



STATE OF NEW HAMPSHIRE

DEPARTMENT OF HEALTH AND HUMAN SERVICES

29 HAZEN DRIVE, CONCORD, NH 03301-6527
603-271-4535 1-800-852-3345 Ext. 4535
Fax: 603-271-4506 TDD Access: 1-800-735-2964



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Jeffrey A. Meyers
Commissioner

Marcella J. Bobinsky
Acting Director

July 13, 2016

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

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division of Public Health Services, to amend existing agreements with the two (2) vendors listed below in bold, to implement Climate and Health Adaptation Plans to assess and reduce the public health effects from severe weather events in the Lakes Region and Lebanon/Upper Valley areas, by increasing the total price limitation by \$40,000 from \$12,776,418 to \$12,816,418, to be effective the date of Governor and Council approval through June 30, 2017. These agreements were originally approved by Governor and Council on June 19, 2013, Item #98 and September 4, 2013, Item #54, and amended on February 11, 2015, Item #9, and on May 27, 2015, Item #26. Funds are 100% Federal.

Summary of contracted amounts by vendor:

Table with 5 columns: Vendor, Location of Vendor, Current Modified Budget, Increased (Decreased) Amount, Revised Modified Budget. Rows include Carroll County Coalition for Public Health, Cheshire County, City of Nashua, Goodwin Community Health, Granite United Way, Lakes Region Partnership for Public Health, Manchester Health Department, Mary Hitchcock Memorial Hospital, Mid-State Health Center, North County Health Consortium, Sullivan County, Town of Derry, Town of Exeter, and a TOTAL row.

Funds are available in State Fiscal Year 2017, with authority to adjust amounts within the price limitation and adjust encumbrances between State Fiscal Years through the Budget Office if needed and justified, without approval from Governor and Executive Council.

See attachment for financial details.

EXPLANATION

This requested action seeks approval of the two (2) of four (4) agreements that represents \$40,000 of a total \$120,000 to be spent to implement Climate and Health Adaptation Plans at a regional level. The Regional Public Health Networks are the preferred contractor for this work, as they are guided by a regional council of community representatives; they have completed similar prioritization process, and are trained in effective public health interventions. The Governor and Council have previously approved the first two agreements on May 18, 2016 and April 20, 2016.

The purpose of these agreements is to assess and reduce the public health effects from severe weather events and the changing climate in New Hampshire. The population to be served by this vendor includes communities in the Lakes Region and Upper Valley areas. The populations impacted are those most vulnerable to severe weather and disasters, including 1) communities with risk factors such as a higher proportion of lower income families, more elderly or disabled residents, 2) communities with more minority neighborhoods or limited language skills, and 3) communities with less resilient housing, such as mobile homes, multi-unit buildings, or homes that lack vehicles for travel or self-evacuations. The Climate and Health Adaptation Plan will address specific hazards, health impacts/burdens and intervention strategies that relate to severe weather and climate change. The goal of this project is to build collaborations and better adapt to severe weather and changing climate.

Examples of similar projects funded by DHHS to address severe weather include one region addressing how weather affects habitat change, ticks and Lyme disease via education among summer recreation programs. Another example is a region that is using funds to address rising temperatures, heat stress, and heat injury as it affects older populations via education of social services staff and at-risk elders. This project aligns with DHHS mission to join communities and families in providing opportunities for citizens to achieve health and independence by adapting to the new normal climate patterns of warmer temperatures, rising annual precipitation, and more severe weather events. This project aligns with two priorities described in the DPHS State Health Improvement Plan (SHIP), including Injury Prevention and Emergency Preparedness.

According to the 2014 National Climate Assessment¹, the Northeast region is becoming warmer, wetter and experiencing more severe weather. Temperatures in the Northeast have increased 2° Fahrenheit over the past century, and are expected to increase by an additional 3-6° over the next century. For New Hampshire, the number of days over 90° are expected to increase from an average of 14 days to over 32 by the middle of the century. Annual precipitation² has increased by 4 inches over the last century, a rise of more than 10% per decade. Precipitation is projected to increase over the next century, especially in the fall, winter and spring, while decreasing in the summer time. Severe precipitation events in the Northeast have increased over 70% in the past 50 years. The number of severe storms dropping over 1" of rain in 24 hours, or 4" in 48 hours is projected to increase by 25-50% in the next century, depending on a higher or lower emission rate for carbon dioxide. Coastal flooding has increased due to a rise in sea level of approximately 1 foot since 1900.

Health impacts from severe weather and climate change are expected to increase with temperature, precipitation and severe storms³. A longer growing season in New Hampshire will likely cause pollen levels to rise and may drive up allergy and asthma rates. More frequent heavy precipitation and storms may cause greater injuries and deaths. Increased emergency preparedness has focused public health and safety officials to address reducing the number of heat-related injuries and deaths, and more work is needed to adapt to the rising temperatures. Research shows that communities that improve their physical infrastructure and early alert systems for severe weather can reduce injuries, deaths and related medical costs⁴.

The strategies to be used in this work include stakeholder engagement, regional priority setting, program planning, training, and taking actions to reduce community-level risks. The intended results of this work are a clearer understanding of the relationship between weather, climate and public health, and building of more

¹ National Climate Assessment: Northeast: <http://nca2014.globalchange.gov/report/regions/northeast>

² Ibid. National Climate Assessment. Northeast

³ National Climate Assessment. Public health chapter. <http://nca2014.globalchange.gov/report/sectors/human-health>

⁴ CDC Community Guide to Prevention: <http://www.thecommunityguide.org/>

knowledgeable and resilient communities. The staffing expectations include a project manager to administer the contract, project staff who can implement the plan and technical staff who can evaluate regional weather risks and vulnerable populations. The specific deliverables include continued implementation of educational interventions, creating an evaluation plan, participation in at least two half-day trainings, expanding the intervention to address one additional population at-risk, and reporting on the results of the project.

Activities in the Lakes Region will include implementing a tick education and training program to increase protective behaviors such as avoiding tick habitat, use of insect repellants and protective clothing, and performing tick checks among high-risk youth in outdoor environments. Activities in the Upper Valley will include implementing a heat-stress education and training program to increase protective behaviors of avoiding heat exposure, effectively cooling down, appropriate rest, and hydration among at-risk elder persons living alone.

Should Governor and Executive Council not authorize this Request, the Contractors would not have the needed resources to identify or reduce the public health impacts of severe weather and climate change.

The original contracts were awarded through a competitive bid process. The Bid Summaries are attached.

The Contractors successfully fulfilled and achieved the performance measures (or deliverables) in the original contract. They each completed a set of stakeholder engagement meetings, developed a climate adaptation plan, chosen priority hazards and health outcomes, and implemented an educational intervention at the community level. In addition, they have submitted periodic progress reports that describe the early results of the intervention with successes and challenges.

The value gained by these activities includes expanded community-level knowledge and resilience, improved planning and response to community needs, and greater skills among public health network staff and partners. Specific at-risk populations in the Lakes Region area benefited youth 5 – 15 years of age, and recreational program staff who were educated on tick habitat and tick-borne disease protection and prevention behaviors. Within the Upper Valley Region, elders over 65 years of age and elder-care staff were engaged to design an educational outreach program to reduce the impact of rising temperatures on the elderly. At this early stage of implementation, the programs are not yet able to measure a change in health outcomes such as tick bites, Lyme disease or heat-related hospital visits. The goal of continued implementation is to demonstrate that communities can reduce hazardous exposures (e.g. to ticks and pathogens, and heat stress) and related health outcomes over a multi-year project period.

The Department requests an extension of these activities throughout SFY 2017 in order to use existing investments gained in Phase 1 to support expanded and improved educational interventions to additional at-risk populations, such as outdoor enthusiasts, high school students, etc., in the Lakes Region, and outdoor athletes, lower income disabled persons, etc., in the Upper Valley Region. Expected benefits of this extension include improvement of educational curriculums and targeted outreach by integrated lessons learned and results from engagement with stakeholders, focus groups and the community.

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

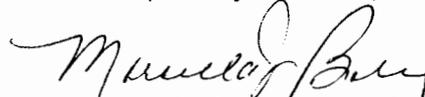
- By December 30, 2016, submit a draft progress report to the Department describing early results of the intervention project.
- By June 30, 2017, submit a final progress report to the Department describing final results.

Area served: Lakes Region and Lebanon/Upper Valley Region areas.

Source of Funds: 100% Federal Funds from US Centers for Disease Control and Prevention, Building Resilience Against Climate Effects in State Health Departments.

