 Main Street, Suite 201, Keene, New Hampshire.

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on June 20, 2012, 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 and Exhibit C, Paragraph 17, the State may, extend the agreement by one year by written agreement of the parties;

WHEREAS the State desires to have the Contractor continue to provide the services as specified in the agreement for another one year period;

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) Amendment and modification of P-37 "Agreement";
 - a) Change Completion date in Block 1.7 of the P-37 to read June 30, 2014.
 - b) Change Price Limitation in Block 1.8 of the P-37 to read \$ 195,638.00
- 2) Amendment and modification of Exhibit A;
 - a) **Delete** "CONTRACT PERIOD: July 1, 2012, or date of G&C approval, whichever is later, Through June 30, 2013"
 - b) **Change II A from:** "The contractor shall provide treatment services in the geographic area(s)/location(s) as specified below:"
Change to: "The contractor shall provide treatment services, in each State Fiscal Year, in the geographic area(s)/location(s) as specified below:"
 - c) **Change II B Group Recovery Support Services from:** "Contractors, with the exception of those agencies that only offer outpatient services, are required to develop the capacity for group recovery support aftercare services for a minimum of 50% of the number treatment clients (including outpatient and transitional living program clients) they are under contract to serve. These group recovery support services are for clients discharged from substance use disorder (SUD) treatment services provided under contract with BDAS on behalf of DHHS, which may include clients that had received SUD treatment from the Contractor or a different agency. Contractors are only allowed to access these services for their clients or clients that had received SUD treatment from a different agency through the statewide care coordination program under agreement with



BDAS on behalf of DHHS.”

Change to: “Contractors, with the exception of those agencies that only offer outpatient services, are required to develop the capacity for group recovery support aftercare services for a minimum of 25% of the number treatment clients (including outpatient and transitional living program clients) they are under contract to serve. These group recovery support services are for clients discharged from substance use disorder (SUD) treatment services provided under contract with BDAS on behalf of DHHS, which may include clients that had received SUD treatment from the Contractor or a different agency. Contractors are only allowed to access these services for their clients or clients that had received SUD treatment from a different agency through the statewide care coordination program under agreement with BDAS on behalf of DHHS.”

d) **Delete Table SAMHSA National Outcome Measures**

Replace with:

Table SAMHSA National Outcome Measures

<i>DOMAIN</i>	<i>OUTCOME</i>	<i>SUBSTANCE ABUSE TREATMENT MEASURES</i>
Access	Reduce the wait time for Intake & Admission	<ul style="list-style-type: none"> 80% of clients will receive a telephone eligibility screening of the initial first contact with the Contractor and those who screen eligible will receive an intake within 5 business days of the eligibility screening and 80% of clients who meet admission criteria will be admitted to services or interim services within 5 business days of intake.
Retention	Increase retention in substance abuse treatment	70% of clients that have participated in the minimum participation requirement. See section in the following pay for performance paragraph.
Capacity	Increase service capacity	Increase by 10% the (unduplicated) number of clients receiving service from previous year – DHHS will not be held to this standard for SFY 2013 due to significant budget reductions.
Social Connectedness	Increased recovery supports/ connections	25% of clients participate in care coordination and post treatment recovery support services (RSS).
Perception of Care	Client perception of care	Under development
Cost Effectiveness	Cost effectiveness (average cost)	Average Contractor cost per client for services provided per client are within 10% of the average statewide cost per client of service for each modality of service.



DOMAIN	OUTCOME	SUBSTANCE ABUSE TREATMENT MEASURES
Use of Evidenced-Based Practices	Use of Evidenced-Based Practices	<ul style="list-style-type: none"> • WITS Electronic Health Record • ASI or GAIN Assessment • NIDA/SAMHSA MATRS Treatment Planning model • Clinical model for treatment services recognized by National Registry of Evidence Based Programs and Practices (NREPP).

- 3) Amendment and modification of Exhibit B;
- a) **Delete** "CONTRACT PERIOD: July 1, 2012, or date of G&C approval, whichever is later, through June 30, 2013"
 - b) **Change from** Section II: "The total amount of all payments made to the Contractor for cost and expenses incurred in the performance of the services, as detailed in Exhibit B, during the period of the contract shall not exceed."
Change to: "The total amount of all payments made to the Contractor for cost and expenses incurred in the performance of the services during each State Fiscal Year of the contract shall not exceed."
 - c) Delete in Section II; "TOTAL: \$97,819.00"
- 4) **Add** Exhibit B-1

New Hampshire Substance Abuse Treatment and Recovery Support Services



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

5/28/13
Date

Nancy L. Rollins
Associate Commissioner

Monadnock Family Services

5/14/13
Date

Philip P. Pyszak
Name: CEO
Title:

Acknowledgement:

State of NH, County of Cheshire on 5/14/13, 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 of Notary Public or Justice of the Peace

Gigi A. Batchelder
Name and Title of Notary or Justice of the Peace

GIGI A. BATCHELDER, Notary Public
My Commission Expires June 17, 2014

New Hampshire Substance Abuse Treatment and Recovery Support Services



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

OFFICE OF THE ATTORNEY GENERAL

21 May 2013
Date

[Signature]
Name: Janner P. Herrick
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 B-1

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

Bidder/Program Name: Monadnock Family Services

Budget Request for: Substance Abuse Treatment Services

Budget Period: State Fiscal Year 2014

Line Item	Total Program Cost		Contractor Share / Match		Funded by DHHS contract share		Total
	Direct Incremental	Indirect Fixed	Direct Incremental	Indirect Fixed	Direct Incremental	Indirect Fixed	
1. Total Salary/Wages	\$ 83,985.62	\$ -	\$ 83,985.62	\$ -	\$ 2,985.62	\$ 81,000.00	\$ 81,000.00
2. Employee Benefits	\$ 23,515.97	\$ -	\$ 23,515.97	\$ -	\$ 6,996.97	\$ 16,819.00	\$ 16,819.00
3. Consultants	\$ 240.94	\$ -	\$ 240.94	\$ -	\$ 240.94	\$ -	\$ -
4. Equipment:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Rental	\$ 343.47	\$ -	\$ 343.47	\$ -	\$ 343.47	\$ -	\$ -
Repair and Maintenance	\$ 440.07	\$ -	\$ 440.07	\$ -	\$ 440.07	\$ -	\$ -
Purchase/Depreciation	\$ 575.57	\$ -	\$ 575.57	\$ -	\$ 575.57	\$ -	\$ -
5. Supplies:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Educational	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Lab	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Pharmacy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Medical	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Office	\$ 980.11	\$ -	\$ 980.11	\$ -	\$ 980.11	\$ -	\$ -
6. Travel	\$ 1,532.09	\$ -	\$ 1,532.09	\$ -	\$ 1,532.09	\$ -	\$ -
7. Occupancy	\$ 4,037.45	\$ -	\$ 4,037.45	\$ -	\$ 4,037.45	\$ -	\$ -
8. Current Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Telephone	\$ 2,142.32	\$ -	\$ 2,142.32	\$ -	\$ 2,142.32	\$ -	\$ -
Postage	\$ 256.62	\$ -	\$ 256.62	\$ -	\$ 256.62	\$ -	\$ -
Subscriptions	\$ 55.25	\$ -	\$ 55.25	\$ -	\$ 55.25	\$ -	\$ -
Audit and Legal	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Insurance	\$ 1,322.68	\$ -	\$ 1,322.68	\$ -	\$ 1,322.68	\$ -	\$ -
Board Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
9. Software	\$ 506.50	\$ -	\$ 506.50	\$ -	\$ 506.50	\$ -	\$ -
10. Marketing/Communications	\$ 676.18	\$ -	\$ 676.18	\$ -	\$ 676.18	\$ -	\$ -
11. Staff Education and Training	\$ 276.05	\$ -	\$ 276.05	\$ -	\$ 276.05	\$ -	\$ -
12. Subcontracts/Agreements	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Administrative Charge	\$ -	\$ 14,506.40	\$ -	\$ 14,506.40	\$ -	\$ -	\$ -
TOTAL	\$ 120,886.89	\$ 14,506.40	\$ 135,393.29	\$ 14,506.40	\$ 23,067.89	\$ 97,819.00	\$ 97,819.00

Indirect As A Percent of Direct 12.0%

Contractor Initials

CERTIFICATE OF VOTE
(Corporation without Seal)

I, Jane Larmon, do hereby certify that:
(Name of Clerk of the Corporation, cannot be contract signatory)

1. I am a duly elected Clerk of Monadnock Family Services.
(Corporation Name)
2. The following are true copies of two resolutions duly adopted at a meeting of the Board of Directors of the Corporation duly held on 5-9-13:
(Date)

RESOLVED: That this Corporation enter into a contract with the State of New Hampshire, acting through its Department of Health and Human Services, Bureau of Drug & Alcohol Services, for the provision of

Substance Abuse Treatment services.

RESOLVED: That the Chief Executive Director
(Title of Contract Signatory)

is hereby authorized on behalf of this Corporation to enter into the said contract with the State and to execute any and all documents, agreements and other instruments, and any amendments, revisions, or modifications thereto, as he/she may deem necessary, desirable or appropriate.

3. The forgoing resolutions have not been amended or revoked, and remain in full force and effect as of the 14 day of May, 2013.
(Date Contract Signed)

4. Philip Wyzik is the duly elected Chief Executive Officer
(Name of Contract Signatory) (Title of Contract Signatory)

of the Corporation.

Jane G. Larmon
(Signature of Clerk of the Corporation)

STATE OF NEW HAMPSHIRE

County of Cheshire

The forgoing instrument was acknowledged before me this 14 day of May, 2013.

By Jane Larmon
(Name of Clerk of the Corporation)

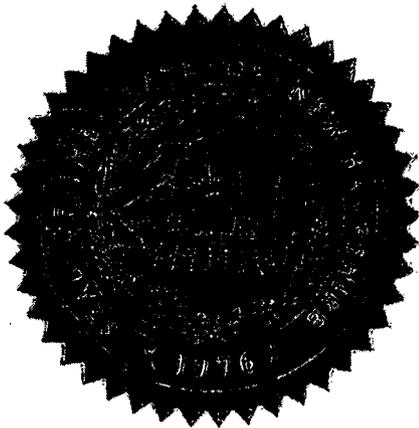
(NOTARY SEAL)

Gigi A. Batcheselder
(Notary Public/Justice of the Peace)
GIGI A. BATESHELDER, Notary Public
My Commission Expires June 17, 2014
Commission Expires. _____

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 MONADNOCK FAMILY SERVICES is a New Hampshire nonprofit corporation formed March 5, 1924. I further certify that it is in good standing as far as this office is concerned, having filed the return(s) and paid the fees required by law.



In TESTIMONY WHEREOF, I hereto set my hand and cause to be affixed the Seal of the State of New Hampshire, this 11th day of April A.D. 2013

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

William M. Gardner
Secretary of State



CERTIFICATE OF LIABILITY INSURANCE

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

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

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

PRODUCER Masiello Insurance Agency 69-A Island Street, Suite 1 Keene NH 03431		CONTACT NAME: Barbara Patnode, CPCU, Sr VP PHONE (A/C, No, Ext): (603) 283-1841 FAX (A/C, No): (603) 352-8367 E-MAIL ADDRESS: barbarap@masiello.com	
INSURED Monadnock Family Services 17 93 rd Street Keene NH 03431		INSURER(S) AFFORDING COVERAGE INSURER A: American States Ins Co - NIF INSURER B: Peerless Insurance Company INSURER C: General Ins Co of America - NIF INSURER D: INSURER E: INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** NIF 13-14 **REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
C	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> AI per written contract <input checked="" type="checkbox"/> Employees/Volunteers AI GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC	x	x	01CE919572-0	1/23/2013	1/23/2014	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 \$ 3,000,000 PRODUCTS - COM/POP AGG \$ 1,000,000
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			BA9097814	7/19/2012	7/19/2013	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Uninsured Motorists - BI \$ 1,000,000
A	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			01SU41753820	1/23/2013	1/23/2014	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y/N <input checked="" type="checkbox"/> N		N/A	WC9014927	7/19/2012	7/19/2013	<input checked="" type="checkbox"/> WC STATUTORY LIMITS E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
C	Professional Liability Occurrence Form			HLP7767493L	1/23/2013	1/23/2014	Each Occurrence 1,000,000 Aggregate limit 3,000,000

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

All licensed staff, clinicians, except for doctors/psychiatrists are covered under the Monadnock Family Services policies while employed at Monadnock Family Service. This Professional Liability provides Contingent Coverage for Monadnock Family Services for "actions of the doctor/psychiatrist" named in the suit. Primary coverage for the doctor/psychiatrist is not provided however is verified to be elsewhere.

CERTIFICATE HOLDER

Department of Health & Human Services
129 Pleasant Street
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

B Patnode, VP, CPCU/B

Barbara Patnode



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

BUREAU OF DRUG AND ALCOHOL SERVICES

Nicholas A. Toumpas
 Commissioner

105 PLEASANT STREET, CONCORD, NH 03301
 603-271-6100 1-800-804-0909
 FAX: 603-271-6105 TDD Access: 1-800-735-2964

Nancy L. Rollins
 Associate Commissioner

May 24, 2012

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

Approved by: G+C
 Date: 6/20/12
 Item No.: 111
 Contract No.: 1024150

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division of Community Based Care Services, Bureau of Drug & Alcohol Services, to enter into an agreement with Monadnock Family Services (Vendor #177510), 64 Main Street, Suite 201, Keene, NH 03431, to provide for a continuum of substance abuse treatment services, in an amount not to exceed \$97,819.00 to be effective July 1, 2012 or date of Governor and Council approval, whichever is later, through June 30, 2013. Funds are available in the following accounts for State Fiscal Year 2013:

05-95-95-958410-5365 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SERVICES, HHS: COMMISSIONER, DCBCS TREATMENT & PREVENTION, ALCOHOL AND OTHER TREATMENT

Fiscal Year	Class/Object	Class Title	Job Number	Amount
SFY 2013	102-500734	Contracts for Prog Svc	95846501	\$44,992.00
			Subtotal	\$44,992.00

05-95-95-958410-1388 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SERVICES, HHS: COMMISSIONER, DCBCS TREATMENT AND PREVENTION, GOVERNOR

Fiscal Year	Class/Object	Class Title	Job Number	Amount
SFY 2013	102-500734	Contracts for Prog Svc	95848501	\$21,946.00
			Subtotal	\$21,946.00

05-95-95-958410-1387 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SERVICES, HHS: COMMISSIONER, DCBCS TREATMENT & PREVENTION, TREATMENT-PREVENTION-STATE

Fiscal Year	Class/Object	Class Title	Job Number	Amount
SFY 2013	102-500734	Contracts for Prog Svc	95841387	\$30,881.00
			Subtotal	\$30,881.00
			Total	\$97,819.00

Boos

EXPLANATION

The purpose of this agreement is to provide a continuum of substance abuse treatment services such as community based outpatient, intensive outpatient, residential, transitional living, and recovery support services, including specialized treatment services for pregnant and parenting women and their children, in the Keene Area.

Client eligibility for treatment services is targeted at those either unable to pay for services or able to pay only part of the cost of services, and who has or is suspected of having an alcohol or other drug abuse problem, and who is a resident of the State of New Hampshire or is homeless in NH. All clients discharged from treatment services supported by this contract will be referred to care coordination and recovery-support aftercare services as clinically appropriate, supported separately by the Federal Access to Recovery Grant.

The State is migrating toward a Resiliency and Recovery Oriented Systems of Care. Recovery-oriented systems of care are networks of organizations, agencies and community members that coordinate a wide spectrum of services to prevent, intervene in, and treat substance use problems and disorders. In addition, this contract will allow the State to improve the quality and array of services available to clients. Quality improvement efforts include the exchange of data and information that will support "data driven" prevention and treatment programming to better address the needs to the region.

The New Hampshire Office of Energy and Planning reported the 2009 Population Estimates of New Hampshire Cities and Towns as 1,324,575. The National Survey on Drug Use and Health commissioned by the Substance Abuse and Mental Health Services Administration in 2008/2009 reported the following demographic data for New Hampshire:

- Alcohol Abuse: 97,630 (7% of population)
- Alcohol dependence: 44,850 (3% of population)
- Illicit Drug Abuse: 43,810 (3% of population)
- Illicit Drug Dependence: 32,240 (2% of population)
- Substance Abuse: 126,630 (10% of population)
- Needing but not receiving treatment for alcohol abuse: 93,990 (7% of population)
- Needing but not receiving treatment for illicit drug use: 39,390 (3% of population)

In addition, the New Hampshire Medical Examiner office reported 172 drug related overdose deaths in NH during 2010. The New Hampshire Administrative Office of the Courts reported 9,500 arrests and 5,000 convictions for Driving While Impaired in 2009. Approximately 90% of individuals arrested for Driving While Impaired have an underlying substance abuse disorder according to the National Institute on Alcohol Abuse and Alcoholism.

Should the Governor and Executive Council determine to not authorize this Request, agencies would not have sufficient resources to promote, implement and provide the array of services necessary to provide individuals with substance use disorders the necessary tools to achieve, enhance and sustain recovery. In addition, failure to obligate the federal funds in the Substance Abuse Prevention and Treatment Block Grant to community based programs to provide alcohol and other drug treatment service would place that Block Grant in jeopardy.

Monadnock Family Services was selected for this agreement through a competitive bid process. A Request for Proposals was posted on the Department's web site on March 6, 2012 through April 2, 2012. In addition, a bidder's conference was held on March 12, 2012.

A total of 19 proposals were received. A review committee of three professionals reviewed each proposal. All reviewers have between three to twenty years experience managing agreements with vendors for various public health programs. Areas of specific expertise include: maternal and child health; substance abuse prevention and treatment; chronic and communicable diseases; and public health infrastructure. Eighteen of the proposals were selected for funding based on review criteria that included availability of funds, consistency with stated funding priorities, technical score, and equitable geographic distribution. The agency that was not selected did not meet the minimum scoring criteria established for funding. The Bid Summary is attached.

This request covers services for the period July 1, 2012 to June 30, 2013, with an option to renew for one additional year, pending availability of funding, the agreement of the parties and approval of Governor and Council. These services were contracted previously with this agency in State Fiscal Year 2012 in the amount of \$97,819.00. This agreement represents level funding.

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

- Utilization criteria will be applied exclusively on a month-by-month basis according to the criteria below.
 - i. Contracts running at 90% to 100% of utilization in a given month will be reimbursed at 100% of the contracted rate for that month.
 - ii. Contracts running at 80% to 89% of utilization in a given month will be reimbursed at rate of 95% of the contracted rate for that month.
 - iii. Contracts running below 80% of utilization in a given month will be reimbursed at the rate of utilization for that month (for example for a given month in which utilization was 59% the contractor would be reimbursed at 59% of the contracted rate for that month).
- Treatment contractors shall respond to calls requesting services, whether an initial or subsequent call, from clients or referring agencies as soon as possible and within at least 2 business days following the day the call was received. The following Access Criteria must be met for a minimum of 80% of prospective clients (from clients or referring agencies) for the month in which billing is being submitted:
 - i. Treatment contractors are required to conduct initial eligibility screening as soon as possible, ideally at the time of first contact (direct communication by phone or in person) with the client or referring agency, but not later than 5 business days following the date of first contact.
 - ii. Those who have screened eligible for services will start receiving services, whether for the identified level of care or interim services, within 10 business days follow the eligibility screening.
- A minimum of 70% of clients, which have completed or otherwise are no longer receiving services, will have met the minimum retention standards for the modality of services received as noted below:
 - i. Have completed a minimum of 6 sessions of outpatient treatment services (OP)
 - ii. Have completed a minimum of 8 days of intensive outpatient treatment services (IOP) – only those days in which a client has participated in minimum of 10 units (2.5 hours) of service per day (12 units per day is the standard for IOP services) may be counted.
 - iii. Have completed a minimum of 14 days of residential treatment service
 - iv. Has completed a minimum of 28 days in a transitional living/halfway house residential program.

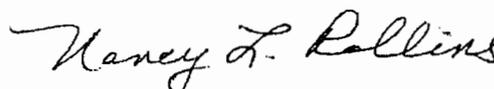
Area served: Keene area.

His Excellency, Governor John H. Lynch
and the Honorable Executive Council
May 24, 2012
Page 4 of 4

Source of Funds: 46% Federal Funds from Substance Abuse and Mental Health Services Administration, Substance Abuse Prevention and Treatment Block Grant, 50.85% General Funds and 3.15% Other (Highway) Funds.

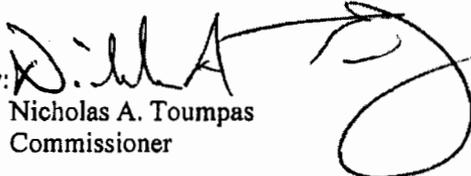
In the event that the Federal or Other Funds become no longer available, General Funds will not be requested to support this program.

Respectfully submitted,



Nancy L. Rollins
Associate Commissioner

Approved by:



Nicholas A. Toumpas
Commissioner

SIGN HERE

NLR/df



**State of New Hampshire
Department of Health and Human Services
Amendment #1 to the Substance Abuse Treatment and Recovery Support Services
Contract**

This first Amendment to the Substance Abuse Treatment and Recovery Support Services contract (hereinafter referred to as "Amendment #1") dated this April 24th day of 2013, is by and between the State of New Hampshire, Department of Health and Human Services (hereinafter referred to as the "State" or "Department") and Northern Human Services (hereinafter referred to as "the Contractor"), a nonprofit corporation with a place of business at 87 Washington Street, Conway, NH 03818.