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

Respectfully submitted,



Marcella J. Bobinsky, MPH
Acting Director

Approved by:



Jeffrey A. Meyers
Commissioner

**FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)**

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

Carroll County Coalition for Public Health, Vendor # 175290-R001

PO # 1032193

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90077021	76,000	-	76,000
SFY 2015	102-500731	Contracts for Prog Svc	90077021	76,000	-	76,000
			Sub-Total	152,000	-	152,000

Cheshire County, Vendor # 177372-B001

PO # 1032189

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90077021	61,738	-	61,738
SFY 2015	102-500731	Contracts for Prog Svc	90077021	61,738	-	61,738
			Sub-Total	123,476	-	123,476

City of Nashua, Div of Public Health & Community Svcs, Vendor # 177447-B011

PO # 1032021

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90077021	190,100	-	190,100
SFY 2015	102-500731	Contracts for Prog Svc	90077021	190,100	-	190,100
			Sub-Total	380,200	-	380,200

Goodwin Community Health, Vendor # 154703-B001

PO # 1032193

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90077021	50,366	-	50,366
SFY 2015	102-500731	Contracts for Prog Svc	90077021	50,366	-	50,366
			Sub-Total	100,732	-	100,732

Granite United Way, Vendor # 160015-B001

PO # 1031488

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90077021	74,939	-	74,939
SFY 2015	102-500731	Contracts for Prog Svc	90077021	74,939	-	74,939
			Sub-Total	149,878	-	149,878

Lakes Region Partnership for Public Health, Vendor # 165635-B001

PO # 1031728

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90077021	78,863	-	78,863
SFY 2015	102-500731	Contracts for Prog Svc	90077021	78,863	-	78,863
			Sub-Total	157,726	-	157,726

Manchester Health Department, Vendor # 177433-B009

PO # 1031457

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90077021	332,755	-	332,755
SFY 2015	102-500731	Contracts for Prog Svc	90077021	332,755	-	332,755
			Sub-Total	665,510	-	665,510

**FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)**

Mary Hitchcock Memorial Hsp dba Dartmouth Hitchcock, Vendor # 177160-B003

PO #

1033195

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90077021	76,000	-	76,000
SFY 2015	102-500731	Contracts for Prog Svc	90077021	76,000	-	76,000
			Sub-Total	152,000	-	152,000

Mid-State Health Center, Vendor # 158055-B001

PO #

1031525

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90077021	76,000	-	76,000
SFY 2015	102-500731	Contracts for Prog Svc	90077021	76,000	-	76,000
			Sub-Total	152,000	-	152,000

North County Health Consortium, Vendor # 158557-B001

PO #

1032167

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90077021	150,500	-	150,500
SFY 2015	102-500731	Contracts for Prog Svc	90077021	150,500	-	150,500
			Sub-Total	301,000	-	301,000

Sullivan County, Vendor # 177482-B004

PO #

1032408

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90077021	76,000	-	76,000
SFY 2015	102-500731	Contracts for Prog Svc	90077021	76,000	-	76,000
			Sub-Total	152,000	-	152,000

Town of Derry, Vendor # 177379-B003

PO #

1032192

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90077021	51,983	-	51,983
SFY 2015	102-500731	Contracts for Prog Svc	90077021	51,983	-	51,983
			Sub-Total	103,966	-	103,966

Town of Exeter, Vendor # 177386-B001

PO #

1031468

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90077021	52,271	-	52,271
SFY 2015	102-500731	Contracts for Prog Svc	90077021	52,271	-	52,271
			Sub-Total	104,542	-	104,542
			SUB TOTAL	2,695,030	-	2,695,030

**FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)**

**05-95-90-902510-5171 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF INFECTIOUS DISEASE CONTROL, EMERGENCY PREPAREDNESS
100% Federal Funds**

Cheshire County, Vendor # 177372-B001

PO # 1032189

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90077026	20,000	-	20,000
SFY 2015	102-500731	Contracts for Prog Svc	90077026	20,000	-	20,000
			Sub-Total	40,000	-	40,000

City of Nashua, Div of Public Health & Community Svcs, Vendor # 177447-B011

PO # 1032021

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90077026	52,000	-	52,000
SFY 2015	102-500731	Contracts for Prog Svc	90077026	52,000	-	52,000
			Sub-Total	104,000	-	104,000

Goodwin Community Health, Vendor # 154703-B001

PO # 1032193

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90077026	33,800	-	33,800
SFY 2015	102-500731	Contracts for Prog Svc	90077026	33,800	-	33,800
			Sub-Total	67,600	-	67,600

Granite United Way, Vendor # 160015-B001

PO # 1031488

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90077026	10,000	-	10,000
SFY 2015	102-500731	Contracts for Prog Svc	90077026	10,000	-	10,000
			Sub-Total	20,000	-	20,000

Manchester Health Department, Vendor # 177433-B009

PO # 1031457

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90077026	59,645	-	59,645
SFY 2015	102-500731	Contracts for Prog Svc	90077026	59,645	-	59,645
			Sub-Total	119,290	-	119,290

Town of Derry, Vendor # 177379-B003

PO # 1032192

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90077026	33,800	-	33,800
SFY 2015	102-500731	Contracts for Prog Svc	90077026	33,800	-	33,800
			Sub-Total	67,600	-	67,600

Town of Exeter, Vendor # 177386-B001

PO # 1031468

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90077026	33,800	-	33,800
SFY 2015	102-500731	Contracts for Prog Svc	90077026	33,800	-	33,800
			Sub-Total	67,600	-	67,600
			SUB TOTAL	486,090	-	486,090

**FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)**

**05-95-90-901510-5398 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF PUBLIC HEALTH PROTECTION, EMERGENCY RESPONSE
100% Other Funds (Transfer from Emergency Management)**

Cheshire County, Vendor # 177372-B001

PO # 1032189

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90030000	13,000	-	13,000
SFY 2015	102-500731	Contracts for Prog Svc	90030000	10,000	-	10,000
			Sub-Total	23,000	-	23,000

Goodwin Community Health, Vendor # 154703-B001

PO # 1032193

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90030000	7,000	-	7,000
			Sub-Total	7,000	-	7,000
			SUB TOTAL	30,000	-	30,000

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

Carroll County Coalition for Public Health, Vendor # 175290-R001

PO # 1032193

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90023010	10,136	-	10,136
SFY 2015	102-500731	Contracts for Prog Svc	90023010	10,136	-	10,136
SFY 2016	102-500731	Contracts for Prog Svc	90023010	11,000	-	11,000
SFY 2017	102-500731	Contracts for Prog Svc	90023010	11,000	-	11,000
			Sub-Total	42,272	-	42,272

Goodwin Community Health, Vendor # 154703-B001

PO # 1032193

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90023010	10,500	-	10,500
SFY 2015	102-500731	Contracts for Prog Svc	90023010	10,500	-	10,500
SFY 2016	102-500731	Contracts for Prog Svc	90023010	11,000	-	11,000
SFY 2017	102-500731	Contracts for Prog Svc	90023010	11,000	-	11,000
			Sub-Total	43,000	-	43,000

Granite United Way, Vendor # 160015-B001

PO # 1031488

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90023010	10,250	-	10,250
SFY 2015	102-500731	Contracts for Prog Svc	90023010	10,250	-	10,250
SFY 2016	102-500731	Contracts for Prog Svc	90023010	11,000	-	11,000
SFY 2017	102-500731	Contracts for Prog Svc	90023010	11,000	-	11,000
			Sub-Total	42,500	-	42,500

**FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)**

Lakes Region Partnership for Public Health, Vendor # 165635-B001

PO #

1031728

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90023010	10,500	-	10,500
SFY 2015	102-500731	Contracts for Prog Svc	90023010	10,500	-	10,500
SFY 2016	102-500731	Contracts for Prog Svc	90023010	11,000	-	11,000
SFY 2017	102-500731	Contracts for Prog Svc	90023010	11,000	-	11,000
			Sub-Total	43,000	-	43,000

Mary Hitchcock Memorial Hsp dba Dartmouth Hitchcock, Vendor # 177160-B003

PO #

1033195

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90023010	6,921	-	6,921
SFY 2015	102-500731	Contracts for Prog Svc	90023010	6,921	-	6,921
SFY 2016	102-500731	Contracts for Prog Svc	90023010	11,000	-	11,000
SFY 2017	102-500731	Contracts for Prog Svc	90023010	11,000	-	11,000
			Sub-Total	35,842	-	35,842

Mid-State Health Center, Vendor # 158055-B001

PO #

1031525

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90023010	10,500	-	10,500
SFY 2015	102-500731	Contracts for Prog Svc	90023010	10,500	-	10,500
SFY 2016	102-500731	Contracts for Prog Svc	90023010	11,000	-	11,000
SFY 2017	102-500731	Contracts for Prog Svc	90023010	11,000	-	11,000
			Sub-Total	43,000	-	43,000

North County Health Consortium, Vendor # 158557-B001

PO #

1032167

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90023010	10,500	-	10,500
SFY 2015	102-500731	Contracts for Prog Svc	90023010	10,500	-	10,500
SFY 2016	102-500731	Contracts for Prog Svc	90023010	11,000	-	11,000
SFY 2017	102-500731	Contracts for Prog Svc	90023010	11,000	-	11,000
			Sub-Total	43,000	-	43,000

Sullivan County, Vendor # 177482-B004

PO #

1032408

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90023010	9,625	-	9,625
SFY 2015	102-500731	Contracts for Prog Svc	90023010	9,625	-	9,625
SFY 2016	102-500731	Contracts for Prog Svc	90023010	11,000	-	11,000
SFY 2017	102-500731	Contracts for Prog Svc	90023010	11,000	-	11,000
			Sub-Total	41,250	-	41,250
			SUB TOTAL	333,864	-	333,864

**FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)**

**05-95-49-491510-2988 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF COMMUNITY BASED CARE SERVICES, BUREAU OF DRUG AND ALCOHOL SERVICES, PREVENTION SERVICES
100% Federal Funds**

Carroll County Coalition for Public Health, Vendor # 175290-R001

PO #

1032193

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	95846502	65,380	-	65,380
SFY 2015	102-500731	Contracts for Prog Svc	95846502	65,380	-	65,380
SFY 2016	102-500731	Contracts for Prog Svc	49156502	165,380	-	165,380
SFY 2017	102-500731	Contracts for Prog Svc	49156502	165,380	-	165,380
			Sub-Total	461,520	-	461,520

Cheshire County, Vendor # 177372-B001

PO #

1032189

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	95846502	65,380	-	65,380
SFY 2015	102-500731	Contracts for Prog Svc	95846502	65,380	-	65,380
SFY 2016	102-500731	Contracts for Prog Svc	49156502	165,380	-	165,380
SFY 2017	102-500731	Contracts for Prog Svc	49156502	165,380	-	165,380
			Sub-Total	461,520	-	461,520

City of Nashua, Div of Public Health & Community Svcs, Vendor # 177447-B011

PO #

1032021

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	95846502	65,380	-	65,380
SFY 2015	102-500731	Contracts for Prog Svc	95846502	65,380	-	65,380
SFY 2016	102-500731	Contracts for Prog Svc	49156502	165,380	-	165,380
SFY 2017	102-500731	Contracts for Prog Svc	49156502	165,380	-	165,380
			Sub-Total	461,520	-	461,520

Goodwin Community Health, Vendor # 154703-B001

PO #

1032193

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	95846502	65,380	-	65,380
SFY 2015	102-500731	Contracts for Prog Svc	95846502	65,380	-	65,380
SFY 2016	102-500731	Contracts for Prog Svc	49156502	165,380	-	165,380
SFY 2017	102-500731	Contracts for Prog Svc	49156502	165,380	-	165,380
			Sub-Total	461,520	-	461,520

Granite United Way, Vendor # 160015-B001

PO #

1031488

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	95846502	65,380	-	65,380
SFY 2015	102-500731	Contracts for Prog Svc	95846502	65,380	-	65,380
SFY 2016	102-500731	Contracts for Prog Svc	49156502	165,380	-	165,380
SFY 2017	102-500731	Contracts for Prog Svc	49156502	165,380	-	165,380
			Sub-Total	461,520	-	461,520

**FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)**

Lakes Region Partnership for Public Health, Vendor # 165635-B001

PO #

1031728

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	95846502	65,380	-	65,380
SFY 2015	102-500731	Contracts for Prog Svc	95846502	65,380	-	65,380
SFY 2016	102-500731	Contracts for Prog Svc	49156502	165,380	-	165,380
SFY 2017	102-500731	Contracts for Prog Svc	49156502	165,380	-	165,380
			Sub-Total	461,520	-	461,520

Manchester Health Department, Vendor # 177433-B009

PO #

1031457

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	95846502	65,380	-	65,380
SFY 2015	102-500731	Contracts for Prog Svc	95846502	65,380	-	65,380
SFY 2016	102-500731	Contracts for Prog Svc	49156502	165,380	-	165,380
SFY 2017	102-500731	Contracts for Prog Svc	49156502	165,380	-	165,380
			Sub-Total	461,520	-	461,520

Mary Hitchcock Memorial Hsp dba Dartmouth Hitchcock, Vendor # 177160-B003

PO #

1033195

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	95846502	65,380	-	65,380
SFY 2015	102-500731	Contracts for Prog Svc	95846502	65,380	-	65,380
SFY 2016	102-500731	Contracts for Prog Svc	49156502	165,380	-	165,380
SFY 2017	102-500731	Contracts for Prog Svc	49156502	165,380	-	165,380
			Sub-Total	461,520	-	461,520

Mid-State Health Center, Vendor # 158055-B001

PO #

1031525

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	95846502	65,380	-	65,380
SFY 2015	102-500731	Contracts for Prog Svc	95846502	65,380	-	65,380
SFY 2016	102-500731	Contracts for Prog Svc	49156502	165,380	-	165,380
SFY 2017	102-500731	Contracts for Prog Svc	49156502	165,380	-	165,380
			Sub-Total	461,520	-	461,520

North County Health Consortium, Vendor # 158557-B001

PO #

1032167

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	95846502	65,380	-	65,380
SFY 2015	102-500731	Contracts for Prog Svc	95846502	65,380	-	65,380
SFY 2016	102-500731	Contracts for Prog Svc	49156502	165,380	-	165,380
SFY 2017	102-500731	Contracts for Prog Svc	49156502	165,380	-	165,380
			Sub-Total	461,520	-	461,520

Sullivan County, Vendor # 177482-B004

PO #

1032408

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	95846502	65,380	-	65,380
SFY 2015	102-500731	Contracts for Prog Svc	95846502	65,380	-	65,380
SFY 2016	102-500731	Contracts for Prog Svc	49156502	165,380	-	165,380
SFY 2017	102-500731	Contracts for Prog Svc	49156502	165,380	-	165,380
			Sub-Total	461,520	-	461,520

**FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)**

Town of Derry, Vendor # 177379-B003

PO # 1032192

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	95846502	65,380	-	65,380
SFY 2015	102-500731	Contracts for Prog Svc	95846502	65,380	-	65,380
SFY 2016	102-500731	Contracts for Prog Svc	49156502	42,700	-	42,700
			Sub-Total	173,460	-	173,460

Town of Exeter, Vendor # 177386-B001

PO # 1031468

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	95846502	65,380	-	65,380
SFY 2015	102-500731	Contracts for Prog Svc	95846502	65,380	-	65,380
			Sub-Total	130,760	-	130,760
			SUB TOTAL	5,380,940	-	5,380,940

**05-95-90-903010-7966 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF LABORATORY SERVICES, PUBLIC HEALTH LABORATORIES
100% Federal Funds**

Carroll County Coalition for Public Health, Vendor # 175290-R001

PO # 1032193

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2015	102-500731	Contracts for Prog Svc	90001022	10,000	-	10,000
			Sub-Total	10,000	-	10,000

Goodwin Community Health, Vendor # 154703-B001

PO # 1032193

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2015	102-500731	Contracts for Prog Svc	90001022	10,000	-	10,000
			Sub-Total	10,000	-	10,000

Granite United Way, Vendor # 160015-B001

PO # 1031488

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2015	102-500731	Contracts for Prog Svc	90001022	10,000	-	10,000
			Sub-Total	10,000	-	10,000

Lakes Region Partnership for Public Health, Vendor # 165635-B001

PO # 1031728

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2015	102-500731	Contracts for Prog Svc	90001022	10,000	-	10,000
			Sub-Total	10,000	-	10,000

North County Health Consortium, Vendor # 158557-B001

PO # 1032167

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2015	102-500731	Contracts for Prog Svc	90001022	10,000	-	10,000
			Sub-Total	10,000	-	10,000

**FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)**

Sullivan County, Vendor # 177482-B004

PO # 1032408

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2015	102-500731	Contracts for Prog Svc	90001022	10,000	-	10,000
			Sub-Total	10,000	-	10,000
			SUB TOTAL	60,000	-	60,000

**05-95-90-901010-5362 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF PUBLIC HEALTH SYSTEMS, POLICY & PERFORMANCE, POLICY & PERFORMANCE
100% Federal Funds**

Carroll County Coalition for Public Health, Vendor # 175290-R001

PO # 1032193

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2016	102-500731	Contracts for Prog Svc	90001022	15,000	-	15,000
SFY 2017	102-500731	Contracts for Prog Svc	90001022	15,000	-	15,000
			Sub-Total	30,000	-	30,000

Cheshire County, Vendor # 177372-B001

PO # 1032189

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2015	102-500731	Contracts for Prog Svc	90001022	10,000	-	10,000
SFY 2016	102-500731	Contracts for Prog Svc	90001022	15,000	-	15,000
SFY 2017	102-500731	Contracts for Prog Svc	90001022	15,000	-	15,000
			Sub-Total	40,000	-	40,000

City of Nashua, Div of Public Health & Community Svcs, Vendor # 177447-B011

PO # 1032021

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2015	102-500731	Contracts for Prog Svc	90001022	10,000	-	10,000
SFY 2016	102-500731	Contracts for Prog Svc	90001022	15,000	-	15,000
SFY 2017	102-500731	Contracts for Prog Svc	90001022	15,000	-	15,000
			Sub-Total	40,000	-	40,000

Goodwin Community Health, Vendor # 154703-B001

PO # 1032193

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2016	102-500731	Contracts for Prog Svc	90001022	15,000	-	15,000
SFY 2017	102-500731	Contracts for Prog Svc	90001022	15,000	-	15,000
			Sub-Total	30,000	-	30,000

Granite United Way, Vendor # 160015-B001

PO # 1031488

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2016	102-500731	Contracts for Prog Svc	90001022	15,000	-	15,000
SFY 2017	102-500731	Contracts for Prog Svc	90001022	15,000	-	15,000
			Sub-Total	30,000	-	30,000

**FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)**

Lakes Region Partnership for Public Health, Vendor # 165635-B001

PO #

1031728

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2016	102-500731	Contracts for Prog Svc	90001022	15,000	-	15,000
SFY 2017	102-500731	Contracts for Prog Svc	90001022	15,000	-	15,000
			Sub-Total	30,000	-	30,000

Manchester Health Department, Vendor # 177433-B009

PO #

1031457

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2015	102-500731	Contracts for Prog Svc	90001022	10,000	-	10,000
SFY 2016	102-500731	Contracts for Prog Svc	90001022	15,000	-	15,000
SFY 2017	102-500731	Contracts for Prog Svc	90001022	15,000	-	15,000
			Sub-Total	40,000	-	40,000

Mary Hitchcock Memorial Hsp dba Dartmouth Hitchcock, Vendor # 177160-B003

PO #

1033195

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2015	102-500731	Contracts for Prog Svc	90001022	10,000	-	10,000
SFY 2016	102-500731	Contracts for Prog Svc	90001022	15,000	-	15,000
SFY 2017	102-500731	Contracts for Prog Svc	90001022	15,000	-	15,000
			Sub-Total	40,000	-	40,000