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on June 20, 2012, 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 and Exhibit C, Paragraph 17, the State may, extend the agreement by one year by written agreement of the parties;

WHEREAS the State desires to have the Contractor continue to provide the services as specified in the agreement for another one year period;

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) Amendment and modification of P-37 "Agreement";
 - a) Change Completion date in Block 1.7 of the P-37 to read June 30, 2014.
 - b) Change Price Limitation in Block 1.8 of the P-37 to read \$ 398,050.00

- 2) Amendment and modification of Exhibit A;
 - a) **Delete** "CONTRACT PERIOD: July 1, 2012, or date of G&C approval, whichever is later, Through June 30, 2013"
 - b) **Change II A from:** "The contractor shall provide treatment services in the geographic area(s)/location(s) as specified below."
Change to: "The contractor shall provide treatment services, in each State Fiscal Year, in the geographic area(s)/location(s) as specified below:"
 - c) **Change II B Group Recovery Support Services from:** "Contractors, with the exception of those agencies that only offer outpatient services, are required to develop the capacity for group recovery support aftercare services for a minimum of 50% of the number treatment clients (including outpatient and transitional living program clients) they are under contract to serve. These group recovery support services are for clients discharged from substance use disorder (SUD) treatment services provided under contract with BDAS on behalf of DHHS, which may include clients that had received SUD treatment from the Contractor or a different agency. Contractors are only allowed to access these services for their clients or clients that had received SUD treatment from a different agency through the statewide care coordination program under agreement with BDAS on behalf of DHHS."



Change to: "Contractors, with the exception of those agencies that only offer outpatient services, are required to develop the capacity for group recovery support aftercare services for a minimum of 25% of the number treatment clients (including outpatient and transitional living program clients) they are under contract to serve. These group recovery support services are for clients discharged from substance use disorder (SUD) treatment services provided under contract with BDAS on behalf of DHHS, which may include clients that had received SUD treatment from the Contractor or a different agency. Contractors are only allowed to access these services for their clients or clients that had received SUD treatment from a different agency through the statewide care coordination program under agreement with BDAS on behalf of DHHS."

d) **Delete Table SAMHSA National Outcome Measures**

Replace with:

Table SAMHSA National Outcome Measures

<i>DOMAIN</i>	<i>OUTCOME</i>	<i>SUBSTANCE ABUSE TREATMENT MEASURES</i>
Access	Reduce the wait time for Intake & Admission	<ul style="list-style-type: none"> 80% of clients will receive a telephone eligibility screening of the initial first contact with the Contractor and those who screen eligible will receive an intake within 5 business days of the eligibility screening and 80% of clients who meet admission criteria will be admitted to services or interim services within 5 business days of intake.
Retention	Increase retention in substance abuse treatment	70% of clients that have participated in the minimum participation requirement. See section in the following pay for performance paragraph.
Capacity	Increase service capacity	Increase by 10% the (unduplicated) number of clients receiving service from previous year – DHHS will not be held to this standard for SFY 2013 due to significant budget reductions.
Social Connectedness	Increased recovery supports/ connections	25% of clients participate in care coordination and post treatment recovery support services (RSS).
Perception of Care	Client perception of care	Under development
Cost Effectiveness	Cost effectiveness (average cost)	Average Contractor cost per client for services provided per client are within 10% of the average statewide cost per client of service for each modality of service.



<i>DOMAIN</i>	<i>OUTCOME</i>	<i>SUBSTANCE ABUSE TREATMENT MEASURES</i>
Use of Evidenced-Based Practices	Use of Evidenced-Based Practices	<ul style="list-style-type: none"> • WITS Electronic Health Record • ASI or GAIN Assessment • NIDA/SAMHSA MATRS Treatment Planning model • Clinical model for treatment services recognized by National Registry of Evidence Based Programs and Practices (NREPP).

- 3) Amendment and modification of Exhibit B;
 - a) **Delete** "CONTRACT PERIOD: July 1, 2012, or date of G&C approval, whichever is later, through June 30, 2013"
 - b) **Change from** Section II: "The total amount of all payments made to the Contractor for cost and expenses incurred in the performance of the services, as detailed in Exhibit B, during the period of the contract shall not exceed:"
Change to: "The total amount of all payments made to the Contractor for cost and expenses incurred in the performance of the services during each State Fiscal Year of the contract shall not exceed:"
 - c) Delete in Section II; "TOTAL: \$199,025.00"

- 4) **Add** Exhibit B-1

New Hampshire Substance Abuse Treatment and Recovery Support Services



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

5/28/13
Date

Nancy L. Rollins
Associate Commissioner

Northern Human Services

5/9/13
Date

Marge McClellan
Name: President
Title:

Acknowledgement:

State of N.H., County of Coos on 5/9/13, 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 of Notary Public or Justice of the Peace

Eileen S. Theriault Notary
Name and Title of Notary or Justice of the Peace

My Commission Expires
3/20/18

New Hampshire Substance Abuse Treatment and Recovery Support Services



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

OFFICE OF THE ATTORNEY GENERAL

17 May 2013
Date

[Signature]
Name: VERNON P. HERRICK
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 B-1

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

Bidder/Program Name: Northern Human Services
Budget Request for: Substance Abuse Treatment Services
(Name of RFP)

Budget Period: State Fiscal Year 2014

Line Item	Total Program Cost		Contractor Share / Match		Funded by DRHS contract share		Total
	Direct Incremental	Indirect Fixed	Direct Incremental	Indirect Fixed	Direct Incremental	Indirect Fixed	
1. Total Salary/Wages	\$ 153,372.55	\$ 168,710.00	\$ 14,194.55	\$ 1,419.45	\$ 139,178.00	\$ 13,918.00	\$ 153,096.00
2. Employee Benefits	\$ 63,524.00	\$ 69,876.00	\$ 2,177.00	\$ -	\$ 41,754.00	\$ 4,175.00	\$ 45,929.00
3. Consultants	\$ 7,193.84	\$ 7,913.00	\$ 7,193.84	\$ 719.38	\$ -	\$ -	\$ -
4. Equipment:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Rental	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Repair and Maintenance	\$ 307.27	\$ 338.00	\$ 307.27	\$ 30.73	\$ -	\$ -	\$ -
Purchase/Depreciation	\$ 2,131.82	\$ 2,345.00	\$ 2,131.82	\$ 213.18	\$ -	\$ -	\$ -
5. Supplies:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Educational	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Lab	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Pharmacy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Medical	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Office	\$ 2,560.91	\$ 2,817.00	\$ 2,560.91	\$ 256.09	\$ -	\$ -	\$ -
6. Travel	\$ 4,287.27	\$ 4,716.00	\$ 4,287.27	\$ 428.73	\$ -	\$ -	\$ -
7. Occupancy	\$ 14,823.84	\$ 16,306.00	\$ 14,823.84	\$ 1,482.38	\$ -	\$ -	\$ -
8. Current Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Telephone	\$ 3,818.18	\$ 4,200.00	\$ 3,818.18	\$ 381.82	\$ -	\$ -	\$ -
Postage	\$ 361.82	\$ 368.00	\$ 361.82	\$ 36.18	\$ -	\$ -	\$ -
Subscriptions	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Audit and Legal	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Insurance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Board Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Software	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
9. Marketing/Communications	\$ 4,210.00	\$ 4,631.00	\$ 4,210.00	\$ 421.00	\$ -	\$ -	\$ -
11. Staff Education and Training	\$ 4,532.73	\$ 4,986.00	\$ 4,532.73	\$ 453.27	\$ -	\$ -	\$ -
12. Subcontracts/Agreements	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL	\$ 281,123.82	\$ 287,238.00	\$ 80,191.82	\$ 8,019.18	\$ 180,932.00	\$ 18,093.00	\$ 199,025.00

10.0%

Indirect As A Percent of Direct

CERTIFICATE OF VOTE
(Corporation without Seal)

1. Madelene Costello, do hereby certify that:
(Name of Clerk of the Corporation: cannot be contract signatory)

1. I am a duly elected Clerk of Northern Human Services.
(Corporation Name)

2. The following are true copies of two resolutions duly adopted at a meeting of the Board of Directors of the Corporation duly held on January 28, 2013.
(Date)

RESOLVED: That this Corporation enter into a contract with the State of New Hampshire, acting through its Department of Health and Human Services, for the provision of

Outpatient treatment services.

RESOLVED: That the President
(Title of Contract Signatory)

is hereby authorized on behalf of this Corporation to enter into the said contract with the State and to execute any and all documents, agreements and other instruments, and any amendments, revisions, or modifications thereto, as he/she may deem necessary, desirable or appropriate.

3. The forgoing resolutions have not been amended or revoked, and remain in full force and effect as of the 9th day of May, 2013.
(Date Contract Signed)

4. Marge McClellan is the duly elected President
(Name of Contract Signatory) (Title of Contract Signatory)

of the Corporation.

Madelene P. Costello
(Signature of Clerk of the Corporation)

STATE OF NEW HAMPSHIRE

County of Carroll

The forgoing instrument was acknowledged before me this 9th day of May, 2013.

By Madelene Costello
(Name of Clerk of the Corporation)

Clairie L. Kondrat
(Notary Public/Justice of the Peace)

(NOTARY SEAL)

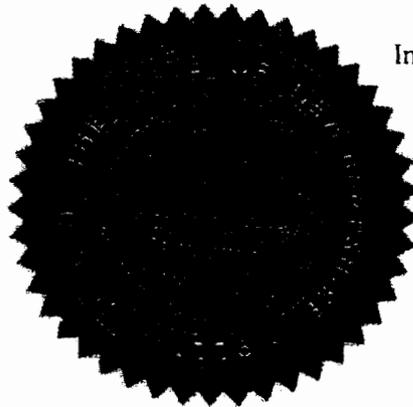
Commission Expires: _____



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 Northern Human Services is a New Hampshire nonprofit corporation formed March 3, 1971. I further certify that it is in good standing as far as this office is concerned, having filed the return(s) and paid the fees required by law.



In TESTIMONY WHEREOF, I hereto set my hand and cause to be affixed the Seal of the State of New Hampshire, this 17th day of April A.D. 2013

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

William M. Gardner
Secretary of State

Handwritten initials/signature in the top left corner.



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

BUREAU OF DRUG AND ALCOHOL SERVICES

Nicholas A. Toumpas
Commissioner

Nancy L. Rollins
Associate Commissioner

105 PLEASANT STREET, CONCORD, NH 03301
603-271-6100 1-800-804-0909
FAX: 603-271-6105 TDD Access: 1-800-735-2964

May 25, 2012

Approved by: G+C
Date: 6/20/12
Item No.: 98
Contract No.: 1024227

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

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division of Community Based Care Services, Bureau of Drug & Alcohol Services, to enter into an agreement with Northern Human Services (Vendor #177222 B004) 87 Washington Street, Conway, NH 03818, to provide for a continuum of substance abuse treatment services, in an amount not to exceed \$199,025.00 to be effective July 1, 2012 or date of Governor and Council approval, whichever is later, through June 30, 2013. Funds are available in the following accounts for State Fiscal Year 2013:

05-95-95-958410-5365 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SERVICES, HHS: COMMISSIONER, DCBCS TREATMENT & PREVENTION, ALCOHOL AND OTHER TREATMENT

Fiscal Year	Class/Object	Class Title	Job Number	Amount
SFY 2013	102-500734	Contracts for Prog Svc	95846501	\$91,542.00
			Subtotal	\$91,542.00

05-95-95-958410-1388 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SERVICES, HHS: COMMISSIONER, DCBCS TREATMENT AND PREVENTION, GOVERNOR

Fiscal Year	Class/Object	Class Title	Job Number	Amount
SFY 2013	102-500734	Contracts for Prog Svc	95848501	\$44,651.00
			Subtotal	\$44,651.00

05-95-95-958410-1387 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SERVICES, HHS: COMMISSIONER, DCBCS TREATMENT & PREVENTION, TREATMENT-PREVENTION-STATE

Fiscal Year	Class/Object	Class Title	Job Number	Amount
SFY 2013	102-500734	Contracts for Prog Svc	95841387	\$62,832.00
			Subtotal	\$62,832.00
			Total	\$199,025.00

EXPLANATION

The purpose of this agreement is to provide a continuum of substance abuse treatment services such as community based outpatient, intensive outpatient, residential, transitional living, and recovery support services, including specialized treatment services for pregnant and parenting women and their children, in the Northern New Hampshire area.

Client eligibility for treatment services is targeted at those either unable to pay for services or able to pay only part of the cost of services, and who has or is suspected of having an alcohol or other drug abuse problem, and who is a resident of the State of New Hampshire or is homeless in NH. All clients discharged from treatment services supported by this contract will be referred to care coordination and recovery-support aftercare services as clinically appropriate, supported separately by the Federal Access to Recovery Grant.

The State is migrating toward a Resiliency and Recovery Oriented Systems of Care. Recovery-oriented systems of care are networks of organizations, agencies and community members that coordinate a wide spectrum of services to prevent, intervene in, and treat substance use problems and disorders. In addition, this contract will allow the State to improve the quality and array of services available to clients. Quality improvement efforts include the exchange of data and information that will support "data driven" prevention and treatment programming to better address the needs to the region.

The New Hampshire Office of Energy and Planning reported the 2009 Population Estimates of New Hampshire Cities and Towns as 1,324,575. The National Survey on Drug Use and Health commissioned by the Substance Abuse and Mental Health Services Administration in 2008/2009 reported the following demographic data for New Hampshire:

- Alcohol Abuse: 97,630 (7% of population)
- Alcohol dependence: 44,850 (3% of population)
- Illicit Drug Abuse: 43,810 (3% of population)
- Illicit Drug Dependence: 32,240 (2% of population)
- Substance Abuse: 126,630 (10% of population)
- Needing but not receiving treatment for alcohol abuse: 93,990 (7% of population)
- Needing but not receiving treatment for illicit drug use: 39,390 (3% of population)

In addition, the New Hampshire Medical Examiner office reported 172 drug related overdose deaths in NH during 2010. The New Hampshire Administrative Office of the Courts reported 9,500 arrests and 5,000 convictions for Driving While Impaired in 2009. Approximately 90% of individuals arrested for Driving While Impaired have an underlying substance abuse disorder according to the National Institute on Alcohol Abuse and Alcoholism.

Should the Governor and Executive Council determine to not authorize this Request, agencies would not have sufficient resources to promote, implement and provide the array of services necessary to provide individuals with substance use disorders the necessary tools to achieve, enhance and sustain recovery. In addition, failure to obligate the federal funds in the Substance Abuse Prevention and Treatment Block Grant to community based programs to provide alcohol and other drug treatment service would place that Block Grant in jeopardy.

Northern Human Services was selected for this agreement through a competitive bid process. A Request for Proposals was posted on the Department's web site on March 6, 2012 through April 2, 2012. In addition, a bidder's conference was held on March 12, 2012.

A total of 19 proposals were received. A review committee of three professionals reviewed each proposal. All reviewers have between three to twenty years experience managing agreements with vendors for various public health programs. Areas of specific expertise include: maternal and child health; substance abuse prevention and treatment; chronic and communicable diseases; and public health infrastructure. Eighteen of the proposals were selected for funding based on review criteria that included availability of funds, consistency with stated funding priorities, technical score, and equitable geographic distribution. The agency that was not selected did not meet the minimum scoring criteria established for funding. The Bid Summary is attached.

This request covers services for the period July 1, 2012 to June 30, 2013, with an option to renew for one additional year, pending availability of funding, the agreement of the parties and approval of Governor and Council. These services were contracted previously with this agency in State Fiscal Year 2012 in the amount of \$199,025.00. This agreement represents level funding.

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

- Utilization criteria will be applied exclusively on a month-by-month basis according to the criteria below.
 - i. Contracts running at 90% to 100% of utilization in a given month will be reimbursed at 100% of the contracted rate for that month.
 - ii. Contracts running at 80% to 89% of utilization in a given month will be reimbursed at rate of 95% of the contracted rate for that month.
 - iii. Contracts running below 80% of utilization in a given month will be reimbursed at the rate of utilization for that month (for example for a given month in which utilization was 59% the contractor would be reimbursed at 59% of the contracted rate for that month).
- Treatment contractors shall respond to calls requesting services, whether an initial or subsequent call, from clients or referring agencies as soon as possible and within at least 2 business days following the day the call was received. The following Access Criteria must be met for a minimum of 80% of prospective clients (from clients or referring agencies) for the month in which billing is being submitted:
 - i. Treatment contractors are required to conduct initial eligibility screening as soon as possible, ideally at the time of first contact (direct communication by phone or in person) with the client or referring agency, but not later than 5 business days following the date of first contact.
 - ii. Those who have screened eligible for services will start receiving services, whether for the identified level of care or interim services, within 10 business days follow the eligibility screening.
- A minimum of 70% of clients, which have completed or otherwise are no longer receiving services, will have met the minimum retention standards for the modality of services received as noted below:
 - i. Have completed a minimum of 6 sessions of outpatient treatment services (OP)
 - ii. Have completed a minimum of 8 days of intensive outpatient treatment services (IOP) – only those days in which a client has participated in minimum of 10 units (2.5 hours) of service per day (12 units per day is the standard for IOP services) may be counted.
 - iii. Have completed a minimum of 14 days of residential treatment service
 - iv. Has completed a minimum of 28 days in a transitional living/halfway house residential program.

Area served: Northern New Hampshire.

His Excellency, Governor John H. Lynch
and the Honorable Executive Council
May 25, 2012
Page 4 of 4

Source of Funds: 46.00% Federal Funds from Substance Abuse and Mental Health Services Administration, Substance Abuse Prevention and Treatment Block Grant, 50.85% General Funds and 3.15% Other (Highway) Funds.

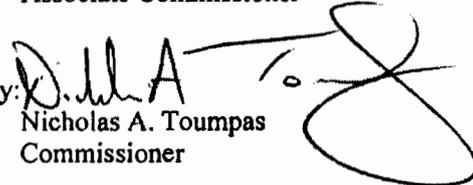
In the event that the Federal or Other Funds become no longer available, General Funds will not be requested to support this program.

Respectfully submitted,



Nancy L. Rollins
Associate Commissioner

Approved by:



Nicholas A. Toumpas
Commissioner

NLR/mfl



**State of New Hampshire
Department of Health and Human Services
Amendment #1 to the Substance Abuse Treatment and Recovery Support Services
Contract**

This first Amendment to the Substance Abuse Treatment and Recovery Support Services contract (hereinafter referred to as "Amendment #1") dated this April 24th day of 2013, is by and between the State of New Hampshire, Department of Health and Human Services (hereinafter referred to as the "State" or "Department") and Phoenix Houses of New England (hereinafter referred to as "the Contractor"), a nonprofit corporation with a place of business at 99 Wayland Avenue, Suite 100, Providence, RI 02906.

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on June 20, 2012, 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 and Exhibit C, Paragraph 17, the State may, extend the agreement by one year by written agreement of the parties;

WHEREAS the State desires to have the Contractor continue to provide the services as specified in the agreement for another one year period;

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) Amendment and modification of P-37 "Agreement";
 - a) Change Completion date in Block 1.7 of the P-37 to read June 30, 2014.
 - b) Change Price Limitation in Block 1.8 of the P-37 to read \$ 2,914,980.00
- 2) Amendment and modification of Exhibit A;
 - a) **Delete** "CONTRACT PERIOD: July 1, 2012, or date of G&C approval, whichever is later, Through June 30, 2013"
 - b) **Change II A from:** "The contractor shall provide treatment services in the geographic area(s)/location(s) as specified below."
Change to: "The contractor shall provide treatment services, in each State Fiscal Year, in the geographic area(s)/location(s) as specified below."
 - c) **Change II B Group Recovery Support Services from:** "Contractors, with the exception of those agencies that only offer outpatient services, are required to develop the capacity for group recovery support aftercare services for a minimum of 50% of the number treatment clients (including outpatient and transitional living program clients) they are under contract to serve. These group recovery support services are for clients discharged from substance use disorder (SUD) treatment services provided under contract with BDAS on behalf of DHHS, which may include clients that had received SUD treatment from the Contractor or a different agency. Contractors are only allowed to access these services for their clients or clients that had received SUD treatment from a different agency through the statewide care coordination program under agreement with BDAS on behalf of DHHS."



Change to: “Contractors, with the exception of those agencies that only offer outpatient services, are required to develop the capacity for group recovery support aftercare services for a minimum of 25% of the number treatment clients (including outpatient and transitional living program clients) they are under contract to serve. These group recovery support services are for clients discharged from substance use disorder (SUD) treatment services provided under contract with BDAS on behalf of DHHS, which may include clients that had received SUD treatment from the Contractor or a different agency. Contractors are only allowed to access these services for their clients or clients that had received SUD treatment from a different agency through the statewide care coordination program under agreement with BDAS on behalf of DHHS.”

d) **Delete Table SAMHSA National Outcome Measures**

Replace with:

Table SAMHSA National Outcome Measures

<i>DOMAIN</i>	<i>OUTCOME</i>	<i>SUBSTANCE ABUSE TREATMENT MEASURES</i>
Access	Reduce the wait time for Intake & Admission	<ul style="list-style-type: none"> 80% of clients will receive a telephone eligibility screening of the initial first contact with the Contractor and those who screen eligible will receive an intake within 5 business days of the eligibility screening and 80% of clients who meet admission criteria will be admitted to services or interim services within 5 business days of intake.
Retention	Increase retention in substance abuse treatment	70% of clients that have participated in the minimum participation requirement. See section in the following pay for performance paragraph.
Capacity	Increase service capacity	Increase by 10% the (unduplicated) number of clients receiving service from previous year – DHHS will not be held to this standard for SFY 2013 due to significant budget reductions.
Social Connectedness	Increased recovery supports/ connections	25% of clients participate in care coordination and post treatment recovery support services (RSS).
Perception of Care	Client perception of care	Under development
Cost Effectiveness	Cost effectiveness (average cost)	Average Contractor cost per client for services provided per client are within 10% of the average statewide cost per client of service for each modality of service.