Mid-State Health Center, Vendor # 158055-B001

PO #

1031525

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2015	102-500731	Contracts for Prog Svc	90001022	8,000	-	8,000
SFY 2016	102-500731	Contracts for Prog Svc	90001022	15,000	-	15,000
SFY 2017	102-500731	Contracts for Prog Svc	90001022	15,000	-	15,000
			Sub-Total	38,000	-	38,000

North County Health Consortium, Vendor # 158557-B001

PO #

1032167

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2016	102-500731	Contracts for Prog Svc	90001022	15,000	-	15,000
SFY 2017	102-500731	Contracts for Prog Svc	90001022	15,000	-	15,000
			Sub-Total	30,000	-	30,000

Sullivan County, Vendor # 177482-B004

PO #

1032408

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2016	102-500731	Contracts for Prog Svc	90001022	15,000	-	15,000
SFY 2017	102-500731	Contracts for Prog Svc	90001022	15,000	-	15,000
			Sub-Total	30,000	-	30,000

Town of Derry, Vendor # 177379-B003

PO #

1032192

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2015	102-500731	Contracts for Prog Svc	90001022	10,000	-	10,000
			Sub-Total	10,000	-	10,000
			SUB TOTAL	388,000	-	388,000

**FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)**

**05-95-49-491510-2990 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF
COMMUNITY BASED CARE SERVICES, BUREAU OF DRUG AND ALCOHOL SERVICES, CLINICAL SERVICES
100% Federal Funds**

Carroll County Coalition for Public Health, Vendor # 175290-R001

PO # 1032193

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2015	102-500731	Contracts for Prog Svc	95846502	15,000	-	15,000
			Sub-Total	15,000	-	15,000

Cheshire County, Vendor # 177372-B001

PO # 1032189

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2015	102-500731	Contracts for Prog Svc	95846502	15,000	-	15,000
			Sub-Total	15,000	-	15,000

City of Nashua, Div of Public Health & Community Svcs, Vendor # 177447-B011

PO # 1032021

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2015	102-500731	Contracts for Prog Svc	95846502	15,000	-	15,000
			Sub-Total	15,000	-	15,000

Goodwin Community Health, Vendor # 154703-B001

PO # 1032193

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2015	102-500731	Contracts for Prog Svc	95846502	15,000	-	15,000
			Sub-Total	15,000	-	15,000

Granite United Way, Vendor # 160015-B001

PO # 1031488

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2015	102-500731	Contracts for Prog Svc	95846502	15,000	-	15,000
			Sub-Total	15,000	-	15,000

Lakes Region Partnership for Public Health, Vendor # 165635-B001

PO # 1031728

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2015	102-500731	Contracts for Prog Svc	95846502	15,000	-	15,000
			Sub-Total	15,000	-	15,000

Manchester Health Department, Vendor # 177433-B009

PO # 1031457

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2015	102-500731	Contracts for Prog Svc	95846502	15,000	-	15,000
			Sub-Total	15,000	-	15,000

**FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)**

Mary Hitchcock Memorial Hsp dba Dartmouth Hitchcock, Vendor # 177160-B003

PO # 1033195

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2015	102-500731	Contracts for Prog Svc	95846502	15,000	-	15,000
			Sub-Total	15,000	-	15,000

Mid-State Health Center, Vendor # 158055-B001

PO # 1031525

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2015	102-500731	Contracts for Prog Svc	95846502	15,000	-	15,000
			Sub-Total	15,000	-	15,000

North County Health Consortium, Vendor # 158557-B001

PO # 1032167

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2015	102-500731	Contracts for Prog Svc	95846502	15,000	-	15,000
			Sub-Total	15,000	-	15,000

Sullivan County, Vendor # 177482-B004

PO # 1032408

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2015	102-500731	Contracts for Prog Svc	95846502	15,000	-	15,000
			Sub-Total	15,000	-	15,000

Town of Derry, Vendor # 177379-B003

PO # 1032192

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2015	102-500731	Contracts for Prog Svc	95846502	15,000	-	15,000
			Sub-Total	15,000	-	15,000
			SUB TOTAL	180,000	-	180,000

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

Carroll County Coalition for Public Health, Vendor # 175290-R001

PO # 1032193

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2015	102-500731	Contracts for Prog Svc	90001023	17,322	-	17,322
SFY 2016	102-500731	Contracts for Prog Svc	90001023	22,349	-	22,349
			Sub-Total	39,671	-	39,671

Granite United Way, Vendor # 160015-B001

PO # 1031488

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2015	102-500731	Contracts for Prog Svc	90001023	23,225	-	23,225
SFY 2016	102-500731	Contracts for Prog Svc	90001023	20,875	-	20,875
			Sub-Total	44,100	-	44,100

**FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)**

Lakes Region Partnership for Public Health, Vendor # 165635-B001

PO # 1031728

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2015	102-500731	Contracts for Prog Svc	90001023	21,082	-	21,082
SFY 2016	102-500731	Contracts for Prog Svc	90001023	20,442	-	20,442
			Sub-Total	41,524	-	41,524

Mary Hitchcock Memorial Hsp dba Dartmouth Hitchcock, Vendor # 177160-B003

PO # 1033195

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2015	102-500731	Contracts for Prog Svc	90001023	20,677	-	20,677
SFY 2016	102-500731	Contracts for Prog Svc	90001023	19,110	-	19,110
			Sub-Total	39,787	-	39,787

Mid-State Health Center, Vendor # 158055-B001

PO # 1031525

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2015	102-500731	Contracts for Prog Svc	90001023	8,289	-	8,289
SFY 2016	102-500731	Contracts for Prog Svc	90001023	6,711	-	6,711
			Sub-Total	15,000	-	15,000
			SUB TOTAL	180,082	-	180,082

**05-95-90-901510-7936 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF PUBLIC HEALTH PROTECTION, CLIMATE EFFECTS STATE HEALTH
100% Federal Funds
FAIN UE1EH001046 - CFDA #93.070**

Cheshire County, Vendor # 177372-B001

PO # 1032189

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2016	102-500731	Contracts for Prog Svc	90007936	10,000	-	10,000
SFY 2017	102-500731	Contracts for Prog Svc	90007936	30,000	-	30,000
			Sub-Total	40,000	-	40,000

City of Nashua, Div of Public Health & Community Svcs, Vendor # 177447-B011

PO # 1032021

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2016	102-500731	Contracts for Prog Svc	90007936	10,000	-	10,000
SFY 2017	102-500731	Contracts for Prog Svc	90007936	30,000	-	30,000
			Sub-Total	40,000	-	40,000

Lakes Region Partnership for Public Health, Vendor # 165635-B001

PO # 1031728

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2015	102-500731	Contracts for Prog Svc	90007936	8,060	-	8,060
SFY 2016	102-500731	Contracts for Prog Svc	90007936	31,940	-	31,940
SFY 2017	102-500731	Contracts for Prog Svc	90007936	-	20,000	20,000
			Sub-Total	40,000	20,000	60,000

**FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)**

Mary Hitchcock Memorial Hsp dba Dartmouth Hitchcock, Vendor # 177160-B003

PO #

1033195

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2015	102-500731	Contracts for Prog Svc	90007936	13,000	-	13,000
SFY 2016	102-500731	Contracts for Prog Svc	90007936	27,000	-	27,000
SFY 2017	102-500731	Contracts for Prog Svc	90007936	-	20,000	20,000
			Sub-Total	40,000	20,000	60,000
			SUB TOTAL	160,000	40,000	200,000

**05-95-90-901510-5299 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF PUBLIC HEALTH PROTECTION, EMERGENCY RESPONSE
100% Other Funds (Transfer from Emergency Management)**

Cheshire County, Vendor # 177372-B001

PO #

1032189

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2016	102-500731	Contracts for Prog Svc	90030000	10,000	-	10,000
SFY 2017	102-500731	Contracts for Prog Svc	90030000	10,000	-	10,000
			Sub-Total	20,000	-	20,000
			SUB TOTAL	20,000	-	20,000

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

Carroll County Coalition for Public Health, Vendor # 175290-R001

PO #

1032193

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2016	102-500731	Contracts for Prog Svc	90077021	76,000	-	76,000
SFY 2017	102-500731	Contracts for Prog Svc	90077021	76,000	-	76,000
			Sub-Total	152,000	-	152,000

Cheshire County, Vendor # 177372-B001

PO #

1032189

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2016	102-500731	Contracts for Prog Svc	90077021	61,738	-	61,738
SFY 2017	102-500731	Contracts for Prog Svc	90077021	61,738	-	61,738
			Sub-Total	123,476	-	123,476

City of Nashua, Div of Public Health & Community Svcs, Vendor # 177447-B011

PO #

1032021

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2016	102-500731	Contracts for Prog Svc	90077021	190,100	-	190,100
SFY 2017	102-500731	Contracts for Prog Svc	90077021	190,100	-	190,100
			Sub-Total	380,200	-	380,200

Goodwin Community Health, Vendor # 154703-B001

PO #

1032193

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2016	102-500731	Contracts for Prog Svc	90077021	50,366	-	50,366

**FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)**

SFY 2017	102-500731	Contracts for Prog Svc	90077021	50,366	-	50,366
			Sub-Total	100,732	-	100,732

Granite United Way, Vendor # 160015-B001 PO # 1031488

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2016	102-500731	Contracts for Prog Svc	90077021	74,939	-	74,939
SFY 2017	102-500731	Contracts for Prog Svc	90077021	74,939	-	74,939
			Sub-Total	149,878	-	149,878

Lakes Region Partnership for Public Health, Vendor # 165635-B001 PO # 1031728

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2016	102-500731	Contracts for Prog Svc	90077021	78,863	-	78,863
SFY 2017	102-500731	Contracts for Prog Svc	90077021	78,863	-	78,863
			Sub-Total	157,726	-	157,726

Manchester Health Department, Vendor # 177433-B009 PO # 1031457

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2016	102-500731	Contracts for Prog Svc	90077021	332,755	-	332,755
SFY 2017	102-500731	Contracts for Prog Svc	90077021	332,755	-	332,755
			Sub-Total	665,510	-	665,510

Mary Hitchcock Memorial Hsp dba Dartmouth Hitchcock, Vendor # 177160-B003 PO # 1033195

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2016	102-500731	Contracts for Prog Svc	90077021	76,000	-	76,000
SFY 2017	102-500731	Contracts for Prog Svc	90077021	76,000	-	76,000
			Sub-Total	152,000	-	152,000

Mid-State Health Center, Vendor # 158055-B001 PO # 1031525

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2016	102-500731	Contracts for Prog Svc	90077021	76,000	-	76,000
SFY 2017	102-500731	Contracts for Prog Svc	90077021	76,000	-	76,000
			Sub-Total	152,000	-	152,000

North County Health Consortium, Vendor # 158557-B001 PO # 1032167

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2016	102-500731	Contracts for Prog Svc	90077021	150,500	-	150,500
SFY 2017	102-500731	Contracts for Prog Svc	90077021	150,500	-	150,500
			Sub-Total	301,000	-	301,000

Sullivan County, Vendor # 177482-B004 PO # 1032408

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2016	102-500731	Contracts for Prog Svc	90077021	76,000	-	76,000
SFY 2017	102-500731	Contracts for Prog Svc	90077021	76,000	-	76,000
			Sub-Total	152,000	-	152,000
			SUB TOTAL	2,486,522	-	2,486,522

**FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)**

**05-95-90-902510-5171 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF INFECTIOUS DISEASE CONTROL, EMERGENCY PREPAREDNESS
100% Federal Funds**

Cheshire County, Vendor # 177372-B001

PO # 1032189

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2016	102-500731	Contracts for Prog Svc	90077026	20,000	-	20,000
SFY 2017	102-500731	Contracts for Prog Svc	90077026	20,000	-	20,000
			Sub-Total	40,000	-	40,000

City of Nashua, Div of Public Health & Community Svcs, Vendor # 177447-B011

PO # 1032021

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2016	102-500731	Contracts for Prog Svc	90077026	52,000	-	52,000
SFY 2017	102-500731	Contracts for Prog Svc	90077026	52,000	-	52,000
			Sub-Total	104,000	-	104,000

Goodwin Community Health, Vendor # 154703-B001

PO # 1032193

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2016	102-500731	Contracts for Prog Svc	90077026	33,800	-	33,800
SFY 2017	102-500731	Contracts for Prog Svc	90077026	33,800	-	33,800
			Sub-Total	67,600	-	67,600

Granite United Way, Vendor # 160015-B001

PO # 1031488

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2016	102-500731	Contracts for Prog Svc	90077026	10,000	-	10,000
SFY 2017	102-500731	Contracts for Prog Svc	90077026	10,000	-	10,000
			Sub-Total	20,000	-	20,000

Manchester Health Department, Vendor # 177433-B009

PO # 1031457

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2016	102-500731	Contracts for Prog Svc	90077026	59,645	-	59,645
SFY 2017	102-500731	Contracts for Prog Svc	90077026	59,645	-	59,645
			Sub-Total	119,290	-	119,290

Town of Derry, Vendor # 177379-B003

PO # 1032192

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2016	102-500731	Contracts for Prog Svc	90077026	25,000	-	25,000
SFY 2017	102-500731	Contracts for Prog Svc	90077026	-	-	-
			Sub-Total	25,000	-	25,000
			SUB TOTAL	375,890	-	375,890
			TOTAL	12,776,418	40,000	12,816,418

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STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES

29 HAZEN DRIVE, CONCORD, NH 03301-6527
603-271-4535 1-800-852-3345 Ext. 4535
Fax: 603-271-4506 TDD Access: 1-800-735-2964



Jeffrey A. Meyers
Commissioner

Marcella J. Bobinsky
Acting Director

G&C APPROVED
Date: 5-18-16
Item # 14A

April 22, 2016

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

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division of Public Health Services, to amend the existing agreement with the City of Nashua, Division of Public Health and Community Services, to develop a Climate and Health Adaptation Plan to assess and reduce the public health effects from severe weather events in the Greater Nashua area, by increasing the total price limitation by \$40,000 from \$12,736,418 to \$12,776,418, to be effective the date of Governor and Council approval through June 30, 2017. This agreement was originally approved by Governor and Council on July 24, 2013, Item #27B, and amended on February 11, 2015, Item #9, and on July 22, 2015, Item #31. Funds are 100% Federal.

Summary of contracted amounts by vendor:

Vendor	Location of Vendor	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
Carroll County Coalition for Public Health	Ctr. Ossipee, NH	\$902,463	\$0	\$902,463
Cheshire County	Keene, NH	\$926,472	\$0	\$926,472
City of Nashua, Division of Public Health and Community Services	Nashua, NH	\$1,484,920	\$40,000	\$1,524,920
Goodwin Community Health	Somersworth, NH	\$903,184	\$0	\$903,184
Granite United Way	Concord, NH	\$942,876	\$0	\$942,876
Lakes Region Partnership for Public Health	Laconia, NH	\$956,496	\$0	\$956,496
Manchester Health Department	Manchester, NH	\$2,086,120	\$0	\$2,086,120
Mary Hitchcock Memorial Hospital dba Dartmouth Hitchcock	Lebanon, NH	\$936,149	\$0	\$936,149
Mid-State Health Center	Plymouth, NH	\$876,520	\$0	\$876,520
North County Health Consortium	Littleton, NH	\$1,161,520	\$0	\$1,161,520
Sullivan County	Newport, NH	\$861,770	\$0	\$861,770
Town of Derry	Derry, NH	\$395,026	\$0	\$395,026
Town of Exeter	Exeter, NH	\$302,902	\$0	\$302,902
TOTAL		\$12,736,418	\$40,000	\$12,776,418

Funds are available in State Fiscal Years 2016 and 2017, with authority to adjust amounts within the price limitation and adjust encumbrances between State Fiscal Years through the Budget Office if needed and justified, without approval from Governor and Executive Council.

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

See attachment for financial details.

EXPLANATION

This requested action seeks approval of the second and final of two agreements that represents \$40,000 of a total \$80,000 to be spent to develop a Climate and Health Adaptation Plan at a regional level. The first agreement was approved by Governor and Council on April 20, 2016. The fiscal agent is the City of Nashua, Division of Public Health and Community Services, and the project will be managed by staff with the Greater Nashua Regional Public Health Network. The Regional Public Health Networks are the preferred contractor for this work, as they are guided by a regional council of community representatives; they have completed similar prioritization process, and are trained in effective public health interventions. The Governor and Council have previously approved the first agreement.

The purpose of the agreement is to assess and reduce the public health effects from severe weather events and the changing climate in New Hampshire. The population to be served by this vendor includes communities in the Greater Nashua area. The populations impacted are those most vulnerable to severe weather and disasters, including 1) communities with risk factors such as a higher proportion of lower income families, more elderly or disabled residents, 2) communities with more minority neighborhoods or limited language skills, and 3) communities with less resilient housing, such as mobile homes, multi-unit buildings, or homes that lack vehicles for travel or self-evacuations. The Climate and Health Adaptation Plan will address specific hazards, health impacts/burdens and intervention strategies that relate to severe weather and climate change. The goal of this project is to build collaborations and better adapt to severe weather and changing climate. The Department anticipates bringing a similar request for the other vendor to an upcoming Governor and Executive Council meeting. The purpose of the original Request for Proposals (RFP) was "to build collaborations, improve workforce capacity, and better adapt to severe weather and a changing climate".

Examples of similar projects funded by DHHS to address severe weather include one region addressing how weather affects habitat change, ticks and Lyme disease via education among summer recreation programs. Another example is a region that is using funds to address rising temperatures, heat stress, and heat injury as it affects older populations via education of social services staff and at-risk elders. This project aligns with DHHS mission to join communities and families in providing opportunities for citizens to achieve health and independence by adapting to the new normal climate patterns of warmer temperatures, rising annual precipitation, and more severe weather events. This project aligns with two priorities described in the DPHS State Health Improvement Plan (SHIP), including Injury Prevention and Emergency Preparedness.

According to the 2014 National Climate Assessment¹, the Northeast region is becoming warmer, wetter and experiencing more severe weather. Temperatures in the Northeast have increased 2° Fahrenheit over the past century, and are expected to increase by an additional 3-6° over the next century. For New Hampshire, the number of days over 90° are expected to increase from an average of 14 days to over 32 by the middle of the century. Annual precipitation² has increased by 4 inches over the last century, a rise of more than 10% per decade. Precipitation is projected to increase over the next century, especially in the fall, winter and spring, while decreasing in the summer time. Severe precipitation events in the Northeast have increased over 70% in the past 50 years. The number of severe storms dropping over 1" of rain in 24 hours, or 4" in 48 hours is projected to increase by 25-50% in the next century, depending on a higher or lower emission rate for carbon dioxide. Coastal flooding has increased due to a rise in sea level of approximately 1 foot since 1900.