New Hampshire Substance Abuse Treatment and Recovery Support Services



<i>DOMAIN</i>	<i>OUTCOME</i>	<i>SUBSTANCE ABUSE TREATMENT MEASURES</i>
Use of Evidenced-Based Practices	Use of Evidenced-Based Practices	<ul style="list-style-type: none"> • WITS Electronic Health Record • ASI or GAIN Assessment • NIDA/SAMHSA MATRS Treatment Planning model • Clinical model for treatment services recognized by National Registry of Evidence Based Programs and Practices (NREPP).

- 3) Amendment and modification of Exhibit B;
 - a) **Delete** "CONTRACT PERIOD: July 1, 2012, or date of G&C approval, whichever is later, through June 30, 2013"
 - b) **Change from** Section II: "The total amount of all payments made to the Contractor for cost and expenses incurred in the performance of the services, as detailed in Exhibit B, during the period of the contract shall not exceed:"
Change to: "The total amount of all payments made to the Contractor for cost and expenses incurred in the performance of the services during each State Fiscal Year of the contract shall not exceed:"
 - c) Delete in Section II; "TOTAL: \$1,457,490.00"
- 4) **Add** Exhibit B-1, B-2, B-3 and B-4

New Hampshire Substance Abuse Treatment and Recovery Support Services



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

5/28/13
Date

Nancy L. Rollins
Associate Commissioner

Phoenix Houses of New England

5/14/13
Date

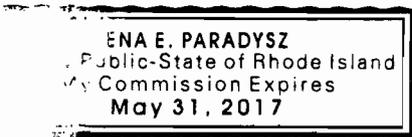
Patrick B. McEneaney
Name: PATRICK B. McENEANEY
Title: EXECUTIVE DIRECTOR

Acknowledgement:

State of RHODE ISLAND, County of PROVIDENCE on MAY 14, 2013, 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 of Notary Public or Justice of the Peace

Ena E. Paradysz
Name and Title of Notary or Justice of the Peace
ENA E PARADYSZ, NOTARY PUBLIC



New Hampshire Substance Abuse Treatment and Recovery Support Services



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

OFFICE OF THE ATTORNEY GENERAL

17 May 2013
Date

Janne P. Herrick
Name: Janne P. Herrick
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 B-4

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

Bidder/Program Name: Phoenix House of New England

Budget Request for: Substance Abuse Treatment Services - Adolescent Trans Living

Budget Period: State Fiscal Year 2014

Line Item	Total Program Cost			Contractor Share / Match			Funded by DHHHS contract share			Total
	Direct Incremental	Indirect	Total	Direct Incremental	Indirect	Total	Direct Incremental	Indirect	Total	
1. Total Salary/Wages	\$ 27,755.00	\$ 1,693.00	\$ 29,448.00	\$ -	\$ -	\$ -	\$ 27,755.00	\$ 1,693.00	\$ 29,448.00	
2. Employee Benefits	\$ 7,660.00	\$ 467.00	\$ 8,127.00	\$ -	\$ -	\$ -	\$ 7,660.00	\$ 467.00	\$ 8,127.00	
3. Consultants	\$ 701.00	\$ -	\$ 701.00	\$ -	\$ -	\$ -	\$ 701.00	\$ -	\$ 701.00	
4. Equipment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
5. Rental	\$ 317.00	\$ -	\$ 317.00	\$ -	\$ -	\$ -	\$ 317.00	\$ -	\$ 317.00	
6. Repair and Maintenance	\$ 18.00	\$ -	\$ 18.00	\$ -	\$ -	\$ -	\$ 18.00	\$ -	\$ 18.00	
7. Purchase/Depreciation	\$ 286.00	\$ -	\$ 286.00	\$ -	\$ -	\$ -	\$ 286.00	\$ -	\$ 286.00	
8. Supplies	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
9. Educational	\$ 200.00	\$ -	\$ 200.00	\$ -	\$ -	\$ -	\$ 200.00	\$ -	\$ 200.00	
10. Lab	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
11. Pharmacy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
12. Medical	\$ 100.00	\$ -	\$ 100.00	\$ -	\$ -	\$ -	\$ 100.00	\$ -	\$ 100.00	
13. Office	\$ 487.00	\$ 57.00	\$ 544.00	\$ -	\$ -	\$ -	\$ 487.00	\$ 57.00	\$ 544.00	
14. Travel	\$ 883.00	\$ 72.00	\$ 955.00	\$ -	\$ -	\$ -	\$ 883.00	\$ 72.00	\$ 955.00	
15. Occupancy	\$ 1,560.00	\$ 200.00	\$ 1,760.00	\$ -	\$ -	\$ -	\$ 1,560.00	\$ 200.00	\$ 1,760.00	
16. Current Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
17. Telephone	\$ 1,002.00	\$ 143.00	\$ 1,145.00	\$ -	\$ -	\$ -	\$ 1,002.00	\$ 143.00	\$ 1,145.00	
18. Postage	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
19. Subscriptions	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
20. Audit and Legal	\$ 29.00	\$ 683.00	\$ 712.00	\$ -	\$ -	\$ -	\$ 29.00	\$ 683.00	\$ 712.00	
21. Insurance	\$ 483.00	\$ 13.00	\$ 496.00	\$ -	\$ -	\$ -	\$ 483.00	\$ 13.00	\$ 496.00	
22. Board Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
23. Software	\$ 237.00	\$ -	\$ 237.00	\$ -	\$ -	\$ -	\$ 237.00	\$ -	\$ 237.00	
24. Marketing/Communications	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
25. Staff Education and Training	\$ 671.00	\$ -	\$ 671.00	\$ -	\$ -	\$ -	\$ 671.00	\$ -	\$ 671.00	
26. Subcontracts/Agreements	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
27. 13. Other (specific details mandatory):	\$ 1,431.00	\$ -	\$ 1,431.00	\$ -	\$ -	\$ -	\$ 1,431.00	\$ -	\$ 1,431.00	
28. Food	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
29. TOTAL	\$ 43,820.00	\$ 3,328.00	\$ 47,148.00	\$ -	\$ -	\$ -	\$ 43,820.00	\$ 3,328.00	\$ 47,148.00	

Indirect As A Percent of Direct 7.6%

Contractor Initials *JSM*
Date 5/17/17

Exhibit B-3

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

Bidder/Program Name: Phoenix House of New England

Budget Request for: Substance Abuse Treatment Services - Adolescent Residential

Budget Period: State Fiscal Year 2014

Line Item	Total Program Cost			Contractor Share / Match			Funded by DHHS contract share			Total
	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total	
1. Total Salary/Wages	\$ 356,316.00	\$ 32,872.56	\$ 389,188.56	\$ 227,298.00	\$ 25,002.56	\$ 252,298.56	\$ 129,020.00	\$ 57,870.00	\$ 186,898.00	
2. Employee Benefits	\$ 102,984.00	\$ 9,584.24	\$ 112,578.24	\$ 67,384.24	\$ 7,412.24	\$ 74,796.48	\$ 35,910.00	\$ 2,172.00	\$ 37,782.00	
3. Consultants	\$ 26,939.00	\$ 2,604.80	\$ 29,543.80	\$ 23,660.00	\$ 2,604.80	\$ 26,264.80	\$ 3,253.00	\$ -	\$ 3,253.00	
4. Equipment:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Rental	\$ 9,029.00	\$ 831.05	\$ 9,860.05	\$ 7,555.00	\$ 831.05	\$ 8,386.05	\$ 1,474.00	\$ -	\$ 1,474.00	
Repair and Maintenance	\$ 10,084.00	\$ 1,100.00	\$ 11,184.00	\$ 10,000.00	\$ 1,100.00	\$ 11,100.00	\$ 84.00	\$ -	\$ 84.00	
Purchase/Depreciation	\$ 22,223.00	\$ 2,188.23	\$ 24,411.23	\$ 19,993.00	\$ 2,188.23	\$ 22,081.23	\$ 2,330.00	\$ -	\$ 2,330.00	
5. Supplies:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Educational	\$ 5,931.00	\$ 550.00	\$ 6,481.00	\$ 5,000.00	\$ 550.00	\$ 5,550.00	\$ 931.00	\$ -	\$ 931.00	
Lab	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Pharmacy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Medical	\$ 3,000.00	\$ 330.00	\$ 3,330.00	\$ 3,000.00	\$ 330.00	\$ 3,330.00	\$ -	\$ -	\$ -	
Office	\$ 6,561.00	\$ 739.00	\$ 7,300.00	\$ 4,300.00	\$ 473.00	\$ 4,773.00	\$ 2,261.00	\$ 286.00	\$ 2,527.00	
6. Travel	\$ 13,137.00	\$ 1,326.30	\$ 14,463.30	\$ 9,030.00	\$ 983.30	\$ 10,023.30	\$ 333.00	\$ 4,407.00	\$ 4,440.00	
7. Occupancy	\$ 14,322.00	\$ 1,709.03	\$ 16,031.03	\$ 7,073.00	\$ 778.03	\$ 7,851.03	\$ 7,248.00	\$ 931.00	\$ 8,180.00	
8. Current Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Telephone	\$ 23,611.00	\$ 2,750.16	\$ 26,361.16	\$ 18,956.00	\$ 2,085.16	\$ 21,041.16	\$ 4,655.00	\$ 665.00	\$ 5,320.00	
Postage	\$ 546.00	\$ 60.06	\$ 606.06	\$ 546.00	\$ 60.06	\$ 606.06	\$ -	\$ -	\$ -	
Subscriptions	\$ 250.00	\$ 12.87	\$ 262.87	\$ 117.00	\$ 12.87	\$ 129.87	\$ 133.00	\$ -	\$ 133.00	
Audit and Legal	\$ 50,000.00	\$ 8,673.00	\$ 58,673.00	\$ 50,000.00	\$ 5,500.00	\$ 55,500.00	\$ -	\$ 3,173.00	\$ 3,173.00	
Insurance	\$ 13,340.00	\$ 1,284.67	\$ 14,624.67	\$ 11,097.00	\$ 1,220.67	\$ 12,317.67	\$ 2,243.00	\$ 84.00	\$ 2,307.00	
Board Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
9. Software	\$ 1,103.00	\$ -	\$ 1,103.00	\$ -	\$ -	\$ -	\$ -	\$ 1,103.00	\$ 1,103.00	
10. Marketing/Communications	\$ 1,078.00	\$ 118.58	\$ 1,196.58	\$ 1,078.00	\$ 118.58	\$ 1,196.58	\$ -	\$ -	\$ -	
11. Staff Education and Training	\$ 3,947.00	\$ 361.02	\$ 4,308.02	\$ 3,282.00	\$ 361.02	\$ 3,643.02	\$ 665.00	\$ -	\$ 665.00	
12. Subcontracts/Agreements	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Food	\$ 8,687.00	\$ 223.96	\$ 8,910.96	\$ 2,036.00	\$ 223.96	\$ 2,259.96	\$ 6,651.00	\$ -	\$ 6,651.00	
TOTAL	\$ 673,098.00	\$ 67,319.53	\$ 740,417.53	\$ 471,323.00	\$ 51,845.53	\$ 523,168.53	\$ 201,775.00	\$ 15,474.00	\$ 217,249.00	
Indirect As A Percent of Direct		10.0%								

Contractor Initials *PHN*

Date *5/14/13*

Exhibit B-1

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

Bidder/Program Name: Phoenix House of New England

Budget Request for: Substance Abuse Treatment Services - Adult Residential

Budget Period: State Fiscal Year 2014

Line Item	Total Program Cost			Contractor Share / Match			Funded by DHHS contract share		
	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total
1. Total Salary/Wages	\$ 541,802.00	\$ 51,513.07	\$ 593,315.07	\$ 17,736.07	\$ 178,973.07	\$ 196,709.14	\$ 380,585.00	\$ 33,777.00	\$ 414,362.00
2. Employee Benefits	\$ 157,301.00	\$ 15,030.82	\$ 172,331.82	\$ 5,539.82	\$ 55,901.82	\$ 61,441.64	\$ 106,939.00	\$ 9,491.00	\$ 116,430.00
3. Consultants	\$ 35,582.00	\$ -	\$ 35,582.00	\$ -	\$ -	\$ 35,582.00	\$ 35,582.00	\$ -	\$ 35,582.00
4. Equipment:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Rent	\$ 14,925.00	\$ 417.34	\$ 15,342.34	\$ 3,794.00	\$ 417.34	\$ 4,211.34	\$ 11,131.00	\$ -	\$ 11,131.00
Repair and Maintenance	\$ 536.00	\$ -	\$ 536.00	\$ -	\$ -	\$ 536.00	\$ 536.00	\$ -	\$ 536.00
Purchase/Depreciation	\$ 64,065.00	\$ 8,555.45	\$ 72,620.45	\$ 59,595.00	\$ 6,555.45	\$ 66,150.45	\$ 4,473.00	\$ -	\$ 4,473.00
5. Supplies:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Educational	\$ 3,732.00	\$ -	\$ 3,732.00	\$ -	\$ -	\$ 3,732.00	\$ 3,732.00	\$ -	\$ 3,732.00
Lab	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Pharmacy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Medical	\$ 3,981.00	\$ -	\$ 3,981.00	\$ -	\$ -	\$ 3,981.00	\$ 3,981.00	\$ -	\$ 3,981.00
Office	\$ 18,822.00	\$ 1,715.76	\$ 20,537.76	\$ 6,916.00	\$ 760.76	\$ 7,676.76	\$ 11,906.00	\$ 955.00	\$ 12,861.00
6. Travel	\$ 17,647.00	\$ 1,194.00	\$ 18,841.00	\$ -	\$ -	\$ 18,841.00	\$ 17,647.00	\$ 1,194.00	\$ 18,841.00
7. Occupancy	\$ 99,837.00	\$ 5,165.03	\$ 105,002.03	\$ 16,573.00	\$ 1,823.03	\$ 18,396.03	\$ 83,264.00	\$ 3,342.00	\$ 86,606.00
8. Current Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Telephone	\$ 32,489.00	\$ 2,517.34	\$ 35,006.34	\$ 2,994.00	\$ 323.34	\$ 3,317.34	\$ 29,495.00	\$ 2,168.00	\$ 31,663.00
Postage	\$ 1,111.00	\$ 78.32	\$ 1,189.32	\$ 712.00	\$ 78.32	\$ 790.32	\$ 399.00	\$ -	\$ 399.00
Subscriptions	\$ 559.00	\$ -	\$ 559.00	\$ -	\$ -	\$ 559.00	\$ 559.00	\$ -	\$ 559.00
Audit and Legal	\$ 30,800.00	\$ 20,010.00	\$ 50,810.00	\$ 30,600.00	\$ 3,300.00	\$ 33,900.00	\$ 17,000.00	\$ 16,710.00	\$ 33,710.00
Insurance	\$ 17,065.00	\$ 922.57	\$ 17,987.57	\$ 5,987.00	\$ 858.57	\$ 6,845.57	\$ 11,081.00	\$ 264.00	\$ 11,345.00
Board Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
9. Software	\$ 5,135.00	\$ -	\$ 5,135.00	\$ -	\$ -	\$ 5,135.00	\$ 5,135.00	\$ -	\$ 5,135.00
10. Marketing/Communications	\$ 9,950.00	\$ 1,094.50	\$ 11,044.50	\$ 9,950.00	\$ 1,094.50	\$ 11,044.50	\$ -	\$ -	\$ 11,044.50
11. Staff Education and Training	\$ 14,672.00	\$ 936.76	\$ 15,608.76	\$ 8,519.00	\$ 936.76	\$ 9,455.76	\$ 6,156.00	\$ -	\$ 6,156.00
12. Subcontracts/Agreements	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
13. Other (specific details mandatory)	\$ 51,720.00	\$ -	\$ 51,720.00	\$ -	\$ -	\$ 51,720.00	\$ 51,720.00	\$ -	\$ 51,720.00
Food	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL	\$ 1,120,915.00	\$ 107,150.96	\$ 1,228,065.96	\$ 355,636.06	\$ 39,229.96	\$ 394,866.02	\$ 764,279.00	\$ 67,921.00	\$ 832,200.00

9.6%

Indirect As A Percent of Direct

Contractor Initials *BSPM*

Date *5/14/14*

Exhibit B-2

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

Bidder/Program Name: Phoenix House of New England

Budget Request for: Substance Abuse Treatment Services - Adult Trans Living

Budget Period: State Fiscal Year 2014

Line Item	Total Program Cost			Contractor Share / Match			Funded by DHS contract share		
	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total
1. Total Salary/Wages	\$ 160,510.00	\$ 14,202.00	\$ 174,712.00	\$ -	\$ -	\$ -	\$ 160,510.00	\$ 14,202.00	\$ 174,712.00
2. Employee Benefits	\$ 45,103.00	\$ 3,991.00	\$ 49,094.00	\$ -	\$ -	\$ -	\$ 45,103.00	\$ 3,991.00	\$ 49,094.00
3. Consultants	\$ 14,999.00	\$ -	\$ 14,999.00	\$ -	\$ -	\$ -	\$ 14,999.00	\$ -	\$ 14,999.00
4. Equipment:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Rental	\$ 4,695.00	\$ -	\$ 4,695.00	\$ -	\$ -	\$ -	\$ 4,695.00	\$ -	\$ 4,695.00
Repair and Maintenance	\$ 226.00	\$ -	\$ 226.00	\$ -	\$ -	\$ -	\$ 226.00	\$ -	\$ 226.00
Purchase/Depreciation	\$ 1,886.00	\$ -	\$ 1,886.00	\$ -	\$ -	\$ -	\$ 1,886.00	\$ -	\$ 1,886.00
5. Supplies:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Educational	\$ 1,574.00	\$ -	\$ 1,574.00	\$ -	\$ -	\$ -	\$ 1,574.00	\$ -	\$ 1,574.00
Lab	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Pharmacy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Medical	\$ 1,008.00	\$ -	\$ 1,008.00	\$ -	\$ -	\$ -	\$ 1,008.00	\$ -	\$ 1,008.00
Office	\$ 5,022.00	\$ 626.00	\$ 5,648.00	\$ -	\$ -	\$ -	\$ 5,022.00	\$ 626.00	\$ 5,648.00
6. Travel	\$ 7,033.00	\$ 744.00	\$ 7,777.00	\$ -	\$ -	\$ -	\$ 7,033.00	\$ 744.00	\$ 7,777.00
7. Occupancy	\$ 38,983.00	\$ 1,644.00	\$ 40,627.00	\$ -	\$ -	\$ -	\$ 38,983.00	\$ 1,644.00	\$ 40,627.00
8. Current Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Telephone	\$ 12,440.00	\$ 1,175.00	\$ 13,615.00	\$ -	\$ -	\$ -	\$ 12,440.00	\$ 1,175.00	\$ 13,615.00
Postage	\$ 509.00	\$ -	\$ 509.00	\$ -	\$ -	\$ -	\$ 509.00	\$ -	\$ 509.00
Subscriptions	\$ 404.00	\$ -	\$ 404.00	\$ -	\$ -	\$ -	\$ 404.00	\$ -	\$ 404.00
Audit and Legal	\$ 7,831.00	\$ -	\$ 7,831.00	\$ -	\$ -	\$ -	\$ 7,831.00	\$ -	\$ 7,831.00
Insurance	\$ 4,674.00	\$ 110.00	\$ 4,784.00	\$ -	\$ -	\$ -	\$ 4,674.00	\$ 110.00	\$ 4,784.00
Board Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
9. Software	\$ 2,165.00	\$ -	\$ 2,165.00	\$ -	\$ -	\$ -	\$ 2,165.00	\$ -	\$ 2,165.00
10. Marketing/Communications	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
11. Staff Education and Training	\$ 2,388.00	\$ -	\$ 2,388.00	\$ -	\$ -	\$ -	\$ 2,388.00	\$ -	\$ 2,388.00
12. Subcontracts/Agreements	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
13. Other (specific details mandatory)	\$ 27,448.00	\$ -	\$ 27,448.00	\$ -	\$ -	\$ -	\$ 27,448.00	\$ -	\$ 27,448.00
Food	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL	\$ 331,067.00	\$ 30,323.00	\$ 361,390.00	\$ -	\$ -	\$ -	\$ 331,067.00	\$ 30,323.00	\$ 361,390.00

Indirect As A Percent of Direct 9.2%

Contractor Initials *RBM*

Date 5/14/13

WITH SEAL

CERTIFICATE OF VOTE

I, PETER H. HURLEY, of PHOENIX HOUSES OF NEW ENGLAND, INC., do hereby certify that:

1. I am the duly elected SECRETARY of the PHOENIX HOUSES OF NEW ENGLAND, INC.;
2. The following are true copies of two resolutions duly adopted at a meeting of the Board of Directors of the corporation duly held on MAY 17, 2012;

RESOLVED: That this corporation enters into a contract with the State of New Hampshire, acting through its Department of Health and Human Services, Division of Community Based Care Services.

RESOLVED: That the EXECUTIVE DIRECTOR is hereby authorized on behalf of this corporation to enter into said contract with the State and to execute any and all documents, agreements, and other instruments; and any amendments, revisions, or modifications thereto, as he/she may deem necessary, desirable, or appropriate. PATRICK B. McNEANEY is the duly elected EXECUTIVE DIRECTOR of the corporation.

3. The foregoing resolutions have not been amended or revoked and remain in full force and effect as of MAY 14, 2013.

IN WITNESS WHEREOF, I have hereunto set my hand as the SECRETARY of the corporation this 14 day of MAY, 2013.

Peter H. Hurley
SECRETARY

(CORPORATE SEAL)

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 PHOENIX HOUSES OF NEW ENGLAND, INC., a(n) Rhode Island nonprofit corporation, registered to do business in New Hampshire on June 14, 1972. I further certify that it is in good standing as far as this office is concerned, having filed the return(s) and paid the fees required by law.



In TESTIMONY WHEREOF, I hereto set my hand and cause to be affixed the Seal of the State of New Hampshire, this 7th day of May, A.D. 2013

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

William M. Gardner
Secretary of State



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/29/2012

Page 1 of 1

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 Willis of New York, Inc. c/o 26 Century Blvd. P. O. Box 305191 Nashville, TN 37230-5191	CONTACT NAME: PHONE (A/C, NO, EXT): 877-945-7378 FAX (A/C, NO): 888-467-2378 E-MAIL ADDRESS: certificates@willis.com	
	INSURER(S) AFFORDING COVERAGE NAIC#	
INSURED Phoenix Houses of New England, Inc. 99 Wayland Avenue #100 Providence, RI 02906-4314	INSURER A: Philadelphia Indemnity Insurance Company 18058-001	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
INSURER F:		

COVERAGES **CERTIFICATE NUMBER: 18152888** **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	ADD'L INSRD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC			PHPK884932	7/1/2012	7/1/2013	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 50,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			PHUB387185	7/1/2012	7/1/2013	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Professional Liabili			PHPK884932	7/1/2012	7/1/2013	\$1,000,000 Each Medical Incident \$3,000,000 Aggregate Limit

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach Acord 101, Additional Remarks Schedule, if more space is required)
 State of New Hampshire is included as additional insured (Except Worker Compensation) where required by written contract and allowed by law.

CERTIFICATE HOLDER

State of New Hampshire Div of Public Health Svcs
 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





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

BUREAU OF DRUG AND ALCOHOL SERVICES

Nicholas A. Toumpas
 Commissioner

Nancy L. Rollins
 Associate
 Commissioner

106 PLEASANT STREET, CONCORD, NH 03301
 603-271-6100 1-800-804-0909
 FAX: 603-271-6105 TDD Access: 1-800-735-2964

May 24, 2012

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

Approved by: G+C
 Date: 6/20/12
 Item No.: 108
 Contract No.: 1024152

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division of Community Based Care Services, Bureau of Drug & Alcohol Services, to enter into an agreement with Phoenix Houses of New England, Inc. (Vendor # 177589), 99 Wayland Ave., Suite 100, Providence, RI 02906, to provide for a continuum of substance abuse treatment services, in an amount not to exceed \$1,457,490.00 to be effective July 1, 2012 or date of Governor and Council approval, whichever is later, through June 30, 2013. Funds are available in the following accounts for State Fiscal Year 2013:

05-95-95-958410-5365 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SERVICES, HHS: COMMISSIONER, DCBCS TREATMENT & PREVENTION, ALCOHOL AND OTHER TREATMENT

Fiscal Year	Class/Object	Class Title	Job Number	Amount
SFY 2013	102-500734	Contracts for Prog Svc	95846501	\$670,372.00
			Subtotal	\$670,372.00

05-95-95-958410-1388 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SERVICES, HHS: COMMISSIONER, DCBCS TREATMENT AND PREVENTION, GOVERNOR

Fiscal Year	Class/Object	Class Title	Job Number	Amount
SFY 2013	102-500734	Contracts for Prog Svc	95848501	\$326,988.00
			Subtotal	\$326,988.00

05-95-95-958410-1387 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SERVICES, HHS: COMMISSIONER, DCBCS TREATMENT & PREVENTION, TREATMENT-PREVENTION-STATE

Fiscal Year	Class/Object	Class Title	Job Number	Amount
SFY 2013	102-500734	Contracts for Prog Svc	95841387	\$460,130.00
			Subtotal	\$460,130.00
			Total	\$1,457,490.00

EXPLANATION

The purpose of this agreement is to provide a continuum of substance abuse treatment services such as community based outpatient, intensive outpatient, residential, transitional living, and recovery support services, including specialized treatment services for pregnant and parenting women and their children, in the Statewide.

Client eligibility for treatment services is targeted at those either unable to pay for services or able to pay only part of the cost of services, and who has or is suspected of having an alcohol or other drug abuse problem, and who is a resident of the State of New Hampshire or is homeless in NH. All clients discharged from treatment services supported by this contract will be referred to care coordination and recovery-support aftercare services as clinically appropriate, supported separately by the Federal Access to Recovery Grant.

The State is migrating toward a Resiliency and Recovery Oriented Systems of Care. Recovery-oriented systems of care are networks of organizations, agencies and community members that coordinate a wide spectrum of services to prevent, intervene in, and treat substance use problems and disorders. In addition, this contract will allow the State to improve the quality and array of services available to clients. Quality improvement efforts include the exchange of data and information that will support "data driven" prevention and treatment programming to better address the needs to the region.

The New Hampshire Office of Energy and Planning reported the 2009 Population Estimates of New Hampshire Cities and Towns as 1,324,575. The National Survey on Drug Use and Health commissioned by the Substance Abuse and Mental Health Services Administration in 2008/2009 reported the following demographic data for New Hampshire:

- Alcohol Abuse: 97,630 (7% of population)
- Alcohol dependence: 44,850 (3% of population)
- Illicit Drug Abuse: 43,810 (3% of population)
- Illicit Drug Dependence: 32,240 (2% of population)
- Substance Abuse: 126,630 (10% of population)
- Needing but not receiving treatment for alcohol abuse: 93,990 (7% of population)
- Needing but not receiving treatment for illicit drug use: 39,390 (3% of population)

In addition, the New Hampshire Medical Examiner office reported 172 drug related overdose deaths in NH during 2010. The New Hampshire Administrative Office of the Courts reported 9,500 arrests and 5,000 convictions for Driving While Impaired in 2009. Approximately 90% of individuals arrested for Driving While Impaired have an underlying substance abuse disorder according to the National Institute on Alcohol Abuse and Alcoholism.

Should the Governor and Executive Council determine to not authorize this Request, agencies would not have sufficient resources to promote, implement and provide the array of services necessary to provide individuals with substance use disorders the necessary tools to achieve, enhance and sustain recovery. In addition, failure to obligate the federal funds in the Substance Abuse Prevention and Treatment Block Grant to community based programs to provide alcohol and other drug treatment service would place that Block Grant in jeopardy.

Phoenix Houses of New England, Inc. was selected for this agreement through a competitive bid process. A Request for Proposals was posted on the Department's web site on March 6, 2012 through April 2, 2012. In addition, a bidder's conference was held on March 12, 2012.

A total of 19 proposals were received. A review committee of three professionals reviewed each proposal. All reviewers have between three to twenty years experience managing agreements with vendors for various public health programs. Areas of specific expertise include: maternal and child health; substance abuse prevention and treatment; chronic and communicable diseases; and public health infrastructure. Eighteen of the proposals were selected for funding based on review criteria that included availability of funds, consistency with stated funding priorities, technical score, and equitable geographic distribution. The agency that was not selected did not meet the minimum scoring criteria established for funding. The Bid Summary is attached.

This request covers services for the period July 1, 2012 to June 30, 2013, with an option to renew for one additional year, pending availability of funding, the agreement of the parties and approval of Governor and Council. These services were contracted previously with this agency in State Fiscal Year 2012 in the amount of \$1,457,490.00. This agreement represents level funding.

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

- Utilization criteria will be applied exclusively on a month-by-month basis according to the criteria below.
 - i. Contracts running at 90% to 100% of utilization in a given month will be reimbursed at 100% of the contracted rate for that month.
 - ii. Contracts running at 80% to 89% of utilization in a given month will be reimbursed at rate of 95% of the contracted rate for that month.
 - iii. Contracts running below 80% of utilization in a given month will be reimbursed at the rate of utilization for that month (for example for a given month in which utilization was 59% the contractor would be reimbursed at 59% of the contracted rate for that month).

- Treatment contractors shall respond to calls requesting services, whether an initial or subsequent call, from clients or referring agencies as soon as possible and within at least 2 business days following the day the call was received. The following Access Criteria must be met for a minimum of 80% of prospective clients (from clients or referring agencies) for the month in which billing is being submitted:
 - i. Treatment contractors are required to conduct initial eligibility screening as soon as possible, ideally at the time of first contact (direct communication by phone or in person) with the client or referring agency, but not later than 5 business days following the date of first contact.
 - ii. Those who have screened eligible for services will start receiving services, whether for the identified level of care or interim services, within 10 business days follow the eligibility screening.

- A minimum of 70% of clients, which have completed or otherwise are no longer receiving services, will have met the minimum retention standards for the modality of services received as noted below:
 - i. Have completed a minimum of 6 sessions of outpatient treatment services (OP)
 - ii. Have completed a minimum of 8 days of intensive outpatient treatment services (IOP) – only those days in which a client has participated in minimum of 10 units (2.5 hours) of service per day (12 units per day is the standard for IOP services) may be counted.
 - iii. Have completed a minimum of 14 days of residential treatment service
 - iv. Has completed a minimum of 28 days in a transitional living/halfway house residential program.

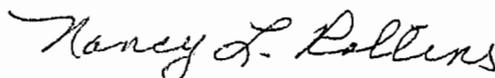
Area served: Statewide.

His Excellency, Governor John H. Lynch
and the Honorable Executive Council
May 24, 2012
Page 4 of 4

Source of Funds: 45.99% Federal Funds from Substance Abuse and Mental Health Services Administration, Substance Abuse Prevention and Treatment Block Grant, 50.85% General Funds and 3.16% Other (Highway) Funds.

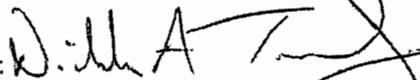
In the event that the Federal or Other Funds become no longer available, General Funds will not be requested to support this program.

Respectfully submitted,



Nancy L. Rollins
Associate Commissioner

Approved by:



Nicholas A. Toumpas
Commissioner

NLR/df



**State of New Hampshire
Department of Health and Human Services
Amendment #1 to the Substance Abuse Treatment and Recovery Support Services
Contract**

This first Amendment to the Substance Abuse Treatment and Recovery Support Services contract (hereinafter referred to as "Amendment #1") dated this April 24th day of 2013, is by and between the State of New Hampshire, Department of Health and Human Services (hereinafter referred to as the "State" or "Department") and National Council on Alcoholism and Drug Dependence of Greater Manchester (hereinafter referred to as "the Contractor"), a nonprofit corporation with a place of business at 101 Manchester Street, Manchester, NH 03101.

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on June 20, 2012, 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 and Exhibit C, Paragraph 17, the State may, extend the agreement by one year by written agreement of the parties;

WHEREAS the State desires to have the Contractor continue to provide the services as specified in the agreement for another one year period;

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) Amendment and modification of P-37 "Agreement";
 - a) Change Completion date in Block 1.7 of the P-37 to read June 30, 2014.
 - b) Change Price Limitation in Block 1.8 of the P-37 to read \$ 864,936.00

- 2) Amendment and modification of Exhibit A;
 - a) **Delete** "CONTRACT PERIOD: July 1, 2012, or date of G&C approval, whichever is later, Through June 30, 2013"
 - b) **Change II A from:** "The contractor shall provide treatment services in the geographic area(s)/location(s) as specified below."
Change to: "The contractor shall provide treatment services, in each State Fiscal Year, in the geographic area(s)/location(s) as specified below:"
 - c) **Change II B Group Recovery Support Services from:** "Contractors, with the exception of those agencies that only offer outpatient services, are required to develop the capacity for group recovery support aftercare services for a minimum of 50% of the number treatment clients (including outpatient and transitional living program clients) they are under contract to serve. These group recovery support services are for clients discharged from substance use disorder (SUD) treatment services provided under contract with BDAS on behalf of DHHS, which may include clients that had received SUD treatment from the Contractor or a different agency. Contractors are only allowed to access these services for their clients or clients that had received SUD treatment from a different agency through the statewide care coordination program under agreement with BDAS on behalf of DHHS."



Change to: "Contractors, with the exception of those agencies that only offer outpatient services, are required to develop the capacity for group recovery support aftercare services for a minimum of 25% of the number treatment clients (including outpatient and transitional living program clients) they are under contract to serve. These group recovery support services are for clients discharged from substance use disorder (SUD) treatment services provided under contract with BDAS on behalf of DHHS, which may include clients that had received SUD treatment from the Contractor or a different agency. Contractors are only allowed to access these services for their clients or clients that had received SUD treatment from a different agency through the statewide care coordination program under agreement with BDAS on behalf of DHHS."

d) **Delete Table SAMHSA National Outcome Measures**

Replace with:

Table SAMHSA National Outcome Measures

<i>DOMAIN</i>	<i>OUTCOME</i>	<i>SUBSTANCE ABUSE TREATMENT MEASURES</i>
Access	Reduce the wait time for Intake & Admission	<ul style="list-style-type: none"> 80% of clients will receive a telephone eligibility screening of the initial first contact with the Contractor and those who screen eligible will receive an intake within 5 business days of the eligibility screening and 80% of clients who meet admission criteria will be admitted to services or interim services within 5 business days of intake.
Retention	Increase retention in substance abuse treatment	70% of clients that have participated in the minimum participation requirement. See section in the following pay for performance paragraph.
Capacity	Increase service capacity	Increase by 10% the (unduplicated) number of clients receiving service from previous year – DHHS will not be held to this standard for SFY 2013 due to significant budget reductions.
Social Connectedness	Increased recovery supports/connections	25% of clients participate in care coordination and post treatment recovery support services (RSS).
Perception of Care	Client perception of care	Under development
Cost Effectiveness	Cost effectiveness (average cost)	Average Contractor cost per client for services provided per client are within 10% of the average statewide cost per client of service for each modality of service.



<i>DOMAIN</i>	<i>OUTCOME</i>	<i>SUBSTANCE ABUSE TREATMENT MEASURES</i>
Use of Evidenced-Based Practices	Use of Evidenced-Based Practices	<ul style="list-style-type: none"> • WITS Electronic Health Record • ASI or GAIN Assessment • NIDA/SAMHSA MATRS Treatment Planning model • Clinical model for treatment services recognized by National Registry of Evidence Based Programs and Practices (NREPP).

- 3) Amendment and modification of Exhibit B;
 - a) **Delete** "CONTRACT PERIOD: July 1, 2012, or date of G&C approval, whichever is later, through June 30, 2013"
 - b) **Change from** Section II: "The total amount of all payments made to the Contractor for cost and expenses incurred in the performance of the services, as detailed in Exhibit B, during the period of the contract shall not exceed:"
Change to: "The total amount of all payments made to the Contractor for cost and expenses incurred in the performance of the services during each State Fiscal Year of the contract shall not exceed:"
 - c) Delete in Section II; "TOTAL: \$432,468.00"
- 4) **Add** Exhibit B-1 and B-2

New Hampshire Substance Abuse Treatment and Recovery Support Services



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

5/28/13
Date

Nancy L. Rollins
Nancy L. Rollins
Associate Commissioner

National Council on Alcoholism and Drug
Dependence of Greater Manchester

5/9/13
Date

Sharon Drake
Name: Sharon Drake
Title: Executive Director

Acknowledgement:

State of N.H., County of Hillsborough on 5-9-13, 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 of Notary Public or Justice of the Peace

Tillie H. McNulty
Name and Title of Notary or Justice of the Peace

Tillie H. McNulty
Justice Of The Peace
my commission expires
4-15-14

New Hampshire Substance Abuse Treatment and Recovery Support Services



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

OFFICE OF THE ATTORNEY GENERAL

17 May 2013
Date

Jeane P. Herrick
Name: *Jeane P. Herrick*
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 B-1

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

Bidder/Program Name: NCADD/IGM Serenity Place - Intensive Outpatient Program

Budget Request for: Intensive Outpatient Program - Substance Abuse Treatment Services
(Name of RFP)

Budget Period: State Fiscal Year 2014

Line Item	Total Program Cost			Contractor Share / Match			Funded by DHHS contract share		
	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total
1. Total Salary/Wages	\$ 53,538.00	\$ 4,391.82	\$ 57,929.82	\$ 2,142.00	\$ 2,249.82	\$ 4,391.82	\$ 51,396.00	\$ 2,142.00	\$ 53,538.00
2. Employee Benefits	\$ 11,452.12	\$ 667.68	\$ 12,340.00	\$ 268.12	\$ 299.88	\$ 568.00	\$ 11,164.00	\$ 568.00	\$ 11,752.00
3. Consultants	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
4. Equipment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Rental	\$ 1,055.00	\$ 56.00	\$ 1,111.00	\$ 57.00	\$ -	\$ 57.00	\$ 998.00	\$ 56.00	\$ 1,054.00
Repair and Maintenance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Purchase/Depreciation	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
5. Supplies	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Educational	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Lab	\$ 560.00	\$ 43.00	\$ 603.00	\$ -	\$ -	\$ -	\$ 560.00	\$ 43.00	\$ 603.00
Pharmacy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Medical	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Office	\$ 1,153.00	\$ -	\$ 1,153.00	\$ 603.00	\$ -	\$ 603.00	\$ 550.00	\$ -	\$ 550.00
6. Travel	\$ 305.00	\$ 116.00	\$ 421.00	\$ 116.00	\$ -	\$ 116.00	\$ 189.00	\$ 116.00	\$ 305.00
7. Occupancy	\$ 3,664.00	\$ 168.00	\$ 3,832.00	\$ 233.00	\$ -	\$ 233.00	\$ 3,431.00	\$ 168.00	\$ 3,599.00
8. Current Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Telephone	\$ 244.00	\$ -	\$ 244.00	\$ -	\$ -	\$ -	\$ 244.00	\$ -	\$ 244.00
Postage	\$ 25.00	\$ -	\$ 25.00	\$ -	\$ -	\$ -	\$ 25.00	\$ -	\$ 25.00
Subscriptions	\$ 434.00	\$ -	\$ 434.00	\$ -	\$ -	\$ -	\$ 434.00	\$ -	\$ 434.00
Audit and Legal	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Insurance	\$ 1,255.05	\$ 126.99	\$ 1,382.04	\$ 120.05	\$ 126.99	\$ 247.04	\$ 1,135.00	\$ -	\$ 1,135.00
Board Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
9. Software	\$ 112.00	\$ 272.00	\$ 384.00	\$ -	\$ -	\$ -	\$ 112.00	\$ 272.00	\$ 384.00
10. Marketing/Communications	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
11. Staff Education and Training	\$ 1,223.00	\$ -	\$ 1,223.00	\$ -	\$ -	\$ -	\$ 1,223.00	\$ -	\$ 1,223.00
12. Subcontracts/Agreements	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
13. Other (subcontract manufacturing)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL	\$ 78,020.17	\$ 6,061.69	\$ 81,081.86	\$ 3,669.17	\$ 2,676.69	\$ 6,236.86	\$ 71,461.00	\$ 3,385.00	\$ 74,846.00
Indirect As A Percent of Direct		5.0%							

SD
5/9/13

Exhibit B-2

Northshire Department of Health and Human Services
 ONE BUDGET FORM FOR EACH BUDGET PERIOD
 Bidder/Program Name: NCADD/GM - Serenity Place
 Budget Request for: Substance Abuse Treatment Services - Transitional Living Program - Main Building
 (Name of RFP)
 Budget Period: State Fiscal Year 2014

Line Item	Total Program Cost			Contractor Share / Match			Funded by DHHS contract share		
	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total
1 Total Salary/Wages	\$ 431,756.00	\$ 19,447.00	\$ 451,203.00	\$ 201,091.00	\$ 9,836.00	\$ 210,927.00	\$ 230,865.00	\$ 9,811.00	\$ 240,276.00
2 Employee Benefits	\$ 70,946.00	\$ 24,521.00	\$ 95,467.00	\$ 20,841.00	\$ 21,684.00	\$ 42,725.00	\$ 50,107.00	\$ 2,637.00	\$ 52,744.00
3 Consultants	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
4 Equipment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Rental	\$ 1,459.00	\$ -	\$ 1,459.00	\$ -	\$ -	\$ -	\$ 1,459.00	\$ -	\$ 1,459.00
Repair and Maintenance	\$ 5,679.00	\$ 298.00	\$ 5,977.00	\$ 4,650.00	\$ -	\$ 4,650.00	\$ 1,029.00	\$ 298.00	\$ 1,327.00
Purchase/Depreciation	\$ 17,567.00	\$ -	\$ 17,567.00	\$ 17,567.00	\$ -	\$ 17,567.00	\$ -	\$ -	\$ -
5 Supplies	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Educational	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Lab	\$ 9,185.00	\$ -	\$ 9,185.00	\$ 3,153.00	\$ -	\$ 3,153.00	\$ 6,032.00	\$ -	\$ 6,032.00
Pharmacy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Medical	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Office	\$ 2,811.00	\$ 232.00	\$ 3,043.00	\$ 2,811.00	\$ -	\$ 2,811.00	\$ -	\$ 232.00	\$ 2,322.00
6 Travel	\$ 1,756.00	\$ 617.00	\$ 2,373.00	\$ 1,202.00	\$ -	\$ 1,202.00	\$ 554.00	\$ 617.00	\$ 1,171.00
7 Occupancy	\$ 16,604.47	\$ 899.00	\$ 17,503.47	\$ 2,600.47	\$ -	\$ 2,600.47	\$ 14,004.00	\$ 899.00	\$ 14,903.00
8 Current Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Telephone	\$ 4,538.00	\$ -	\$ 4,538.00	\$ 374.00	\$ -	\$ 374.00	\$ 4,164.00	\$ -	\$ 4,164.00
Postage	\$ 383.00	\$ -	\$ 383.00	\$ 383.00	\$ -	\$ 383.00	\$ -	\$ -	\$ -
Subscriptions	\$ 1,411.00	\$ -	\$ 1,411.00	\$ 1,411.00	\$ -	\$ 1,411.00	\$ -	\$ -	\$ -
Audit and Legal	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Insurance	\$ 5,313.00	\$ 382.00	\$ 5,695.00	\$ 5,313.00	\$ -	\$ 5,313.00	\$ -	\$ 382.00	\$ 382.00
Board Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
9 Software	\$ -	\$ 1,456.00	\$ 1,456.00	\$ -	\$ -	\$ -	\$ -	\$ 1,456.00	\$ 1,456.00
10 Marketing/Communications	\$ 584.25	\$ 134.00	\$ 718.25	\$ 584.25	\$ -	\$ 584.25	\$ -	\$ 134.00	\$ 134.00
11 Staff Education and Training	\$ 20,103.00	\$ -	\$ 20,103.00	\$ -	\$ -	\$ -	\$ 20,103.00	\$ -	\$ 20,103.00
12 Subcontracts/Agreements	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
13 Other (Specify below if applicable)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Food	\$ 16,488.00	\$ -	\$ 16,488.00	\$ 4,154.00	\$ -	\$ 4,154.00	\$ 12,334.00	\$ -	\$ 12,334.00
Licenses and fees	\$ 180.00	\$ 151.00	\$ 331.00	\$ 180.00	\$ -	\$ 180.00	\$ -	\$ 151.00	\$ 151.00
Individual client needs	\$ 600.00	\$ -	\$ 600.00	\$ -	\$ -	\$ -	\$ 600.00	\$ -	\$ 600.00
TOTAL	\$ 607,366.72	\$ 48,137.00	\$ 655,503.72	\$ 266,314.72	\$ 31,720.00	\$ 298,034.72	\$ 341,051.00	\$ 16,417.00	\$ 357,468.00

Indirect As A Percent of Direct 7.9%

SD
5/9/13

WITHOUT SEAL

CERTIFICATE OF VOTE

I, George McNamara, of NCADD Greater Manchester – Serenity Place, do hereby certify that:

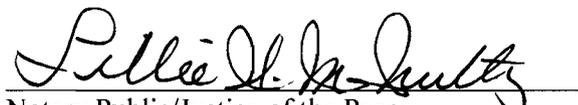
1. I am the duly elected President of NCADD Greater Manchester – Serenity Place;
2. The following are true copies of two resolutions duly adopted at a meeting of the Board of Directors of the corporation, duly held on May 25, 2011;
RESOLVED: That this corporation enters into a contract with the State of New Hampshire, acting through its Department of Health and Human Services, Division of Community Based Care Services.
RESOLVED: That the Executive Director is hereby authorized on behalf of this corporation to enter into said contract with the State and to execute any and all documents, agreements, and other instruments; and any amendments, revisions, or modifications thereto, as he/she may deem necessary, desirable, or appropriate. Sharon Drake is the duly elected Executive Director of the corporation.
3. The foregoing resolutions have not been amended or revoked and remain in full force and effect as of May 9, 2013.