Health impacts from severe weather and climate change are expected to increase with temperature, precipitation and severe storms³. A longer growing season in New Hampshire will likely cause pollen levels to

¹ National Climate Assessment: Northeast: <http://nca2014.globalchange.gov/report/regions/northeast>

² Ibid. National Climate Assessment. Northeast

³ National Climate Assessment. Public health chapter. <http://nca2014.globalchange.gov/report/sectors/human-health>

rise and may drive up allergy and asthma rates. More frequent heavy precipitation and storms may cause greater injuries and deaths. Increased emergency preparedness has focused public health and safety officials to address reducing the number of heat-related injuries and deaths, and more work is needed to adapt to the rising temperatures. Research shows that communities that improve their physical infrastructure and early alert systems for severe weather can reduce injuries, deaths and related medical costs⁴. In addition, home-based environmental interventions to reduce allergens have been shown to decrease asthma attacks⁵.

The strategies expected to be used in this work include stakeholder engagement, regional priority setting, program planning, training, and taking actions to reduce community-level risks. The intended results of this work are a clearer understanding of regional weather risks, and building of more knowledgeable and resilient communities. The staffing expectations include a project manager to administer the contract, project staff who can implement the plan, and technical staff who can evaluate regional weather risks and vulnerable populations. The specific deliverables include submitting an adaptation plan to the DHHS, implementing actions to reduce risk, and reporting on the results of the project.

The vendor shall complete a stakeholder engagement process that results in a Climate and Health Adaptation Plan. Activities in the first phase of the planning process shall include assessing weather hazards, health impacts, and preparedness resources, including documenting three (3) priority health impacts, and three (3) vulnerable populations. Vendors shall host at least four (4) planning sessions and participate in at least (2) half-day trainings. Activities in the second phase of the project shall include assessment of evidence-based public health actions, participation in two (2) half-day trainings, implementation of at least one (1) evidence based intervention to reduce health impacts and development of an evaluation process to measure progress and success.

Should Governor and Executive Council not authorize this Request, the Contractor would not have the needed resources to identify or reduce the public health impacts of severe weather and climate change.

The original contract was awarded through a competitive bid. A new Request for Proposals was posted on the Department of Health and Human Services' website from October 27, 2015 through December 7, 2015, soliciting proposals from Regional Public Health Networks to develop a plan of action to assess and reduce the public health effects from severe weather events and the changing climate in New Hampshire.

Two proposals were received in response to the Request for Proposals. Six reviewers who work internal to the Department reviewed the proposals. The reviewers represent seasoned public health administrators and managers who have between three to 30 years' experience managing agreements with vendors for various public health programs. Each reviewer was selected for the specific skill set they possess and their experience. Their decision followed a thorough discussion of the strengths and weaknesses to the proposals. The final decision was made through consensus scoring and both proposals were selected. The Bid Summary is attached.

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

- By September 30, 2016, submit the final Climate and Health Adaptation Plan to the Department.
- By June 30, 2017, submit a final progress report to the DHHS describing the preliminary results of the intervention project.

Area served: Greater Nashua area.

Source of Funds: 100% Federal Funds from US Centers for Disease Control and Prevention, Building Resilience Against Climate Effects in State Health Departments.

⁴ CDC Community Guide to Prevention: <http://www.thecommunityguide.org/>

⁵ *ibid*

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

Respectfully submitted,



Marcella J. Bobinsky, MPH
Acting Director

Approved by:



Jeffrey A. Meyers
Commissioner



**State of New Hampshire
Department of Health and Human Services
Amendment #3 to the
Regional Public Health Network Services**

This 3rd Amendment to the Regional Public Health Network Services contract (hereinafter referred to as "Amendment Three) dated this 27th day of June, 2016, 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 Lakes Region Partnership for Public Health, Inc., (hereinafter referred to as "the Contractor"), a corporation with a place of business at 67 Water Street, Suite 105, Laconia, NH 03246.

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on June 19, 2013, Item #98, and amended on February 11, 2015, Item #9 and on June 27, 2015, Item #26, the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract as amended and in consideration of certain sums specified; and

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

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

WHEREAS, the parties agree to increase the price limitation and modify the scope of services to support continued delivery of these services, and

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. Amend Form P-37, Block 1.8, to read \$976,496.
2. Amend Form P-37, Block 1.9, to read Eric Borrin, Director of Contracts and Procurement.
3. Amend Form P-37, Block 1.10 to read 603-271-9558.
4. Delete Exhibit A-2 Additional Scope of Services and Exhibit A-3 Additional Scope of Services in their entirety and replace with Exhibit A-4 Additional Scope of Services.
5. Amend Exhibit B to add to paragraph 1:
 - 1.5: The contract shall increase by \$20,000 in SFY 2017, for a total increase of \$20,000.
 - 1.6. Funding is available as follows:
 - \$20,000 - 100% federal funds from the US Centers for Disease Control and Prevention, Building Resilience Against Climate Effects in State Health Departments.
6. Amend Budget to add:
 - Exhibit B-1 Amendment #3 SFY 2017 Budget

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



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

State of New Hampshire
Department of Health and Human Services

7/18/16
Date

Marcella J. Bobinsky
Marcella J. Bobinsky, MPH
Acting Director

Lakes Region Partnership for Public Health, Inc.

6/30/16
Date

Alida J. Mylcham
Name: Alida Mylcham
Title: Pres. Bd of Directors

Acknowledgement:

State of New Hampshire County of Bellamy on June 30, 2016 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.

Colleen A. Drouin
Signature of Notary Public or Justice of the Peace

COLLEEN A. DROUIN, NOTARY PUBLIC
Name and Title of Notary or Justice of the Peace



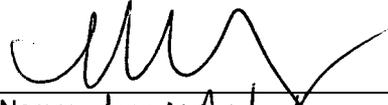
My Commission Expires: Aug 14, 2018

Contractor Initials: At
Date: 6.30.16



The preceding Amendment, having been reviewed by this office, is approved as to form, substance, and execution.
OFFICE OF THE ATTORNEY GENERAL

Date 06/05/16


Name: Megan A. J. Cook
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: _____

Contractor Initials: AA
Date: 6.30.16



Additional Scope of Services

1. Provisions Applicable to All Services

- 1.1. The Contractor will submit a detailed description of the language assistance services they will provide to persons with limited English proficiency to ensure meaningful access to their programs and/or services within ten (10) days of the contract effective date.
- 1.2. The Contractor agrees that, to the extent future legislative action by the New Hampshire General Court or federal or state court orders may have an impact on the Services described herein, the State Agency has the right to modify Service priorities and expenditure requirements under this Agreement so as to achieve compliance therewith.

2. Covered Populations and Services

- 2.1. The Department of Health and Human Services (DHHS), Division of Public Health Services (DPHS), supports the activities of the Climate and Health Program and Regional Public Health Networks' to use the existing Climate and Health Adaption Plan (CHAP) to assess and reduce the public health effects from severe weather events and the changing climate in New Hampshire. The population to be served is the Lakes Region.

3. Required Services

The Contractor shall, by June 30, 2017:

- 3.1. In Phase 2, continue to implement the educational intervention on the issue of tick habitat and tick-borne disease (i.e. Lyme disease), which was the intervention selected in Phase 1 of the project to increase knowledge of health risks and protective behaviors. Phase 1 provided the original planning and early implementation activities, concentrating on training, exercise, and written materials to target recreational program staff and youth spending time outdoors in order to reduce the impact on the at-risk population of youth 5-15 years of age.
- 3.2. Expand the intervention to include a written evaluation plan with baseline measures, and expand the intervention to address at least one (1) additional population at-risk for health effects (i.e. school students, outdoor workers, etc.) identified in Phase 1.
- 3.3. Participate in at least two (2) half-day trainings provided by the DHHS in Concord, on how to implement and evaluate the Building Resilience Against Climate Effects (BRACE) framework.
- 3.4. Collaborate with the DHHS on the development of the evidence-based intervention, tracking progress, and measuring change. The DHHS will provide examples of population-level interventions (i.e. evidence based or informed, promising practices).

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- 3.5. Complete a written report on the results of the intervention, which shall include sections on a literature review of evidence-based interventions known to be effective (i.e. peer-reviewed literature), methods that fit the local population needs, and an evaluation plan with performance measures to be tracked over time, any preliminary findings, and a discussion of the project results in your community.

4. Meeting, Reporting, Contract Monitoring and Performance Evaluation

The Contractor shall:

- 4.1. Participate in monthly 1-hour meetings and/or conference calls with the DHHS Climate and Health staff to coordinate activities and update progress.
- 4.2. Participate in an annual or semi-annual site visit with the DHHS/DPHS staff. Site visits will include:
 - a. Reviewing the progress made toward meeting the deliverables and requirements described in the Scope of Services based on an evaluation plan that includes performance measures.
 - b. Assessing subcontractors. Subcontractors must attend all site visits as requested by DHHS.
 - c. Reviewing/conducting a financial audit in accordance with state and federal requirements.
 - d. Assessing the Contractor's policies and procedures to determine areas to improve the ability to expedite the acceptance and expenditure of funds during public health emergencies.
 - e. Assessing the Contractor's capacity to apply for state and federal reimbursement for costs incurred during declared emergencies.
 - f. Assessing the Contractor's capacity to accept and expend new state or federal funds during the contract period for additional public health and substance use disorders continuum of care services.
- 4.3. Submit to the DHHS quarterly progress reports to the DHHS describing the fulfillment of activities conducted and planned in order to monitor program performance:
 - 4.3.1. Quarterly reports on program activities for the prior three months, in a format developed and approved by the DHHS/DPHS. Reports will be due 30 days following the end of each quarter, and shall include the following:
 - 4.3.1.1. Brief narrative of work performed during the prior quarter;
 - 4.3.1.2. Quarterly, or at intervals specified by DHHS, the Contractor will report on their Workplan progress towards meeting the performance measures, and overall program goals and objectives to demonstrate they have met the minimum required services for the proposal.
 - 4.3.1.3. Documented achievements.
- 4.4. The Contractor shall provide other programmatic updates as requested by the DHHS.