IN WITNESS WHEREOF, I have hereunto set my hand as the President of the corporation this 9th day of May, 2013.



STATE OF NEW HAMPSHIRE
COUNTY OF HILLSBOROUGH

The foregoing instrument was acknowledged before me this 9th day of May, 2013 by George McNamara.

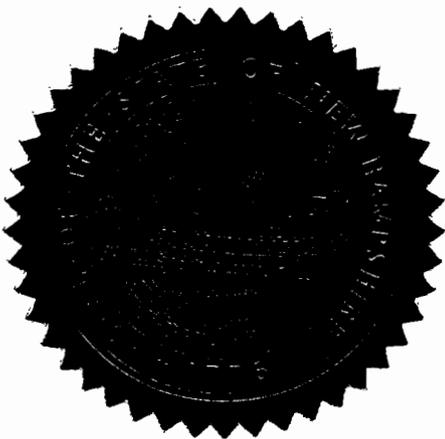


Notary Public/Justice of the Peace
My Commission Expires: 4-15-14

State of New Hampshire
Department of State

CERTIFICATE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that NATIONAL COUNCIL ON ALCOHOLISM AND DRUG DEPENDENCE/GREATER MANCHESTER is a New Hampshire nonprofit corporation formed December 7, 1977. 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 15th day of April, A.D. 2013

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

William M. Gardner
Secretary of State



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
5/9/2013

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

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

PRODUCER E & S Insurance Services LLC 21 Meadowbrook Lane P O Box 7425 Gilford NH 03247-7425	CONTACT NAME: Pat Mack PHONE (A/C No. Ext): (603) 293-2791 E-MAIL ADDRESS: pat@esinsurance.com	FAX (A/C No.): (603) 293-7188
	INSURER(S) AFFORDING COVERAGE	
INSURED National Council on Alcoholism & Drug 101 Manchester Street Manchester NH 03101	INSURER A: Markel	
	INSURER B: Travelers Indemnity Co	
	INSURER C:	
	INSURER D:	
	INSURER E:	
INSURER F:		NAIC #

COVERAGES **CERTIFICATE NUMBER:** 2013 WC 2013 **REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC			8502SS335180-3	2/9/2013	2/9/2014	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000
	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			8502SS335180-3	2/9/2013	2/9/2014	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Medical payments \$ 5,000
	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE		4602SS335181-3	2/9/2013	2/9/2014	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N		20130501	5/1/2013	5/1/2014	WC STATU-TORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

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

CERTIFICATE HOLDER NH Dept of Health & Human Services Bureau of Drug & Alcohol Services 105 Pleasant Street 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 Pat Mack/PAT <i>Pat Mack</i>



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

BUREAU OF DRUG AND ALCOHOL SERVICES

Nicholas A. Toumpas
 Commissioner

Nancy L. Rollins
 Associate
 Commissioner

105 PLEASANT STREET, CONCORD, NH 03301
 603-271-6100 1-800-804-0909
 FAX: 603-271-6105 TDD Access: 1-800-735-2964

May 25, 2012

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

Approved by: GTC
 Date: 6/20/12
 Item No.: 107
 Contract No 1024147

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division of Community Based Care Services, Bureau of Drug & Alcohol Services, to enter into an agreement with National Council on Alcoholism and Drug Dependence of Greater Manchester, (Vendor #177265 B001), 101 Manchester Street, Manchester, NH 03105, to provide for a continuum of substance abuse treatment services, in an amount not to exceed \$432,468.00 to be effective July 1, 2012 or date of Governor and Council approval, whichever is later, through June 30, 2013. Funds are available in the following accounts for State Fiscal Year 2013:

05-95-95-958410-5365 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SERVICES, HHS: COMMISSIONER, DCBCS TREATMENT & PREVENTION, ALCOHOL AND OTHER TREATMENT

Fiscal Year	Class/Object	Class Title	Job Number	Amount
SFY 2013	102-500734	Contracts for Prog Svc	95846501	\$198,914.00
			Subtotal	\$198,914.00

05-95-95-958410-1388 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SERVICES, HHS: COMMISSIONER, DCBCS TREATMENT AND PREVENTION, GOVERNOR

Fiscal Year	Class/Object	Class Title	Job Number	Amount
SFY 2013	102-500734	Contracts for Prog Svc	95848501	\$97,024.00
			Subtotal	\$97,024.00

05-95-95-958410-1387 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SERVICES, HHS: COMMISSIONER, DCBCS TREATMENT & PREVENTION, TREATMENT-PREVENTION-STATE

Fiscal Year	Class/Object	Class Title	Job Number	Amount
SFY 2013	102-500734	Contracts for Prog Svc	95841387	\$136,530.00
			Subtotal	\$136,530.00
			Total	\$432,468.00

EXPLANATION

The purpose of this agreement is to provide a continuum of substance abuse treatment services such as community based outpatient, intensive outpatient, residential, transitional living, and recovery support services, including specialized treatment services for pregnant and parenting women and their children, in the Manchester area.

Client eligibility for treatment services is targeted at those either unable to pay for services or able to pay only part of the cost of services, and who has or is suspected of having an alcohol or other drug abuse problem, and who is a resident of the State of New Hampshire or is homeless in NH. All clients discharged from treatment services supported by this contract will be referred to care coordination and recovery-support aftercare services as clinically appropriate, supported separately by the Federal Access to Recovery Grant.

The State is migrating toward a Resiliency and Recovery Oriented Systems of Care. Recovery-oriented systems of care are networks of organizations, agencies and community members that coordinate a wide spectrum of services to prevent, intervene in, and treat substance use problems and disorders. In addition, this contract will allow the State to improve the quality and array of services available to clients. Quality improvement efforts include the exchange of data and information that will support "data driven" prevention and treatment programming to better address the needs to the region.

The New Hampshire Office of Energy and Planning reported the 2009 Population Estimates of New Hampshire Cities and Towns as 1,324,575. The National Survey on Drug Use and Health commissioned by the Substance Abuse and Mental Health Services Administration in 2008/2009 reported the following demographic data for New Hampshire:

- Alcohol Abuse: 97,630 (7% of population)
- Alcohol dependence: 44,850 (3% of population)
- Illicit Drug Abuse: 43,810 (3% of population)
- Illicit Drug Dependence: 32,240 (2% of population)
- Substance Abuse: 126,630 (10% of population)
- Needing but not receiving treatment for alcohol abuse: 93,990 (7% of population)
- Needing but not receiving treatment for illicit drug use: 39,390 (3% of population)

In addition, the New Hampshire Medical Examiner office reported 172 drug related overdose deaths in NH during 2010. The New Hampshire Administrative Office of the Courts reported 9,500 arrests and 5,000 convictions for Driving While Impaired in 2009. Approximately 90% of individuals arrested for Driving While Impaired have an underlying substance abuse disorder according to the National Institute on Alcohol Abuse and Alcoholism.

Should the Governor and Executive Council determine to not authorize this Request, agencies would not have sufficient resources to promote, implement and provide the array of services necessary to provide individuals with substance use disorders the necessary tools to achieve, enhance and sustain recovery. In addition, failure to obligate the federal funds in the Substance Abuse Prevention and Treatment Block Grant to community based programs to provide alcohol and other drug treatment service would place that Block Grant in jeopardy.

National Council on Alcoholism and Drug Dependence/Greater Manchester was selected for this agreement through a competitive bid process. A Request for Proposals was posted on the Department's web site on March 6, 2012 through April 2, 2012. In addition, a bidder's conference was held on March 12, 2012.

A total of 19 proposals were received. A review committee of three professionals reviewed each proposal. All reviewers have between three to twenty years experience managing agreements with vendors for various public health programs. Areas of specific expertise include: maternal and child health; substance abuse prevention and treatment; chronic and communicable diseases; and public health infrastructure. Eighteen of the proposals were selected for funding based on review criteria that included availability of funds, consistency with stated funding priorities, technical score, and equitable geographic distribution. The agency that was not selected did not meet the minimum scoring criteria established for funding. The Bid Summary is attached.

This request covers services for the period July 1, 2012 to June 30, 2013, with an option to renew for one additional year, pending availability of funding, the agreement of the parties and approval of Governor and Council. These services were contracted previously with this agency in State Fiscal Year 2012 in the amount of \$432,468.00. This agreement represents level funding.

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

- Utilization criteria will be applied exclusively on a month-by-month basis according to the criteria below.
 - i. Contracts running at 90% to 100% of utilization in a given month will be reimbursed at 100% of the contracted rate for that month.
 - ii. Contracts running at 80% to 89% of utilization in a given month will be reimbursed at rate of 95% of the contracted rate for that month.
 - iii. Contracts running below 80% of utilization in a given month will be reimbursed at the rate of utilization for that month (for example for a given month in which utilization was 59% the contractor would be reimbursed at 59% of the contracted rate for that month).
- Treatment contractors shall respond to calls requesting services, whether an initial or subsequent call, from clients or referring agencies as soon as possible and within at least 2 business days following the day the call was received. The following Access Criteria must be met for a minimum of 80% of prospective clients (from clients or referring agencies) for the month in which billing is being submitted:
 - i. Treatment contractors are required to conduct initial eligibility screening as soon as possible, ideally at the time of first contact (direct communication by phone or in person) with the client or referring agency, but not later than 5 business days following the date of first contact.
 - ii. Those who have screened eligible for services will start receiving services, whether for the identified level of care or interim services, within 10 business days follow the eligibility screening.
- A minimum of 70% of clients, which have completed or otherwise are no longer receiving services, will have met the minimum retention standards for the modality of services received as noted below:
 - i. Have completed a minimum of 6 sessions of outpatient treatment services (OP)
 - ii. Have completed a minimum of 8 days of intensive outpatient treatment services (IOP) – only those days in which a client has participated in minimum of 10 units (2.5 hours) of service per day (12 units per day is the standard for IOP services) may be counted.
 - iii. Have completed a minimum of 14 days of residential treatment service
 - iv. Has completed a minimum of 28 days in a transitional living/halfway house residential program.

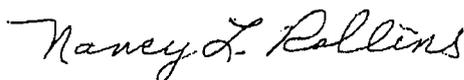
Area served: Manchester area.

His Excellency, Governor John H. Lynch
and the Honorable Executive Council
May 25, 2012
Page 4 of 4

Source of Funds: 46.00% Federal Funds from Substance Abuse and Mental Health Services Administration, Substance Abuse Prevention and Treatment Block Grant, 50.85% General Funds and 3.15% Other (Highway) Funds.

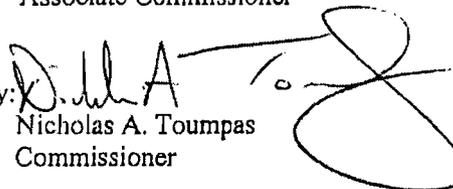
In the event that the Federal or Other Funds become no longer available, General Funds will not be requested to support this program.

Respectfully submitted,



Nancy L. Rollins
Associate Commissioner

Approved by:



Nicholas A. Toumpas
Commissioner

NLR/mfl



**State of New Hampshire
Department of Health and Human Services
Amendment #1 to the Substance Abuse Treatment and Recovery Support Services
Contract**

This first Amendment to the Substance Abuse Treatment and Recovery Support Services contract (hereinafter referred to as "Amendment #1") dated this April 24th day of 2013, is by and between the State of New Hampshire, Department of Health and Human Services (hereinafter referred to as the "State" or "Department") and Southeastern New Hampshire Alcohol and Drug Abuse Services (hereinafter referred to as "the Contractor"), a nonprofit corporation with a place of business at 272 County Farm Road, Dover, NH 03820.

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on June 20, 2012, 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 and Exhibit C, Paragraph 17, the State may, extend the agreement by one year by written agreement of the parties;

WHEREAS the State desires to have the Contractor continue to provide the services as specified in the agreement for another one year period;

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) Amendment and modification of P-37 "Agreement";
 - a) Change Completion date in Block 1.7 of the P-37 to read June 30, 2014.
 - b) Change Price Limitation in Block 1.8 of the P-37 to read \$ 2,659,672.00
- 2) Amendment and modification of Exhibit A;
 - a) **Delete** "CONTRACT PERIOD: July 1, 2012, or date of G&C approval, whichever is later, Through June 30, 2013"
 - b) **Change II A from:** "The contractor shall provide treatment services in the geographic area(s)/location(s) as specified below:"
Change to: "The contractor shall provide treatment services, in each State Fiscal Year, in the geographic area(s)/location(s) as specified below:"
 - c) **Change II B Group Recovery Support Services from:** "Contractors, with the exception of those agencies that only offer outpatient services, are required to develop the capacity for group recovery support aftercare services for a minimum of 50% of the number treatment clients (including outpatient and transitional living program clients) they are under contract to serve. These group recovery support services are for clients discharged from substance use disorder (SUD) treatment services provided under contract with BDAS on behalf of DHHS, which may include clients that had received SUD treatment from the Contractor or a different agency. Contractors are only allowed to access these services for their clients or clients that had received SUD treatment from a different agency through the statewide care coordination program under agreement with BDAS on behalf of DHHS."



Change to: "Contractors, with the exception of those agencies that only offer outpatient services, are required to develop the capacity for group recovery support aftercare services for a minimum of 25% of the number treatment clients (including outpatient and transitional living program clients) they are under contract to serve. These group recovery support services are for clients discharged from substance use disorder (SUD) treatment services provided under contract with BDAS on behalf of DHHS, which may include clients that had received SUD treatment from the Contractor or a different agency. Contractors are only allowed to access these services for their clients or clients that had received SUD treatment from a different agency through the statewide care coordination program under agreement with BDAS on behalf of DHHS."

d) **Delete Table SAMHSA National Outcome Measures**

Replace with:

Table SAMHSA National Outcome Measures

<i>DOMAIN</i>	<i>OUTCOME</i>	<i>SUBSTANCE ABUSE TREATMENT MEASURES</i>
Access	Reduce the wait time for Intake & Admission	<ul style="list-style-type: none"> 80% of clients will receive a telephone eligibility screening of the initial first contact with the Contractor and those who screen eligible will receive an intake within 5 business days of the eligibility screening and 80% of clients who meet admission criteria will be admitted to services or interim services within 5 business days of intake.
Retention	Increase retention in substance abuse treatment	70% of clients that have participated in the minimum participation requirement. See section in the following pay for performance paragraph.
Capacity	Increase service capacity	Increase by 10% the (unduplicated) number of clients receiving service from previous year – DHHS will not be held to this standard for SFY 2013 due to significant budget reductions.
Social Connectedness	Increased recovery supports/connections	25% of clients participate in care coordination and post treatment recovery support services (RSS).
Perception of Care	Client perception of care	Under development
Cost Effectiveness	Cost effectiveness (average cost)	Average Contractor cost per client for services provided per client are within 10% of the average statewide cost per client of service for each modality of service.

New Hampshire Substance Abuse Treatment and Recovery Support Services



DOMAIN	OUTCOME	SUBSTANCE ABUSE TREATMENT MEASURES
Use of Evidenced-Based Practices	Use of Evidenced-Based Practices	<ul style="list-style-type: none"> • WITS Electronic Health Record • ASI or GAIN Assessment • NIDA/SAMHSA MATRS Treatment Planning model • Clinical model for treatment services recognized by National Registry of Evidence Based Programs and Practices (NREPP).

- 3) Amendment and modification of Exhibit B;
 - a) **Delete** "CONTRACT PERIOD: July 1, 2012, or date of G&C approval, whichever is later, through June 30, 2013"
 - b) **Change from** Section II: "The total amount of all payments made to the Contractor for cost and expenses incurred in the performance of the services, as detailed in Exhibit B, during the period of the contract shall not exceed:"
Change to: "The total amount of all payments made to the Contractor for cost and expenses incurred in the performance of the services during each State Fiscal Year of the contract shall not exceed:"
 - c) Delete in Section II; "TOTAL: \$1,329,836.00"
- 4) **Add** Exhibit B-1, B-2, B-3, B-4 and B-5

New Hampshire Substance Abuse Treatment and Recovery Support Services



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

5/28/13
Date

Nancy L. Rollins for NR
Nancy L. Rollins
Associate Commissioner

Southeastern New Hampshire Alcohol and Drug
Abuse Services

5/7/13
Date

Raymond McCarty
Name: Raymond McCarty
Title: Executive Director

Acknowledgement:

State of New Hampshire County of Strafford on May 7 2013, 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 of Notary Public or Justice of the Peace

Virginia M. Pollard
Name and Title of Notary Public or Justice of the Peace

VIRGINIA M. POLLARD, Notary Public
My Commission Expires May 9, 2017

New Hampshire Substance Abuse Treatment and Recovery Support Services



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

OFFICE OF THE ATTORNEY GENERAL

17 May 2013
Date

Jeanne P. Henick
Name: *Jeanne P. Henick*
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 B-1

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

Bidder/Program Name: Southeastern NH Services

Budget Request for: OP (Name of RFP)

Budget Period: State Fiscal Year 2014

Line Item	Total Program Cost			Contractor Share / Match			Funded by DHHS contract share			Total
	Direct Incremental	Indirect	Fixed	Direct Incremental	Indirect	Fixed	Direct Incremental	Indirect	Fixed	
1. Total Salary/Wages	\$ 96,421.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 96,421.00	\$ -	\$ -	\$ 96,421.00
2. Employee Benefits	\$ 32,311.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 32,311.00	\$ -	\$ -	\$ 32,311.00
3. Consultants	\$ 2,787.00	\$ 278.70	\$ -	\$ -	\$ -	\$ -	\$ 2,787.00	\$ 278.70	\$ -	\$ 3,065.70
4. Equipment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
5. Rental	\$ 797.00	\$ 79.70	\$ -	\$ -	\$ -	\$ -	\$ 797.00	\$ 79.70	\$ -	\$ 876.70
6. Repair and Maintenance	\$ -	\$ 187.72	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 187.72	\$ -	\$ 187.72
7. Purchaser/Depreciation	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
8. Supplies	\$ 2,507.00	\$ 250.70	\$ -	\$ -	\$ -	\$ -	\$ 2,507.00	\$ 250.70	\$ -	\$ 2,757.70
9. Educational	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
10. Lab	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
11. Pharmacy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
12. Medical	\$ 1,077.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,077.00	\$ -	\$ -	\$ 1,077.00
13. Office	\$ 2,938.00	\$ 293.80	\$ -	\$ -	\$ -	\$ -	\$ 2,938.00	\$ 293.80	\$ -	\$ 3,231.80
14. Travel	\$ 320.00	\$ 32.00	\$ -	\$ -	\$ -	\$ -	\$ 320.00	\$ 32.00	\$ -	\$ 352.00
15. Occupancy	\$ 3,588.00	\$ 358.80	\$ -	\$ -	\$ -	\$ -	\$ 3,588.00	\$ 358.80	\$ -	\$ 3,946.80
16. Current Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
17. Telephone	\$ 1,235.00	\$ 123.50	\$ -	\$ -	\$ -	\$ -	\$ 1,235.00	\$ 123.50	\$ -	\$ 1,358.50
18. Postage	\$ 133.00	\$ 13.30	\$ -	\$ -	\$ -	\$ -	\$ 133.00	\$ 13.30	\$ -	\$ 146.30
19. Subscriptions	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
20. Audit and Legal	\$ 1,199.00	\$ 97.20	\$ -	\$ -	\$ -	\$ -	\$ 1,199.00	\$ 97.20	\$ -	\$ 1,296.20
21. Insurance	\$ 2,177.00	\$ 344.88	\$ -	\$ -	\$ -	\$ -	\$ 2,177.00	\$ 344.88	\$ -	\$ 2,521.88
22. Board Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
23. Software	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
24. Marketing/Communications	\$ 75.00	\$ 7.50	\$ -	\$ -	\$ -	\$ -	\$ 75.00	\$ 7.50	\$ -	\$ 82.50
25. Staff Education and Training	\$ 115.00	\$ 11.50	\$ -	\$ -	\$ -	\$ -	\$ 115.00	\$ 11.50	\$ -	\$ 126.50
26. Subcontracts/Agreements	\$ 7,000.00	\$ 700.00	\$ -	\$ -	\$ -	\$ -	\$ 7,000.00	\$ 700.00	\$ -	\$ 7,700.00
27. Other (Use for Grants or Priority)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
28. Indirect As A Percent of Direct	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL	\$ 154,680.00	\$ 3,645.00	\$ 2.4%	\$ 154,680.00	\$ 3,645.00	\$ -	\$ 154,680.00	\$ 3,645.00	\$ -	\$ 158,325.00

Contractor Initials: RLY
Date: 5/2/13

Exhibit B-2

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

Bidder/Program Name: Southeastern NH Services

Budget Request for: Substance Abuse Treatment Services
Womens IOP

Budget Period: State Fiscal Year 2014

Line Item	Direct		Indirect		Total	Direct		Indirect		Total
	Incremental		Fixed			Incremental		Fixed		
1. Total Salary/Wages	\$ 150,769.00	\$ -	\$ -	\$ -	\$ 150,769.00	\$ 150,769.00	\$ -	\$ -	\$ -	\$ 150,769.00
2. Employee Benefits	\$ 50,522.00	\$ -	\$ -	\$ -	\$ 50,522.00	\$ 50,522.00	\$ -	\$ -	\$ -	\$ 50,522.00
3. Consultants	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
4. Equipment:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Rental	\$ 1,000.00	\$ 100.00	\$ 100.00	\$ -	\$ 1,100.00	\$ 1,000.00	\$ 100.00	\$ -	\$ -	\$ 1,100.00
Repair and Maintenance	\$ 1,200.00	\$ 120.00	\$ 120.00	\$ -	\$ 1,320.00	\$ 1,200.00	\$ 120.00	\$ -	\$ -	\$ 1,320.00
Purchase/Depreciation	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
5. Supplies:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Educational	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Lab	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Pharmacy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Medical	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Office	\$ 3,886.00	\$ 1,705.70	\$ 1,705.70	\$ -	\$ 5,591.70	\$ 3,886.00	\$ 1,705.70	\$ -	\$ -	\$ 5,591.70
6. Travel	\$ 9,000.00	\$ 1,405.30	\$ 1,405.30	\$ -	\$ 10,405.30	\$ 9,000.00	\$ 1,405.30	\$ -	\$ -	\$ 10,405.30
7. Occupancy	\$ 8,500.00	\$ 850.00	\$ 850.00	\$ -	\$ 9,350.00	\$ 8,500.00	\$ 850.00	\$ -	\$ -	\$ 9,350.00
8. Current Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Telephone	\$ 1,200.00	\$ 120.00	\$ 120.00	\$ -	\$ 1,320.00	\$ 1,200.00	\$ 120.00	\$ -	\$ -	\$ 1,320.00
Postage	\$ 500.00	\$ 50.00	\$ 50.00	\$ -	\$ 550.00	\$ 500.00	\$ 50.00	\$ -	\$ -	\$ 550.00
Subscriptions	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Audit and Legal	\$ 1,200.00	\$ 120.00	\$ 120.00	\$ -	\$ 1,320.00	\$ 1,200.00	\$ 120.00	\$ -	\$ -	\$ 1,320.00
Insurance	\$ 3,000.00	\$ 300.00	\$ 300.00	\$ -	\$ 3,300.00	\$ 3,000.00	\$ 300.00	\$ -	\$ -	\$ 3,300.00
Board Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
9. Software	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
10. Marketing/Communications	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
11. Staff Education and Training	\$ 500.00	\$ 50.00	\$ 50.00	\$ -	\$ 550.00	\$ 500.00	\$ 50.00	\$ -	\$ -	\$ 550.00
12. Subcontracts/Agreements	\$ 26,250.00	\$ -	\$ -	\$ -	\$ 26,250.00	\$ 26,250.00	\$ -	\$ -	\$ -	\$ 26,250.00
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL	\$ 257,527.00	\$ 4,821.00	\$ 4,821.00	\$ -	\$ 262,348.00	\$ 257,527.00	\$ 4,821.00	\$ -	\$ -	\$ 262,348.00

1.9%

Indirect As A Percent of Direct

Contractor Initials Dty Page 1
Date 5/2/13

Substance Abuse Treatment

Exhibit B-3

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

Bidder/Program Name: Southeastern NH Services

Budget Request for: Drug Court IOP
(Name of RFP)

Budget Period: State Fiscal Year 2014

Line Item	Total Program Cost			Contractor Share / Match			Funded by DPHS contract share			Total
	Direct Incremental	Indirect	Fixed	Direct Incremental	Indirect	Fixed	Direct Incremental	Indirect	Fixed	
1. Total Salary/Wages	\$ 113,503.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 113,503.00	\$ -	\$ -	\$ 113,503.00
2. Employee Benefits	\$ 38,080.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 38,080.00	\$ -	\$ -	\$ 38,080.00
3. Consultants	\$ 1,000.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,000.00	\$ -	\$ -	\$ 1,000.00
4. Equipment:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Rental	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Repair and Maintenance	\$ 1,000.00	\$ 861.60	\$ -	\$ -	\$ -	\$ -	\$ 1,000.00	\$ 861.60	\$ -	\$ 1,861.60
Purchase/Depreciation	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
5. Supplies:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Educational	\$ 5,357.00	\$ 2,323.63	\$ -	\$ -	\$ -	\$ -	\$ 5,357.00	\$ 2,323.63	\$ -	\$ 7,680.63
Lab	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Pharmacy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Medical	\$ 661.00	\$ 66.10	\$ -	\$ -	\$ -	\$ -	\$ 661.00	\$ 66.10	\$ -	\$ 727.10
Office	\$ 1,500.00	\$ 150.00	\$ -	\$ -	\$ -	\$ -	\$ 1,500.00	\$ 150.00	\$ -	\$ 1,650.00
6. Travel	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
7. Occupancy	\$ 8,381.00	\$ 784.67	\$ -	\$ -	\$ -	\$ -	\$ 8,381.00	\$ 784.67	\$ -	\$ 9,165.67
8. Current Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Telephone	\$ 756.00	\$ 75.60	\$ -	\$ -	\$ -	\$ -	\$ 756.00	\$ 75.60	\$ -	\$ 831.60
Postage	\$ 206.00	\$ 20.60	\$ -	\$ -	\$ -	\$ -	\$ 206.00	\$ 20.60	\$ -	\$ 226.60
Subscriptions	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Audit and Legal	\$ 1,048.00	\$ 104.80	\$ -	\$ -	\$ -	\$ -	\$ 1,048.00	\$ 104.80	\$ -	\$ 1,152.80
Insurance	\$ 1,355.00	\$ 135.50	\$ -	\$ -	\$ -	\$ -	\$ 1,355.00	\$ 135.50	\$ -	\$ 1,490.50
Board Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Software	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
9. Marketing/Communications	\$ 115.00	\$ 11.50	\$ -	\$ -	\$ -	\$ -	\$ 115.00	\$ 11.50	\$ -	\$ 126.50
10. Staff Education and Training	\$ 100.00	\$ 10.00	\$ -	\$ -	\$ -	\$ -	\$ 100.00	\$ 10.00	\$ -	\$ 110.00
11. Subcontracts/Agreements	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
12. Other (Specify below on Exhibit B)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
13. Other (Specify below on Exhibit B)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL	\$ 173,062.00	\$ 4,544.00	\$ -	\$ -	\$ -	\$ -	\$ 173,062.00	\$ 4,544.00	\$ -	\$ 177,606.00

Indirect As A Percent of Direct 2.6%

Contractor Initials Py Date 5/17/13 Page 1

Exhibit B-4

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

Bidder/Program Name: Southeastern NH Services

Budget Request for: CM/MIRT

Budget Period: State Fiscal Year 2014

Line Item	Total Program Cost			Contractor Share / Match			Funded by DHS contract share			Total
	Direct Incremental	Indirect	Fixed	Direct Incremental	Indirect	Fixed	Direct Incremental	Indirect	Fixed	
1. Total Salary/Wages	\$ 165,536.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 165,536.00	\$ -	\$ -	\$ 165,536.00
2. Employee Benefits	\$ 55,472.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 55,472.00	\$ -	\$ -	\$ 55,472.00
3. Consultants	\$ 20,117.00	\$ 2,290.99	\$ -	\$ -	\$ -	\$ -	\$ 20,117.00	\$ 2,290.99	\$ -	\$ 22,407.99
4. Equipment:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Rental	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Repair and Maintenance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Purchase/Depreciation	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
5. Supplies:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Educational	\$ 12,490.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 12,490.00	\$ -	\$ -	\$ 12,490.00
Lab	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Pharmacy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Medical	\$ 4,396.00	\$ 1,001.91	\$ -	\$ -	\$ -	\$ -	\$ 4,396.00	\$ 1,001.91	\$ -	\$ 5,397.91
Office	\$ 5,302.00	\$ 54.00	\$ -	\$ -	\$ -	\$ -	\$ 5,302.00	\$ 54.00	\$ -	\$ 5,356.00
6. Travel	\$ 1,416.00	\$ 54.00	\$ -	\$ -	\$ -	\$ -	\$ 1,416.00	\$ 54.00	\$ -	\$ 1,470.00
7. Occupancy	\$ 25,204.00	\$ 504.08	\$ -	\$ -	\$ -	\$ -	\$ 25,204.00	\$ 504.08	\$ -	\$ 25,708.08
8. Current Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Telephone	\$ 3,602.00	\$ 72.04	\$ -	\$ -	\$ -	\$ -	\$ 3,602.00	\$ 72.04	\$ -	\$ 3,674.04
Postage	\$ 1,173.00	\$ 23.46	\$ -	\$ -	\$ -	\$ -	\$ 1,173.00	\$ 23.46	\$ -	\$ 1,196.46
Subscriptions	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Audit and Legal	\$ 3,554.00	\$ 71.08	\$ -	\$ -	\$ -	\$ -	\$ 3,554.00	\$ 71.08	\$ -	\$ 3,625.08
Insurance	\$ 5,822.00	\$ 116.44	\$ -	\$ -	\$ -	\$ -	\$ 5,822.00	\$ 116.44	\$ -	\$ 5,938.44
Board Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Software	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
10. Marketing/Communications	\$ 1,298.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,298.00	\$ -	\$ -	\$ 1,298.00
11. Staff Education and Training	\$ 2,500.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 2,500.00	\$ -	\$ -	\$ 2,500.00
12. Subcontracts/Agreements	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
13. Other (Specify Details in Remarks)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL	\$ 307,882.00	\$ 4,188.00	\$ -	\$ -	\$ -	\$ -	\$ 307,882.00	\$ 4,188.00	\$ -	\$ 312,070.00

Indirect As A Percent of Direct 1.4%

Contractor Initials DM Page 1
Date 5/7/13

Exhibit B-5

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

Bidder/Program Name: Southeastern NH Services

Budget Request for: CMLIRT

Budget Period: State Fiscal Year 2014

Line Item	Total Program Cost			Contractor Share / Match			Funded by DHHS contract share			Total
	Direct	Indirect	Total	Direct	Indirect	Total	Direct	Indirect	Total	
	Incremental	Fixed		Incremental	Fixed		Incremental	Fixed		
1. Total Salary/Wages	\$ 306,573.00	\$ -	\$ 306,573.00	\$ -	\$ -	\$ -	\$ 306,573.00	\$ -	\$ -	\$ 306,573.00
2. Employee Benefits	\$ 102,732.00	\$ -	\$ 102,732.00	\$ -	\$ -	\$ -	\$ 102,732.00	\$ -	\$ -	\$ 102,732.00
3. Consultants	\$ 875.00	\$ 875.00	\$ 1,750.00	\$ -	\$ -	\$ -	\$ 875.00	\$ 875.00	\$ 1,750.00	\$ 1,750.00
4. Equipment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
5. Rental	\$ 956.00	\$ 956.00	\$ 1,912.00	\$ -	\$ -	\$ -	\$ 956.00	\$ 956.00	\$ 1,912.00	\$ 1,912.00
6. Repair and Maintenance	\$ 85.00	\$ 85.00	\$ 170.00	\$ -	\$ -	\$ -	\$ 85.00	\$ 85.00	\$ 170.00	\$ 170.00
7. Purchase/Depreciation	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
8. Supplies	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
9. Educational	\$ 1,076.00	\$ 1,076.00	\$ 2,152.00	\$ -	\$ -	\$ -	\$ 1,076.00	\$ 1,076.00	\$ 2,152.00	\$ 2,152.00
10. Lab	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
11. Pharmacy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
12. Medical	\$ 53.00	\$ -	\$ 53.00	\$ -	\$ -	\$ -	\$ 53.00	\$ -	\$ 53.00	\$ 53.00
13. Office	\$ 100.00	\$ 10.00	\$ 110.00	\$ -	\$ -	\$ -	\$ 100.00	\$ 10.00	\$ 110.00	\$ 110.00
14. Travel	\$ 1,129.00	\$ 945.50	\$ 2,074.50	\$ -	\$ -	\$ -	\$ 1,129.00	\$ 945.50	\$ 2,074.50	\$ 2,074.50
15. Current Expenses	\$ 970.00	\$ 97.00	\$ 1,067.00	\$ -	\$ -	\$ -	\$ 970.00	\$ 97.00	\$ 1,067.00	\$ 1,067.00
16. Telephone	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
17. Postage	\$ 85.00	\$ 85.00	\$ 170.00	\$ -	\$ -	\$ -	\$ 85.00	\$ 85.00	\$ 170.00	\$ 170.00
18. Subscriptions	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
19. Audit and Legal	\$ 260.00	\$ 260.00	\$ 520.00	\$ -	\$ -	\$ -	\$ 260.00	\$ 260.00	\$ 520.00	\$ 520.00
20. Insurance	\$ 72.00	\$ 7.20	\$ 79.20	\$ -	\$ -	\$ -	\$ 72.00	\$ 7.20	\$ 79.20	\$ 79.20
21. Board Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
22. Software	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
23. Marketing/Communications	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
24. Staff Education and Training	\$ 113.00	\$ 11.30	\$ 124.30	\$ -	\$ -	\$ -	\$ 113.00	\$ 11.30	\$ 124.30	\$ 124.30
25. Subcontracts/Agreements	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
26. Other (Specify Account Numbers)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
27. Indirect As A Percent of Direct	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
28. TOTAL	\$ 414,994.00	\$ 4,578.00	\$ 419,572.00	\$ -	\$ -	\$ -	\$ 414,994.00	\$ 4,578.00	\$ 419,572.00	\$ 419,572.00

Indirect As A Percent of Direct 1.1%

Contractor Initials DG Date 5/17/13 Page 1

CERTIFICATE OF VOTE

I, Thomas Parks, of Southeastern New Hampshire Alcohol and Drug Abuse Services, do hereby certify that:

1. I am the duly elected Treasurer of Southeastern New Hampshire Alcohol and Drug Abuse Services;
2. The following are true copies of two resolutions duly adopted at a meeting of the Board of Directors of the corporation, duly held on May 17, 2013;

RESOLVED: That this corporation enters into a contract with the State of New Hampshire, acting through its Department of Health and Human Services, Division of Community Based Care Services.

RESOLVED: That the Executive Director is hereby authorized on behalf of this corporation to enter into said contract with the State and to execute any and all documents, agreements, and other instruments; and any amendments, revisions, or modifications thereto, as he may deem necessary, desirable, or appropriate.

Ray McGarty is the duly elected Executive Director of the corporation.

3. The foregoing resolutions have not been amended or revoked and remain in full force and effect as of May 17, 2013.

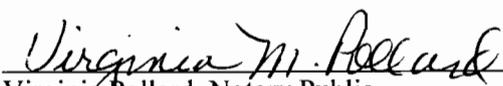
IN WITNESS WHEREOF, I have hereunto set my hand as the Treasurer of the corporation this 17th day of May, 2013.



Treasurer of the Board

STATE OF NEW HAMPSHIRE
COUNTY OF STRAFFORD

The foregoing instrument was acknowledged before me this 17th day of May, 2013 by Thomas Parks, Treasurer of the Board of Directors.



Virginia Pollard, Notary Public
My Commission Expires: May 9, 2017

**VIRGINIA M. POLLARD, Notary Public
My Commission Expires May 9, 2017**

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 SOUTH EASTERN NEW HAMPSHIRE ALCOHOL AND DRUG ABUSE SERVICES is a New Hampshire nonprofit corporation formed August 21, 1979. I further certify that it is in good standing as far as this office is concerned, having filed the return(s) and paid the fees required by law.



In TESTIMONY WHEREOF, I hereto set my hand and cause to be affixed the Seal of the State of New Hampshire, this 15th day of May A.D. 2013

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

William M. Gardner
Secretary of State



CERTIFICATE OF LIABILITY INSURANCE

SOUTNEW-01

MLEDOUX

DATE (MM/DD/YYYY)

6/29/2012

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

TD Insurance, Inc.
PO Box 406
Portland, ME 04112

CONTACT

NAME:

PHONE (A/C, No, Ext): (800) 723-2877

FAX (A/C, No): (877) 775-0110

E-MAIL:

ADDRESS:

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A: ACE AMERICAN INSURANCE COMPANY 22667

INSURER B: MEMIC INDEMNITY COMPANY 11030

INSURER C:

INSURER D:

INSURER E:

INSURER F:

INSURED

Southeastern New Hampshire
113 Crosby Road, Suite 1
Dover, NH 03820

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 SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY					
A	X COMMERCIAL GENERAL LIABILITY		REN OF SVRD37799762	7/1/2012	7/1/2013	EACH OCCURRENCE \$ 1,000,000
	X CLAIMS-MADE OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 250,000
						MED EXP (Any one person) \$ 10,000
						PERSONAL & ADV INJURY \$ 1,000,000
						GENERAL AGGREGATE \$ 3,000,000
						PRODUCTS - COMP/OP AGG \$ 3,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					
	X POLICY	PRO-JECT				
		LOC				
	AUTOMOBILE LIABILITY					
A	X ANY AUTO		REN OF H08615019002	7/1/2012	7/1/2013	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	ALL OWNED AUTOS	SCHEDULED AUTOS				BODILY INJURY (Per person) \$
	HIRED AUTOS	NON-OWNED AUTOS				BODILY INJURY (Per accident) \$
						PROPERTY DAMAGE (Per accident) \$
	X UMBRELLA LIAB	X OCCUR				EACH OCCURRENCE \$ 1,000,000
A	EXCESS LIAB	CLAIMS-MADE	REN OF G25504860002	7/1/2012	7/1/2013	AGGREGATE \$ 1,000,000
	DED X RETENTION \$	10,000				
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					
B	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N	3102800341	7/1/2012	7/1/2013	WC STATUTORY LIMITS OTH-ER
	If yes, describe under DESCRIPTION OF OPERATIONS below	N N/A				E.L. EACH ACCIDENT \$ 500,000
						E.L. DISEASE - EA EMPLOYEE \$ 500,000
						E.L. DISEASE - POLICY LIMIT \$ 500,000

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

CERTIFICATE HOLDER

State of New Hampshire Bureau of Drug & Alcohol Svcs
Dept. of Health & Human Svcs
105 Pleasant Street, 3rd Floor
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

Melissa A. Ledoux

© 1988-2010 ACORD CORPORATION. All rights reserved.