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- 4.5. Final cumulative report on progress meeting deliverables and accomplishments, in a format developed and approved by DHHS/DPHS. The report will be due 45 days following the end of the contract term.

5. Staffing

- 5.1. The Contractor shall provide sufficient staff to perform tasks specified in the contract and maintain a level of staffing necessary to perform all functions, requirements, roles and duties in a timely manner.
- 5.2. The Contractor shall ensure that all staff has appropriate training, education, experience, and orientation to fulfill the requirements of the positions they hold and shall verify and document that it has met this requirement. This includes keeping up-to-date records and documentation of all individuals requiring licenses and/or certifications and such records shall be available for DHHS inspection.

6. Delegation and Subcontractors

- 6.1. DHHS recognizes that Bidders may choose to use subcontractors with specific expertise to perform certain services or functions for efficiency or convenience. However, the Contractor shall retain the responsibility and accountability for all functions of this contract, per Exhibit C, #19 Subcontractors.

7. Performance Measures

- 7.1. The Contractor shall ensure that the following performance measures are annually achieved and monitored quarterly to measure the effectiveness of the agreement:
- 7.1.1. By December 31, 2016, submit an interim report to the DHHS describing any preliminary results of the intervention project, including any process measures such as number and dates of outreach, interventions, and number of persons involved. The written format will include sections on background, methods, findings, and evaluation of impact.
- 7.1.2. By June 30, 2017, submit final report to the DHHS describing any later results of the intervention project, including successes and challenges, and any outcome measures such as changes in levels of awareness, behavior or health impacts (i.e. counts or rates,), or changes in levels of emergency preparedness and community resilience. The written format will include sections on background, methods, findings, and evaluation of impact.
- 7.2. Annually, the Contractor shall develop and submit to the DHHS, a corrective action plan for any performance measure that was not achieved.

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Exhibit B-1 Budget

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: Lakes Region Partnership for Public Health

NH Regional Public Health Network Services -
Building Resilience Against Climate Effects and Severe
 Budget Request for: Weather
 (Name of RFP)

Budget Period: SFY 2017

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	\$ 8,077.00	\$ 1,559.00	\$ 9,636.00	Direct FTEs
2. Employee Benefits	\$ 1,816.00	\$ 193.00	\$ 2,009.00	% Gross Wages/Dir% FTEs
3. Consultants	\$ -	\$ -	\$ -	
4. Equipment:	\$ -	\$ -	\$ -	
Rental	\$ -	\$ -	\$ -	FTEs
Repair and Maintenance	\$ 30.00	\$ -	\$ 30.00	FTEs
Purchase/Depreciation	\$ 45.00	\$ -	\$ 45.00	
5. Supplies:	\$ -	\$ -	\$ -	
Educational	\$ -	\$ -	\$ -	
Lab	\$ -	\$ -	\$ -	
Pharmacy	\$ -	\$ -	\$ -	
Medical	\$ -	\$ -	\$ -	
Office	\$ 553.00	\$ -	\$ 553.00	FTEs/Direct
6. Travel	\$ 185.00	\$ -	\$ 185.00	Direct
7. Occupancy	\$ 300.00	\$ -	\$ 300.00	Sq Ft
8. Current Expenses	\$ -	\$ -	\$ -	
Telephone	\$ 105.00	\$ -	\$ 105.00	FTEs
Postage	\$ 17.00	\$ -	\$ 17.00	FTEs
Subscriptions	\$ 8.00	\$ -	\$ 8.00	FTEs
Audit and Legal	\$ -	\$ 78.00	\$ 78.00	% Exp to Total
Insurance	\$ 75.00	\$ -	\$ 75.00	Sq Ft/%Exp to Total/FTE
Board Expenses	\$ -	\$ -	\$ -	
9. Software	\$ 3.00	\$ -	\$ 3.00	FTEs
10. Marketing/Communications	\$ 800.00	\$ -	\$ 800.00	Direct
11. Staff Education and Training	\$ 400.00	\$ -	\$ 400.00	Direct
12. Subcontracts/Agreements	\$ 5,000.00	\$ -	\$ 5,000.00	Direct
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	
Meetings	\$ 756.00	\$ -	\$ 756.00	Direct/FTEs
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
TOTAL	\$ 18,170.00	\$ 1,830.00	\$ 20,000.00	

Indirect As A Percent of Direct

10.07%

Exhibit B-1 Amendment #3 SFY 2017 Budget

Contractor Initials: AA

Date: 6.30.16

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 Lakes Region Partnership for Public Health, Inc. is a New Hampshire nonprofit corporation formed April 21, 2005. 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 21st day of June A.D. 2016

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

William M. Gardner
Secretary of State

CERTIFICATE OF VOTE

I, Judith LaFrance, of Lakes Region Partnership for Public Health, Inc. , do hereby certify that:

1. I am the duly elected Secretary of the Lakes Region Partnership for Public Health, 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 September 24, 2015;

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

RESOLVED: That the President and/or Vice President 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. Alida Millham is the duly elected President and Karin Salome is the duly elected Vice President of the corporation.

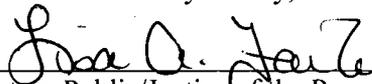
3. The foregoing resolutions have not been amended or revoked and remain in full force and effect as of July 5, 2016.

IN WITNESS WHEREOF, I have hereunto set my hand as the Secretary of the corporation this 5th day of July, 2016.


Secretary, Board of Directors

(CORPORATE SEAL)
STATE OF NH
COUNTY OF BELKNAP

The foregoing instrument was acknowledged before me this 5th day of July, 2016 by Judith La


Notary Public/~~Justice of the Peace~~
My Commission Expires: _____



LISA A. FOWLER, Notary Public
My Commission Expires March 6, 2018

Lakes Region Partnership for Public Health, Inc.

Mission: To improve the health and well being of the Lakes Region through inter-organizational collaboration and community and public health improvement activities.

Lakes Region Partnership for Public Health, Inc.
D/B/A Partnership for Public Health
Financial Statements
With Schedule of Expenditures of Federal Awards
June 30, 2015
(With Comparative Information for June 30, 2014)
and
Independent Auditor's Report

**Report on Internal Control Over Financial Reporting
and on Compliance and Other Matters Based on an Audit
of Financial Statements Performed in Accordance
With *Government Auditing Standards***

**Report on Compliance for Each Major Federal Program
and Report on Internal Control Over Compliance**

Schedule of Findings and Questioned Costs

LAKES REGION PARTNERSHIP FOR PUBLIC HEALTH, INC.
D/B/A PARTNERSHIP FOR PUBLIC HEALTH
FINANCIAL STATEMENTS
June 30, 2015
(With Comparative Information for June 30, 2014)

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INDEPENDENT AUDITOR'S REPORT

To the Board of Directors of
Lakes Region Partnership for Public Health, Inc.
d/b/a Partnership for Public Health

Report on the Financial Statements

We have audited the accompanying financial statements of Lakes Region Partnership for Public Health, Inc. (a nonprofit organization), which comprise the statement of financial position as of June 30, 2015, and the related statements of activities and cash flows for the year then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

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

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

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Lakes Region Partnership for Public Health, Inc. as of June 30, 2015, and the changes in its net assets and its cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Report on Comparative Information

The financial information for June 30, 2014 has been derived from Lakes Region Partnership for Public Health, Inc.'s fiscal year 2014 financial statements, which were audited by a predecessor auditor. An unmodified opinion was issued on those financial statements dated November 3, 2014. We were not engaged to audit, review, or apply any procedures on the June 30, 2014 financial statements of the Entity and, accordingly, we do not express an opinion or any other form of assurance on the 2014 financial statements as a whole.

Other Matters

Supplementary Information

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

Other Reporting Required by Government Auditing Standards

In accordance with *Government Auditing Standards*, we have also issued our report dated November 5, 2015, on our consideration of Lakes Region Partnership for Public Health, Inc.'s internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements. The purpose of that report is to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering Lakes Region Partnership for Public Health, Inc.'s internal control over financial reporting and compliance.