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

BUREAU OF DRUG AND ALCOHOL SERVICES

Nicholas A. Toumpas
 Commissioner

Nancy L. Rollins
 Associate Commissioner

105 PLEASANT STREET, CONCORD, NH 03301
 603-271-6100 1-800-804-0909
 FAX: 603-271-6105 TDD Access: 1-800-735-2984

May 25, 2012

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

Approved by: G+C
 Date: 6/20/12
 Item No.: 105
 Contract No.: 1024224

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division of Community Based Care Services, Bureau of Drug & Alcohol Services, to enter into an agreement with Southeastern New Hampshire Alcohol and Drug Abuse Services (Vendor #155292 B001), 272 County Farm Road, Dover, NH 03820, to provide for a continuum of substance abuse treatment services, in an amount not to exceed \$1,329,836.00 to be effective July 1, 2012 or date of Governor and Council approval, whichever is later, through June 30, 2013. Funds are available in the following accounts for State Fiscal Year 2013:

05-95-95-958410-5365 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SERVICES, HHS: COMMISSIONER, DCBCS TREATMENT & PREVENTION, ALCOHOL AND OTHER TREATMENT

Fiscal Year	Class/Object	Class Title	Job Number	Amount
SFY 2013	102-500734	Contracts for Prog Svc	95846501	\$753,339.00
			Subtotal	\$753,339.00

05-95-95-958410-1388 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SERVICES, HHS: COMMISSIONER, DCBCS TREATMENT AND PREVENTION, GOVERNOR

Fiscal Year	Class/Object	Class Title	Job Number	Amount
SFY 2013	102-500734	Contracts for Prog Svc	95848501	\$239,491.00
			Subtotal	\$239,491.00

05-95-95-958410-1387 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SERVICES, HHS: COMMISSIONER, DCBCS TREATMENT & PREVENTION, TREATMENT-PREVENTION-STATE

Fiscal Year	Class/Object	Class Title	Job Number	Amount
SFY 2013	102-500734	Contracts for Prog Svc	95841387	\$337,006.00
			Subtotal	\$337,006.00
			Total	\$1,329,836.00

EXPLANATION

The purpose of this agreement is to provide a continuum of substance abuse treatment services such as community based outpatient, intensive outpatient, residential, transitional living, and recovery support services, including specialized treatment services for pregnant and parenting women and their children, in the Dover area.

Client eligibility for treatment services is targeted at those either unable to pay for services or able to pay only part of the cost of services, and who has or is suspected of having an alcohol or other drug abuse problem, and who is a resident of the State of New Hampshire or is homeless in NH. All clients discharged from treatment services supported by this contract will be referred to care coordination and recovery-support aftercare services as clinically appropriate, supported separately by the Federal Access to Recovery Grant.

The State is migrating toward a Resiliency and Recovery Oriented Systems of Care. Recovery-oriented systems of care are networks of organizations, agencies and community members that coordinate a wide spectrum of services to prevent, intervene in, and treat substance use problems and disorders. In addition, this contract will allow the State to improve the quality and array of services available to clients. Quality improvement efforts include the exchange of data and information that will support "data driven" prevention and treatment programming to better address the needs to the region.

The New Hampshire Office of Energy and Planning reported the 2009 Population Estimates of New Hampshire Cities and Towns as 1,324,575. The National Survey on Drug Use and Health commissioned by the Substance Abuse and Mental Health Services Administration in 2008/2009 reported the following demographic data for New Hampshire:

- Alcohol Abuse: 97,630 (7% of population)
- Alcohol dependence: 44,850 (3% of population)
- Illicit Drug Abuse: 43,810 (3% of population)
- Illicit Drug Dependence: 32,240 (2% of population)
- Substance Abuse: 126,630 (10% of population)
- Needing but not receiving treatment for alcohol abuse: 93,990 (7% of population)
- Needing but not receiving treatment for illicit drug use: 39,390 (3% of population)

In addition, the New Hampshire Medical Examiner office reported 172 drug related overdose deaths in NH during 2010. The New Hampshire Administrative Office of the Courts reported 9,500 arrests and 5,000 convictions for Driving While Impaired in 2009. Approximately 90% of individuals arrested for Driving While Impaired have an underlying substance abuse disorder according to the National Institute on Alcohol Abuse and Alcoholism.

Should the Governor and Executive Council determine to not authorize this Request, agencies would not have sufficient resources to promote, implement and provide the array of services necessary to provide individuals with substance use disorders the necessary tools to achieve, enhance and sustain recovery. In addition, failure to obligate the federal funds in the Substance Abuse Prevention and Treatment Block Grant to community based programs to provide alcohol and other drug treatment service would place that Block Grant in jeopardy.

Southeastern New Hampshire Alcohol and Drug Abuse Services was selected for this agreement through a competitive bid process. A Request for Proposals was posted on the Department's web site on March 6, 2012 through April 2, 2012. In addition, a bidder's conference was held on March 12, 2012.

A total of 19 proposals were received. A review committee of three professionals reviewed each proposal. All reviewers have between three to twenty years experience managing agreements with vendors for various public health programs. Areas of specific expertise include: maternal and child health; substance abuse prevention and treatment; chronic and communicable diseases; and public health infrastructure. Eighteen of the proposals were selected for funding based on review criteria that included availability of funds, consistency with stated funding priorities, technical score, and equitable geographic distribution. The agency that was not selected did not meet the minimum scoring criteria established for funding. The Bid Summary is attached.

This request covers services for the period July 1, 2012 to June 30, 2013, with an option to renew for one additional year, pending availability of funding, the agreement of the parties and approval of Governor and Council. These services were contracted previously with this agency in State Fiscal Year 2012 in the amount of \$1,329,836.00. This agreement represents level funding.

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

- Utilization criteria will be applied exclusively on a month-by-month basis according to the criteria below.
 - i. Contracts running at 90% to 100% of utilization in a given month will be reimbursed at 100% of the contracted rate for that month.
 - ii. Contracts running at 80% to 89% of utilization in a given month will be reimbursed at rate of 95% of the contracted rate for that month.
 - iii. Contracts running below 80% of utilization in a given month will be reimbursed at the rate of utilization for that month (for example for a given month in which utilization was 59% the contractor would be reimbursed at 59% of the contracted rate for that month).

- Treatment contractors shall respond to calls requesting services, whether an initial or subsequent call, from clients or referring agencies as soon as possible and within at least 2 business days following the day the call was received. The following Access Criteria must be met for a minimum of 80% of prospective clients (from clients or referring agencies) for the month in which billing is being submitted:
 - i. Treatment contractors are required to conduct initial eligibility screening as soon as possible, ideally at the time of first contact (direct communication by phone or in person) with the client or referring agency, but not later than 5 business days following the date of first contact.
 - ii. Those who have screened eligible for services will start receiving services, whether for the identified level of care or interim services, within 10 business days follow the eligibility screening.

- A minimum of 70% of clients, which have completed or otherwise are no longer receiving services, will have met the minimum retention standards for the modality of services received as noted below:
 - i. Have completed a minimum of 6 sessions of outpatient treatment services (OP)
 - ii. Have completed a minimum of 8 days of intensive outpatient treatment services (IOP) – only those days in which a client has participated in minimum of 10 units (2.5 hours) of service per day (12 units per day is the standard for IOP services) may be counted.
 - iii. Have completed a minimum of 14 days of residential treatment service
 - iv. Has completed a minimum of 28 days in a transitional living/halfway house residential program.

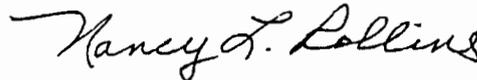
Area served: Dover area.

His Excellency, Governor John H. Lynch
and the Honorable Executive Council
May 25, 2012
Page 4 of 4

Source of Funds: 56.65% Federal Funds from Substance Abuse and Mental Health Services Administration, Substance Abuse Prevention and Treatment Block Grant, 40.82% General Funds and 2.53% Other (Highway) Funds.

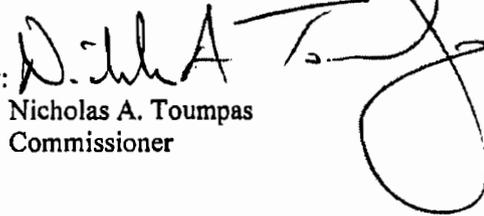
In the event that the Federal or Other Funds become no longer available, General Funds will not be requested to support this program.

Respectfully submitted,



Nancy L. Rollins
Associate Commissioner

Approved by:



Nicholas A. Toumpas
Commissioner

/SIGN/

NLR/ljp



**State of New Hampshire
Department of Health and Human Services
Amendment #1 to the Substance Abuse Treatment and Recovery Support Services
Contract**

This first Amendment to the Substance Abuse Treatment and Recovery Support Services contract (hereinafter referred to as "Amendment #1") dated this April 24th day of 2013, is by and between the State of New Hampshire, Department of Health and Human Services (hereinafter referred to as the "State" or "Department") and Tri-County Community Action Program, Inc. (hereinafter referred to as "the Contractor"), a nonprofit corporation with a place of business at 30 Exchange Street, Berlin, NH 03570.

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on June 20, 2012, 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 and Exhibit C, Paragraph 17, the State may, extend the agreement by one year by written agreement of the parties;

WHEREAS the State desires to have the Contractor continue to provide the services as specified in the agreement for another one year period;

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) Amendment and modification of P-37 "Agreement";
 - a) Change Completion date in Block 1.7 of the P-37 to read June 30, 2014.
 - b) Change Price Limitation in Block 1.8 of the P-37 to read \$ 1,223,811.00
- 2) Amendment and modification of Exhibit A;
 - a) **Delete** "CONTRACT PERIOD: July 1, 2012, or date of G&C approval, whichever is later, Through June 30, 2013"
 - b) **Change II A from:** "The contractor shall provide treatment services in the geographic area(s)/location(s) as specified below:"
Change to: "The contractor shall provide treatment services, in each State Fiscal Year, in the geographic area(s)/location(s) as specified below:"
 - c) **Change II B Group Recovery Support Services from:** "Contractors, with the exception of those agencies that only offer outpatient services, are required to develop the capacity for group recovery support aftercare services for a minimum of 50% of the number treatment clients (including outpatient and transitional living program clients) they are under contract to serve. These group recovery support services are for clients discharged from substance use disorder (SUD) treatment services provided under contract with BDAS on behalf of DHHS, which may include clients that had received SUD treatment from the Contractor or a different agency. Contractors are only allowed to access these services for their clients or clients that had received SUD treatment from a different agency through the statewide care coordination program under agreement with BDAS on behalf of DHHS."



Change to: “Contractors, with the exception of those agencies that only offer outpatient services, are required to develop the capacity for group recovery support aftercare services for a minimum of 25% of the number treatment clients (including outpatient and transitional living program clients) they are under contract to serve. These group recovery support services are for clients discharged from substance use disorder (SUD) treatment services provided under contract with BDAS on behalf of DHHS, which may include clients that had received SUD treatment from the Contractor or a different agency. Contractors are only allowed to access these services for their clients or clients that had received SUD treatment from a different agency through the statewide care coordination program under agreement with BDAS on behalf of DHHS.”

d) **Delete Table SAMHSA National Outcome Measures**

Replace with:

Table SAMHSA National Outcome Measures

<i>DOMAIN</i>	<i>OUTCOME</i>	<i>SUBSTANCE ABUSE TREATMENT MEASURES</i>
Access	Reduce the wait time for Intake & Admission	<ul style="list-style-type: none"> 80% of clients will receive a telephone eligibility screening of the initial first contact with the Contractor and those who screen eligible will receive an intake within 5 business days of the eligibility screening and 80% of clients who meet admission criteria will be admitted to services or interim services within 5 business days of intake.
Retention	Increase retention in substance abuse treatment	70% of clients that have participated in the minimum participation requirement. See section in the following pay for performance paragraph.
Capacity	Increase service capacity	Increase by 10% the (unduplicated) number of clients receiving service from previous year – DHHS will not be held to this standard for SFY 2013 due to significant budget reductions.
Social Connectedness	Increased recovery supports/ connections	25% of clients participate in care coordination and post treatment recovery support services (RSS).
Perception of Care	Client perception of care	Under development
Cost Effectiveness	Cost effectiveness (average cost)	Average Contractor cost per client for services provided per client are within 10% of the average statewide cost per client of service for each modality of service.



<i>DOMAIN</i>	<i>OUTCOME</i>	<i>SUBSTANCE ABUSE TREATMENT MEASURES</i>
Use of Evidenced-Based Practices	Use of Evidenced-Based Practices	<ul style="list-style-type: none"> • WITS Electronic Health Record • ASI or GAIN Assessment • NIDA/SAMHSA MATRS Treatment Planning model • Clinical model for treatment services recognized by National Registry of Evidence Based Programs and Practices (NREPP).

- 3) Amendment and modification of Exhibit B;
 - a) **Delete** "CONTRACT PERIOD: July 1, 2012, or date of G&C approval, whichever is later, through June 30, 2013"
 - b) **Change from** Section II: "The total amount of all payments made to the Contractor for cost and expenses incurred in the performance of the services, as detailed in Exhibit B, during the period of the contract shall not exceed:"
Change to: "The total amount of all payments made to the Contractor for cost and expenses incurred in the performance of the services during each State Fiscal Year of the contract shall not exceed:"
 - c) Delete in Section II; "TOTAL: \$611,907.00"
- 4) Add Exhibit B-1 and B-2

New Hampshire Substance Abuse Treatment and Recovery Support Services



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

5/28/13
Date

Nancy L. Rollins
Nancy L. Rollins
Associate Commissioner

Tri-County Community Action Program, Inc.

5.14.13
Date

Peter Higbee
Name: Peter Higbee
Title: Chief Operating Officer

Acknowledgement:

State of NH, County of COOS on 5/14/13, 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 of Notary Public or Justice of the Peace

Elaine M. Wheeler
Name and Title of Notary or Justice of the Peace
ELAINE M. WHEELER
Notary Public - New Hampshire
My Commission Expires February 4, 2014

New Hampshire Substance Abuse Treatment and Recovery Support Services



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

OFFICE OF THE ATTORNEY GENERAL

21 May 2013
Date

Jeanne P. Herrick
Name: Jeanne P. Herrick
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 B-1

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

Bidder/Program Name: Tri-County Community Action Programs, Inc. Friendship House - 28-Day Residential TX

Budget Request for: Substance Abuse Treatment Services

Budget Period: State Fiscal Year 2014

Line Item	Total Program Cost			Contractor Share / Match			Funded by DHHS contract share		
	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total
1. Total Salary/Wages	\$ 326,487	\$ 32,843	\$ 359,330	\$ 101,211	\$ 10,121	\$ 111,332	\$ 225,276	\$ 22,528	\$ 247,804
2. Employee Benefits	\$ 135,270	\$ 13,927	\$ 149,197	\$ 41,924	\$ 4,192	\$ 46,117	\$ 93,336	\$ 9,334	\$ 102,670
3. Consultants	\$ 7,800	\$ 760	\$ 8,560	\$ 2,418	\$ 242	\$ 2,660	\$ 5,382	\$ 538	\$ 5,920
4. Equipment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
5. Rental	\$ 2,025	\$ 202	\$ 2,227	\$ 628	\$ 63	\$ 690	\$ 1,397	\$ 139	\$ 1,537
6. Repair and Maintenance	\$ 8,000	\$ 800	\$ 8,800	\$ 2,480	\$ 248	\$ 2,728	\$ 5,520	\$ 552	\$ 6,072
7. Purchase/Depreciation	\$ 11,000	\$ 1,100	\$ 12,100	\$ 3,410	\$ 341	\$ 3,751	\$ 7,590	\$ 759	\$ 8,349
8. Supplies	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
9. Educational	\$ 1,500	\$ 150	\$ 1,650	\$ 465	\$ 47	\$ 512	\$ 1,035	\$ -	\$ 1,035
10. Lab	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
11. Pharmacy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
12. Medical	\$ 2,500	\$ 250	\$ 2,750	\$ 775	\$ 78	\$ 853	\$ 1,725	\$ 173	\$ 1,898
13. Office	\$ 2,800	\$ 280	\$ 3,080	\$ 868	\$ 87	\$ 955	\$ 1,932	\$ 193	\$ 2,125
14. Travel	\$ 4,150	\$ 415	\$ 4,565	\$ 1,287	\$ 128	\$ 1,415	\$ 2,864	\$ 286	\$ 3,150
15. Occupancy	\$ 41,000	\$ 4,100	\$ 45,100	\$ 12,710	\$ 1,271	\$ 13,981	\$ 28,290	\$ 2,828	\$ 31,119
16. Telephone	\$ 6,100	\$ 610	\$ 6,710	\$ 1,891	\$ 189	\$ 2,080	\$ 4,208	\$ 421	\$ 4,630
17. Postage	\$ 250	\$ 25	\$ 275	\$ 78	\$ 8	\$ 86	\$ 173	\$ 17	\$ 190
18. Subscriptions	\$ 410	\$ 41	\$ 451	\$ 127	\$ 13	\$ 140	\$ 283	\$ 28	\$ 311
19. Audit and Legal	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
20. Insurance	\$ 28,000	\$ 2,800	\$ 30,800	\$ 8,680	\$ 868	\$ 9,548	\$ 19,320	\$ 1,960	\$ 21,280
21. Board Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
22. Software	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
23. Marketing/Communications	\$ 500	\$ 50	\$ 550	\$ 155	\$ 16	\$ 171	\$ 345	\$ 35	\$ 380
24. Staff Education and Training	\$ 500	\$ 50	\$ 550	\$ 155	\$ 16	\$ 171	\$ 345	\$ 35	\$ 380
25. Subcontracts/Agreements	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
26. Other (Specific Details mandatory)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
27. Food Purchases	\$ 28,000	\$ 2,800	\$ 30,800	\$ 8,680	\$ 868	\$ 9,548	\$ 19,320	\$ 1,932	\$ 21,252
28. Vehicle Fuel	\$ 4,300	\$ 430	\$ 4,730	\$ 1,333	\$ 133	\$ 1,466	\$ 2,967	\$ 287	\$ 3,254
29. Vehicle Maintenance	\$ 480	\$ 48	\$ 528	\$ 149	\$ 15	\$ 164	\$ 331	\$ 33	\$ 364
TOTAL	\$ 611,072	\$ 61,072	\$ 672,144	\$ 189,432	\$ 18,943	\$ 208,375	\$ 421,640	\$ 42,068	\$ 463,728
Indirect As A Percent of Direct		10.0%			10.0%			10.0%	

Contractor Initials P.G.M.
Date 5-14-13

Exhibit B-2

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

Bidder/Program Name: Tri-County Community Action Programs, Inc. Friendship House - Transitional Living Program

Budget Request for: Substance Abuse Treatment Services
(Name of RFP)

Budget Period: State Fiscal Year 2014

Line Item	Total Program Cost		Contractor Share / Match		Funded by DHHS contract share		Total
	Direct Incremental	Indirect Fixed	Direct Incremental	Indirect Fixed	Direct Incremental	Indirect Fixed	
1. Total Salary/Wages	\$ 97,240	\$ 106,964	\$ 20,420	\$ 2,042	\$ 76,820	\$ 7,862	\$ 84,682
2. Employee Benefits	\$ 34,034	\$ 37,437	\$ 7,147	\$ 715	\$ 26,887	\$ 2,888	\$ 29,775
3. Consultants	\$ 2,000	\$ 200	\$ 420	\$ 42	\$ 1,580	\$ 158	\$ 1,738
4. Equipment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Rental	\$ 1,000	\$ 100	\$ 210	\$ 21	\$ 790	\$ 79	\$ 869
Repair and Maintenance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Purchase/Depreciation	\$ 2,000	\$ 200	\$ 420	\$ 42	\$ 1,580	\$ 158	\$ 1,738
5. Supplies	\$ 2,000	\$ 200	\$ 420	\$ 42	\$ 1,580	\$ 158	\$ 1,738
Educational	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Ltd.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Pharmacy	\$ 600	\$ 60	\$ 126	\$ 13	\$ 474	\$ 47	\$ 521
Medical	\$ 1,000	\$ 100	\$ 210	\$ 21	\$ 790	\$ 79	\$ 869
Office	\$ 1,500	\$ 150	\$ 315	\$ 32	\$ 1,185	\$ 119	\$ 1,304
6. Travel	\$ 1,500	\$ 150	\$ 315	\$ 32	\$ 1,185	\$ 119	\$ 1,304
7. Occupancy	\$ 9,600	\$ 960	\$ 2,016	\$ 202	\$ 7,584	\$ 758	\$ 8,342
8. Current Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Telephone	\$ 1,220	\$ 122	\$ 256	\$ 26	\$ 964	\$ 96	\$ 1,060
Postage	\$ 90	\$ 9	\$ 19	\$ 2	\$ 71	\$ 7	\$ 78
Subscriptions	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Audit and Legal	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Insurance	\$ 6,000	\$ 600	\$ 1,280	\$ 128	\$ 4,740	\$ 474	\$ 5,214
Board Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
9. Software	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
10. Marketing/Communications	\$ 500	\$ 50	\$ 105	\$ 11	\$ 395	\$ 40	\$ 435
11. Staff Education and Training	\$ 230	\$ 23	\$ 48	\$ 5	\$ 182	\$ 18	\$ 200
12. Subcontracts/Agreements	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
13. Other (specific details mandatory)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Food Purchase	\$ 10,000	\$ 1,000	\$ 2,100	\$ 210	\$ 7,900	\$ 790	\$ 8,690
TOTAL	\$ 170,514	\$ 17,951	\$ 35,808	\$ 3,581	\$ 134,706	\$ 13,470	\$ 148,176

CERTIFICATE OF VOTE/AUTHORITY

I, Todd C. Fahey, do hereby certify that:

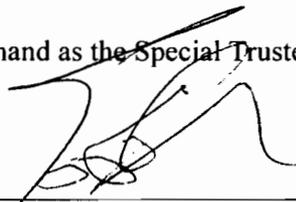
1. I am the Special Trustee appointed by the NH Probate Court to act on behalf of, and with all the powers of, the Tri-County Community Action Program, Inc. (the "Corporation"), Board of Directors (as per Order of the 1st Circuit - Probate Division - hereto as Exhibit A);
2. The following are resolutions of the corporation, duly enacted on May 14, 2013:

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

RESOLVED: That the Corporation's Chief Operating Officer ("COO") is hereby authorized on behalf of this Corporation to enter into said contracts with the State, and to execute any and all documents, agreements, and other instruments, and any amendments, revisions, or modifications thereto, as he may deem necessary, desirable or appropriate.

3. Peter Higbee is the Corporation's COO.
4. The foregoing resolutions have not been amended or revoked and remain in full force and effect as of May 14, 2013.

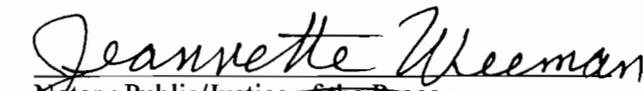
IN WITNESS WHEREOF, I have hereunto set my hand as the Special Trustee of the corporation this 14th day of May, 2013.



Todd C. Fahey, Special Trustee

STATE OF NH
COUNTY OF COÖS

The foregoing instrument was acknowledged before me this 14th day of May, 2013, by Special Trustee Todd C. Fahey.


~~Notary Public/Justice of the Peace~~
My Commission Expires:

JEANNETTE M. WEEMAN, Notary Public
My Commission Expires March 10, 2015

**THE STATE OF NEW HAMPSHIRE
JUDICIAL BRANCH
NH CIRCUIT COURT**

1st Circuit - Probate Division - Lancaster
55 School St., Suite 104
Lancaster NH 03584

Telephone: (603) 788-2001
TTY/TDD Relay: (800) 735-2964
<http://www.courts.state.nh.us>

NOTICE OF CONFERENCE

**TODD C FAHEY, ESQ
ORR & RENO PA
PO BOX 3550
CONCORD NH 03302-3550**

Case Name: **IN RE: TRI-COUNTY COMMUNITY ACTION PROGRAM, INC.**
Case Number: **314-2012-EQ-00288**

A conference is scheduled as follows:

Date: January 15, 2013 6th Circuit-Probate Division-Concord-Courtroom
Time: 11:00 AM 163 North Main Street
1 Hour Concord, NH 03301

Matters to be considered:

STATUS CONFERENCE - PER ORDER OF 12/14/12

You have received this notice because you are an interested party to the case, an attorney of record, or have filed an appearance, motion or objection.

If you wish to reschedule or continue this conference, a motion to reschedule or continue must be filed with this court by December 24, 2012 for the judge's review and ruling. (You may use form NHJB-2128-P to file that motion.) Copies must be sent to all parties. This form may be obtained at www.courts.state.nh.us/probate, or from any NH Probate Division.

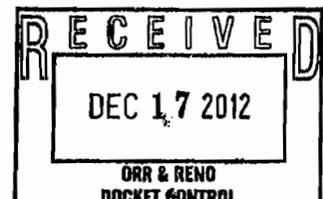
If you will need an interpreter or other accommodations for this conference, please contact the court immediately.

Please be advised (and/or advise clients, witnesses, and others) that it is a class B felony to carry a firearm or other deadly weapon as defined in RSA 625:11, V in a courtroom or area used by a court.

December 14, 2012

Terri L. Peterson
Clerk of Court

C: Michael Delaney, ESQ; Tri-County Community Action Program Inc.; Wayne T. Moynihan, ESQ;
Anthony I. Blenkinsop, ESQ



**THE STATE OF NEW HAMPSHIRE
JUDICIAL BRANCH
NH CIRCUIT COURT**

1st Circuit - Probate Division - Lancaster
55 School St., Suite 104
Lancaster NH 03584

Telephone: (603) 788-2001
TTY/TDD Relay: (800) 735-2964
<http://www.courts.state.nh.us>

NOTICE OF DECISION

**TODD C FAHEY, ESQ
ORR & RENO PA
PO BOX 3550
CONCORD NH 03302-3550**

Case Name: **IN RE: TRI-COUNTY COMMUNITY ACTION PROGRAM, INC.**
Case Number: **314-2012-EQ-00288**

On December 14, 2012, Judge David D. King issued orders relative to:

Emergency (EX PARTE) Petition for the Appointment of a Special Trustee:

Enclosed please find the Order issued 12/14/2012.

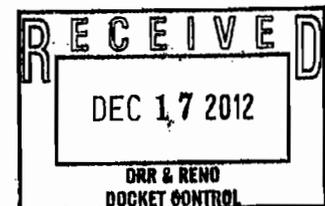
Also Enclosed Notice of Conference - for a Status Conference January 15, 2013 per Court Order of 12/14/12.

Any Motion for Reconsideration must be filed with this court by December 24, 2012. Any appeals to the Supreme Court must be filed by January 13, 2013.

December 14, 2012

Terri L. Peterson
Clerk of Court

C: Michael Delaney, ESQ; Anthony I. Blenkinsop, ESQ; Tri-County Community Action Program Inc.;
Wayne T. Moynihan, ESQ



THE STATE OF NEW HAMPSHIRE
CIRCUIT COURT

COOS COUNTY

1ST CIRCUIT-PROBATE DIVISION

In re: TRI-COUNTY COMMUNITY ACTION PROGRAM INC.

CASE #314-2012-EQ-00288

ORDER

Before the court is an emergency (*ex parte*) request for hearing and petition for the immediate appointment of a special trustee to act in the stead of the board of trustees of Tri-County Community Action Program, Inc., a 501(c) (3) organization (Tri-County). The petition was filed with the court by the Office of Attorney General, Director of Charitable Trusts (the Director) via fax on December 13, 2012 and a copy was provided to Wayne T. Moynihan, Esq., counsel for Tri-County. Because of the nature of the relief requested, as well as the allegations contained in the petition, the request for immediate hearing was GRANTED. A hearing was scheduled and held on Friday morning, December 14, 2012 at the 6th Circuit Probate Division. The Director of Charitable Trusts, Anthony I. Blenkinsop, Esq. was present for the hearing with other members of his staff, including Terry M. Knowles, Assistant Director of Charitable Trusts. Attorney Moynihan, who has filed a general appearance on behalf of the Tri-County board of directors, appeared telephonically. Also present for the hearing was Todd C. Fahey, Esq., the proposed special trustee. Prior to the hearing, Attorney Moynihan filed a partial answer and notice of no objection to the appointment of a special trustee.

Having considered the allegations in the petition and the respective presentations made by the parties at the hearing, the court makes the following order:

1. While the petition has only been circulated by email and/or fax at this point, Attorney Moynihan has acknowledged receipt of service on behalf of Tri-County and, without objection, the court finds that service of process has been accomplished. The Director shall file the original petition with the 1st Circuit-Probate Division forthwith. Mr. Moynihan shall have thirty (30) days from the date of this order to file any responsive pleading to the petition on behalf of Tri-County.

2. Effective as of the date of this order, Todd C. Fahey, Esq. of Orr & Reno, P.A., Concord, New Hampshire, is appointed as a special trustee of Tri-County with all powers under the by-laws of Tri-County and the laws of the State of New Hampshire to act as the Board of Trustees for Tri-County. Without limiting the generality of the foregoing, the special trustee is granted all necessary power to operate the entity and its programs, conserve and/or expend charitable assets as appropriate and lawful, manage personnel matters including decisions regarding the hiring and/or termination of employment of personnel, recruit a new board of directors subject to approval of this court, review and analyze all records of the entity, determine appropriate levels of insurance coverage, ensure proper licensing, and file all appropriate and necessary reports and forms with Federal and State entities, including, but not limited to the IRS, Secretary of State, and the Charitable Trusts Unit.

3. Until further notice from this court, the power and authority of the current board of directors is suspended, but board members are not discharged of their duties.

4. Tri-County, through its suspended board of directors, executive staff, and employees, shall cooperate fully with the special trustee and shall retain all of its records, of any source or nature, including all electronic records of any kind, and shall make any and all records and financial information of Tri-County available to the special trustee, at his request, throughout the term of the special trustee's appointment. Should the special trustee not receive the cooperation of any such individuals he may file an appropriate motion with this court.

5. Within fourteen (14) days of this order, Tri-County shall provide the special trustee and the Director of Charitable Trusts with an accurate list of the names and addresses of its board members and officers for calendar year 2012, including members or officers who were new to the board, or left the board during this time.

6. The special trustee shall be responsible for determining, as a preliminary matter, whether Tri-County can be a viable non-profit entity moving forward, what is necessary to bring financial stability to the entity, and how best to ensure a continuity of services as are currently provided to its customers/service population.

7. The special trustee may charge a rate of up to \$275 per hour, to be billed on a monthly basis to Tri-County, to the attention of the chief executive officer or individual acting in such a capacity, with a copy to the Director of Charitable Trusts. The special trustee may also incur reasonable and necessary expenses necessary to his work as special trustee, which he may bill to Tri-County. Tri-County shall pay the special trustee's monthly bill within fifteen (15) days of receipt and shall immediately place in reserve \$7,500.00 for the purpose of satisfying any special trustee billing. Any party may request a hearing on the special trustee's bill(s), which the Court will

schedule at its discretion. The special trustee may also be permitted to withdraw upon motion to the Court if Tri-County shall fail to make payment as required herein.

8. The special trustee may retain the services of at least one additional professional individual to assist him with his work as a special trustee. Attorney Fahey has suggested that he might retain John Gilbert as a consultant. Mr. Gilbert's fees shall be discussed in the first instance with the Director and the court shall be notified of the billing rate upon agreement; if an agreement cannot be reached, the issue shall be presented to the court. Billing and payment of this individual to be handled in accordance with the provisions of paragraph 7, above. Should the special trustee determine it necessary to retain additional individuals or entities to assist him in his work, including bankruptcy counsel, he shall file a motion requesting authority to take such action with the court.

9. Commencing January 15, 2013, the special trustee shall file quarterly reports with this court regarding his progress, and the status of resolving Tri-County's financial, governance, and compliance issues. Copies of these reports shall be provided to the Director of Charitable Trusts. The special trustee and the Director of Charitable Trusts may request periodic meetings with each other to discuss the progress of the special trustee and the special trustee may request a hearing before the court at his discretion to address any matters under his jurisdiction.

10. The Court, upon its own motion, or upon motion of the special trustee, or the Director of Charitable Trusts, may terminate the appointment of the special trustee when the issues set forth in the Petition have been satisfactorily addressed.

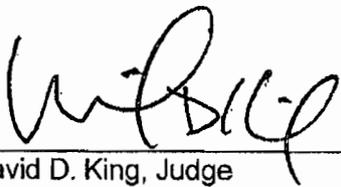
11. This order concerns the appointment of a special trustee. Nothing in this order shall limit the authority of the Office of the Attorney General to bring any other necessary enforcement action against Tri-County, its board, or its employees or agents, as it deems necessary under its common law and/or statutory authority, in any appropriate judicial forum.

12. **A status conference is scheduled for 11:00 a.m. on Tuesday, January 15, 2013 in the 6th Circuit Probate Division in Concord.** The special trustee, appropriate and authorized representatives of Tri-County, and the Director of Charitable Trusts, shall be required to attend this conference for the purposes of discussing and determining an appropriate course of action, as well as any other issues as may be necessary. A further order of the court may be issued following that hearing.

SO ORDERED.

Dated: December 14, 2012

2:00 p.m.



David D. King, Judge

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 Davis Towle Morrill & Everett 115 Airport Road P O Box 1260 Concord, NH 03302-1260	CONTACT NAME: PHONE (A/C, No, Ext): 603 225-6611 FAX (A/C, No): 603-225-7935	
	E-MAIL ADDRESS:	
INSURED Tri County Community Action Program Inc 30 Exchange Street Berlin, NH 03570	INSURER(S) AFFORDING COVERAGE NAIC #	
	INSURER A : Philadelphia Insurance Co.	
	INSURER B : Memic Indemnity Company	
	INSURER C :	
	INSURER D :	
	INSURER E :	

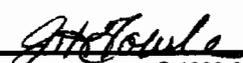
COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

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 SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY		PHPK897586	07/22/2012	07/22/2013	EACH OCCURRENCE	\$1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$100,000
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR					MED EXP (Any one person)	\$5,000
						PERSONAL & ADV INJURY	\$1,000,000
						GENERAL AGGREGATE	\$3,000,000
GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$3,000,000
<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC							\$
A	AUTOMOBILE LIABILITY		PHPK897586	07/22/2012	07/22/2013	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
	<input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (Per person)	\$
	<input checked="" type="checkbox"/> HIRED AUTOS	<input checked="" type="checkbox"/> NON-OWNED AUTOS				BODILY INJURY (Per accident)	\$
						PROPERTY DAMAGE (Per accident)	\$
							\$
A	UMBRELLA LIAB	<input type="checkbox"/> OCCUR	PHUB390921	07/22/2012	07/22/2013	EACH OCCURRENCE	\$2,000,000
	<input checked="" type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE				AGGREGATE	\$2,000,000
	DED	<input checked="" type="checkbox"/> RETENTION \$10000					\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		3102801186	07/01/2012	07/01/2013	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y / <input checked="" type="checkbox"/> N				E.L. EACH ACCIDENT	\$500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below	N/A				E.L. DISEASE - EA EMPLOYEE	\$500,000
						E.L. DISEASE - POLICY LIMIT	\$500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
****Workers Compensation****
Workers Compensation States: NH

RE: AOD

CERTIFICATE HOLDER State of NH Department of Health & Human Services ATTN: Walter Faasen 129 Pleasant St 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 

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 TRI-COUNTY COMMUNITY ACTION PROGRAM, INC. (TRI-COUNTY CAP) is a New Hampshire nonprofit corporation formed May 18, 1965. I further certify that it is in good standing as far as this office is concerned, having filed the return(s) and paid the fees required by law.



In TESTIMONY WHEREOF, I hereto set my hand and cause to be affixed the Seal of the State of New Hampshire, this 4th day of April A.D. 2013

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

William M. Gardner
Secretary of State



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

BUREAU OF DRUG AND ALCOHOL SERVICES

Nicholas A. Toumpas
 Commissioner

Nancy L. Rollins
 Associate Commissioner

105 PLEASANT STREET, CONCORD, NH 03301
 603-271-6100 1-800-804-0909
 FAX: 603-271-6105 TDD Access: 1-800-736-2964

May 24, 2012

Approved by: G+C
 Date: 6/20/12
 Item No.: 102
 Contract No.: 1024151

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

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division of Community Based Care Services, Bureau of Drug & Alcohol Services, to enter into an agreement with Tri-County Community Action Programs, Inc. (Vendor #177195), 30 Exchange Street, Berlin, NH 03570, to provide for a continuum of substance abuse treatment services, in an amount not to exceed \$611,907.00 to be effective July 1, 2012 or date of Governor and Council approval, whichever is later, through June 30, 2013. Funds are available in the following accounts for State Fiscal Year 2013:

05-95-95-958410-5365 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SERVICES, HHS: COMMISSIONER, DCBCS TREATMENT & PREVENTION, ALCOHOL AND OTHER TREATMENT

Fiscal Year	Class/Object	Class Title	Job Number	Amount
SFY 2013	102-500734	Contracts for Prog Svc	95846501	\$281,447.00
			Subtotal	\$281,447.00

05-95-95-958410-1388 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SERVICES, HHS: COMMISSIONER, DCBCS TREATMENT AND PREVENTION, GOVERNOR

Fiscal Year	Class/Object	Class Title	Job Number	Amount
SFY 2013	102-500734	Contracts for Prog Svc	95848501	\$137,281.00
			Subtotal	\$137,281.00

05-95-95-958410-1387 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SERVICES, HHS: COMMISSIONER, DCBCS TREATMENT & PREVENTION, TREATMENT-PREVENTION-STATE

Fiscal Year	Class/Object	Class Title	Job Number	Amount
SFY 2013	102-500734	Contracts for Prog Svc	95841387	\$193,179.00
			Subtotal	\$193,179.00
			Total	\$611,907.00

EXPLANATION

The purpose of this agreement is to provide a continuum of substance abuse treatment services such as community based outpatient, intensive outpatient, residential, transitional living, and recovery support services, including specialized treatment services for pregnant and parenting women and their children, statewide

Client eligibility for treatment services is targeted at those either unable to pay for services or able to pay only part of the cost of services, and who has or is suspected of having an alcohol or other drug abuse problem, and who is a resident of the State of New Hampshire or is homeless in NH. All clients discharged from treatment services supported by this contract will be referred to care coordination and recovery-support aftercare services as clinically appropriate, supported separately by the Federal Access to Recovery Grant.

The State is migrating toward a Resiliency and Recovery Oriented Systems of Care. Recovery-oriented systems of care are networks of organizations, agencies and community members that coordinate a wide spectrum of services to prevent, intervene in, and treat substance use problems and disorders. In addition, this contract will allow the State to improve the quality and array of services available to clients. Quality improvement efforts include the exchange of data and information that will support "data driven" prevention and treatment programming to better address the needs to the region.

The New Hampshire Office of Energy and Planning reported the 2009 Population Estimates of New Hampshire Cities and Towns as 1,324,575. The National Survey on Drug Use and Health commissioned by the Substance Abuse and Mental Health Services Administration in 2008/2009 reported the following demographic data for New Hampshire:

- Alcohol Abuse: 97,630 (7% of population)
- Alcohol dependence: 44,850 (3% of population)
- Illicit Drug Abuse: 43,810 (3% of population)
- Illicit Drug Dependence: 32,240 (2% of population)
- Substance Abuse: 126,630 (10% of population)
- Needing but not receiving treatment for alcohol abuse: 93,990 (7% of population)
- Needing but not receiving treatment for illicit drug use: 39,390 (3% of population)

In addition, the New Hampshire Medical Examiner office reported 172 drug related overdose deaths in NH during 2010. The New Hampshire Administrative Office of the Courts reported 9,500 arrests and 5,000 convictions for Driving While Impaired in 2009. Approximately 90% of individuals arrested for Driving While Impaired have an underlying substance abuse disorder according to the National Institute on Alcohol Abuse and Alcoholism.

Should the Governor and Executive Council determine to not authorize this Request, agencies would not have sufficient resources to promote, implement and provide the array of services necessary to provide individuals with substance use disorders the necessary tools to achieve, enhance and sustain recovery. In addition, failure to obligate the federal funds in the Substance Abuse Prevention and Treatment Block Grant to community based programs to provide alcohol and other drug treatment service would place that Block Grant in jeopardy.

Tri County Community Action Programs, Inc., was selected for this agreement through a competitive bid process. A Request for Proposals was posted on the Department's web site on March 6, 2012 through April 2, 2012. In addition, a bidder's conference was held on March 12, 2012.

A total of 19 proposals were received. A review committee of three professionals reviewed each proposal. All reviewers have between three to twenty years experience managing agreements with vendors for various public health programs. Areas of specific expertise include: maternal and child health; substance abuse prevention and treatment; chronic and communicable diseases; and public health infrastructure. Eighteen of the proposals were selected for funding based on review criteria that included availability of funds, consistency with stated funding priorities, technical score, and equitable geographic distribution. The agency that was not selected did not meet the minimum scoring criteria established for funding. The Bid Summary is attached.

This request covers services for the period July 1, 2012 to June 30, 2013, with an option to renew for one additional year, pending availability of funding, the agreement of the parties and approval of Governor and Council. These services were contracted previously with this agency in State Fiscal Year 2012 in the amount of \$611,907.00. This agreement represents level funding.

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

- Utilization criteria will be applied exclusively on a month-by-month basis according to the criteria below.
 - i. Contracts running at 90% to 100% of utilization in a given month will be reimbursed at 100% of the contracted rate for that month.
 - ii. Contracts running at 80% to 89% of utilization in a given month will be reimbursed at rate of 95% of the contracted rate for that month.
 - iii. Contracts running below 80% of utilization in a given month will be reimbursed at the rate of utilization for that month (for example for a given month in which utilization was 59% the contractor would be reimbursed at 59% of the contracted rate for that month).

- Treatment contractors shall respond to calls requesting services, whether an initial or subsequent call, from clients or referring agencies as soon as possible and within at least 2 business days following the day the call was received. The following Access Criteria must be met for a minimum of 80% of prospective clients (from clients or referring agencies) for the month in which billing is being submitted:
 - i. Treatment contractors are required to conduct initial eligibility screening as soon as possible, ideally at the time of first contact (direct communication by phone or in person) with the client or referring agency, but not later than 5 business days following the date of first contact.
 - ii. Those who have screened eligible for services will start receiving services, whether for the identified level of care or interim services, within 10 business days follow the eligibility screening.

- A minimum of 70% of clients, which have completed or otherwise are no longer receiving services, will have met the minimum retention standards for the modality of services received as noted below:
 - i. Have completed a minimum of 6 sessions of outpatient treatment services (OP)
 - ii. Have completed a minimum of 8 days of intensive outpatient treatment services (IOP) – only those days in which a client has participated in minimum of 10 units (2.5 hours) of service per day (12 units per day is the standard for IOP services) may be counted.
 - iii. Have completed a minimum of 14 days of residential treatment service
 - iv. Has completed a minimum of 28 days in a transitional living/halfway house residential program.

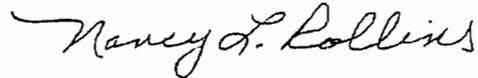
Area served: Statewide.

His Excellency, Governor John H. Lynch
and the Honorable Executive Council
May 24, 2012
Page 4 of 4

Source of Funds: 46% Federal Funds from Substance Abuse and Mental Health Services Administration, Substance Abuse Prevention and Treatment Block Grant, 50.85% General Funds and 3.15% Other (Highway) Funds.

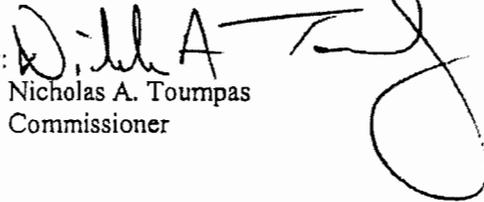
In the event that the Federal or Other Funds become no longer available, General Funds will not be requested to support this program.

Respectfully submitted,



Nancy L. Rollins
Associate Commissioner

Approved by:



Nicholas A. Toumpas
Commissioner

NLR/df