Vactum Clukay & Company PC

Manchester, New Hampshire
November 5, 2015

LAKES REGION PARTNERSHIP FOR PUBLIC HEALTH, INC.
D/B/A PARTNERSHIP FOR PUBLIC HEALTH
STATEMENT OF FINANCIAL POSITION
June 30, 2015
(With Comparative Information for June 30, 2014)

ASSETS		
	<u>2015</u>	<u>2014</u>
CURRENT ASSETS:		
Cash	\$ 184,022	\$ 272,749
Investments	30,033	-
Contracts receivable	411,275	190,624
Prepaid expenses	17,300	20,475
TOTAL CURRENT ASSETS	<u>642,630</u>	<u>483,848</u>
PROPERTY AND EQUIPMENT:		
Leasehold improvements	4,561	4,561
Furniture and equipment	14,510	14,510
Office equipment	17,808	25,909
	<u>36,879</u>	<u>44,980</u>
Less accumulated depreciation	<u>(25,675)</u>	<u>(35,130)</u>
PROPERTY AND EQUIPMENT, NET	<u>11,204</u>	<u>9,850</u>
OTHER NONCURRENT ASSETS:		
Deposit	<u>3,236</u>	<u>2,499</u>
TOTAL OTHER NONCURRENT ASSETS	<u>3,236</u>	<u>2,499</u>
TOTAL ASSETS	<u>\$ 657,070</u>	<u>\$ 496,197</u>
LIABILITIES AND NET ASSETS		
CURRENT LIABILITIES:		
Accounts payable	\$ 222,022	\$ 161,075
Accrued payroll	20,222	18,184
Accrued compensated absences	20,215	21,545
Accrued other expenses	15,000	15,358
Deferred contract revenue	119,979	116,576
Fiduciary funds	26,045	28,839
TOTAL CURRENT LIABILITIES	<u>423,483</u>	<u>361,577</u>
TOTAL LIABILITIES	<u>423,483</u>	<u>361,577</u>
NET ASSETS:		
Temporarily restricted	9,047	8,188
Unrestricted	<u>224,540</u>	<u>126,432</u>
TOTAL NET ASSETS	<u>233,587</u>	<u>134,620</u>
TOTAL LIABILITIES AND NET ASSETS	<u>\$ 657,070</u>	<u>\$ 496,197</u>

See notes to financial statements

LAKES REGION PARTNERSHIP FOR PUBLIC HEALTH, INC.
D/B/A PARTNERSHIP FOR PUBLIC HEALTH
STATEMENT OF ACTIVITIES
For the Year Ended June 30, 2015
(With Comparative Information for June 30, 2014)

	<u>2015</u>	<u>2014</u>
CHANGES IN UNRESTRICTED NET ASSETS:		
SUPPORT AND REVENUE		
Contributions	\$ 48,050	\$ 20,675
In-kind support	44,943	83,098
Federal funds	1,565,608	1,091,796
State funds	223,253	194,222
Private grants and awards	83,078	112,471
Special events	7,054	3,632
Agent fees	147,392	91,694
Miscellaneous income	1,181	3,127
Interest income	77	40
TOTAL UNRESTRICTED SUPPORT AND REVENUE	<u>2,120,636</u>	<u>1,600,755</u>
NET ASSETS RELEASED FROM RESTRICTIONS:		
Satisfaction of donor restrictions	<u>6,390</u>	<u>2,548</u>
TOTAL NET ASSETS RELEASED FROM RESTRICTIONS	<u>6,390</u>	<u>2,548</u>
TOTAL UNRESTRICTED REVENUES AND OTHER SUPPORT	<u>2,127,026</u>	<u>1,603,303</u>
EXPENSES:		
Program services	1,783,369	1,406,247
Management and general	245,549	176,849
Fundraising and development	-	1,483
TOTAL EXPENSES	<u>2,028,918</u>	<u>1,584,579</u>
TOTAL INCREASE IN UNRESTRICTED NET ASSETS	<u>98,108</u>	<u>18,724</u>
CHANGES IN TEMPORARILY RESTRICTED NET ASSETS:		
Contributions	7,249	3,632
Net assets released from restrictions	<u>(6,390)</u>	<u>(2,548)</u>
INCREASE IN TEMPORARILY RESTRICTED NET ASSETS	<u>859</u>	<u>1,084</u>
CHANGE IN NET ASSETS	98,967	19,808
NET ASSETS, JULY 1	<u>134,620</u>	<u>114,812</u>
NET ASSETS, JUNE 30	<u>\$ 233,587</u>	<u>\$ 134,620</u>

See notes to financial statements

LAKES REGION PARTNERSHIP FOR PUBLIC HEALTH, INC.
D/B/A PARTNERSHIP FOR PUBLIC HEALTH
STATEMENT OF CASH FLOWS
For the Year Ended June 30, 2015
(With Comparative Information for June 30, 2014)

	<u>2015</u>	<u>2014</u>
CASH FLOWS FROM OPERATING ACTIVITIES:		
Change in net assets	\$ 98,967	\$ 19,808
Adjustments to Reconcile Increase in Net Assets to to Net Cash (Used) Provided by Operating Activities:		
Depreciation	3,926	4,726
Change in assets and liabilities:		
Accounts receivable	(220,651)	(57,865)
Prepaid expenses	3,175	(11,137)
Deposit	(737)	-
Accounts payable	60,947	122,559
Accrued liabilities	350	12,111
Deferred contract revenue	3,403	16,725
Fiduciary passthrough	<u>(2,794)</u>	<u>(868)</u>
Net Cash (Used) Provided by Operating Activities	<u>(53,414)</u>	<u>106,059</u>
 Cash Flows From Investing Activities:		
Purchase of investments	(30,033)	-
Purchase of property and equipment	<u>(5,280)</u>	<u>-</u>
Net Cash (Used) by Investing Activities	<u>(35,313)</u>	<u>-</u>
 Net (decrease) increase in cash	(88,727)	106,059
 Cash, beginning of year	<u>272,749</u>	<u>166,690</u>
Cash, ending of year	<u>\$ 184,022</u>	<u>\$ 272,749</u>
 Supplemental Disclosures:		
In-kind donations received	\$ 44,943	\$ 83,098
In-kind expenses	<u>(44,943)</u>	<u>(83,098)</u>
	<u>\$ -</u>	<u>\$ -</u>

See notes to financial statements

**LAKES REGION PARTNERSHIP FOR PUBLIC HEALTH, INC.
D/B/A PARTNERSHIP FOR PUBLIC HEALTH
NOTES TO FINANCIAL STATEMENTS
For the Year Ended June 30, 2015
(With Comparative Information for June 30, 2014)**

NOTE 1--SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Organization and Purpose

Lakes Region Partnership for Public Health, Inc. (the Entity) was organized on May 21, 2005 to improve the health and well-being of the Lakes Region through inter-organizational collaboration and community and public health improvement activities.

Accounting Policies

The accounting policies of the Entity conform to accounting principles generally accepted in the United States of America as applicable to non-profit entities. The following is a summary of significant accounting policies.

Basis of Presentation

The financial statements have been prepared in accordance with the reporting pronouncements pertaining to Not-for-Profit Entities included within the FASB Accounting Standards Codification (FASB ASC 958-205). Under FASB ASC 958-205, the Entity is required to report information regarding its financial position and activities according to three classes of net assets: unrestricted net assets, temporarily restricted net assets, and permanently restricted net assets, based upon the existence or absence of donor-imposed restrictions.

Basis of Accounting

The financial statements have been prepared on the accrual basis of accounting.

Revenues from program services are recorded when earned. Other miscellaneous revenues are recorded upon receipt.

Contributions

The Entity accounts for contributions received in accordance with FASB ASC 958-605, *Accounting for Contributions Received and Contributions Made*. Contributions received are recorded as unrestricted, temporarily restricted, or permanently restricted support depending on the existence and/or nature of any donor restrictions.

Recognition of Donor Restrictions

Contributions are recognized when the donor makes a promise to give to the Entity that is, in substance, unconditional. Contributions that are restricted by the donor are reported as an increase in unrestricted net assets if the restriction expires in the reporting period in which the support is recognized. All other donor restricted support is reported as an increase in temporarily or permanently restricted net assets

**LAKES REGION PARTNERSHIP FOR PUBLIC HEALTH, INC.
D/B/A PARTNERSHIP FOR PUBLIC HEALTH
NOTES TO FINANCIAL STATEMENTS (CONTINUED)
For the Year Ended June 30, 2015
(With Comparative Information for June 30, 2014)**

depending on the nature of the restriction. When a restriction expires, temporarily restricted net assets are reclassified to unrestricted net assets.

Cash and Cash Equivalents

For the purpose of the statement of cash flows, cash and equivalents consists of demand deposits, cash on hand and all highly liquid investments with a maturity of 90 days or less.

Investments

Investments, which consist principally of certificates of deposit, are carried at their market value at June 30, 2015.

Property and Equipment

Property and equipment are stated at cost. Donated property and equipment is recorded at fair value determined as of the date of the donation. The Entity's policy is to capitalize expenditures for equipment and major improvements and to charge to operations currently for expenditures which do not extend the lives of related assets in the period incurred. Depreciation is computed using the straight-line method at rates intended to amortize the cost of related assets over their estimated useful lives as follows:

	<u>Years</u>
Leasehold improvements	10-15
Furniture and equipment	5-15
Office equipment	5-10

Depreciation expense was \$3,926 and \$4,726 for the years ended June 30, 2015 and 2014, respectively.

Compensated Absences

Employees of the Entity working full-time and part-time employees working at least 20 hours per week are entitled to paid time off. Vacation time is earned from the first day of work. A maximum of 160 hours can be earned based on years of service while 80 hours can be carried over and accumulated to the next year. Accumulated vacation time is payable upon termination of employment with proper notice. The Entity accrues accumulated vacation wages accordingly.

Donated Services, Materials and Facilities

The Entity receives significant volunteer time and efforts. The value of these volunteer efforts, while critical to the success of its mission, is not reflected in the financial statements since it does not meet the criteria necessary for recognition according to generally accepted accounting principles. Donated goods and professional services are recorded as both revenue and expense at estimated fair value.

**LAKES REGION PARTNERSHIP FOR PUBLIC HEALTH, INC.
D/B/A PARTNERSHIP FOR PUBLIC HEALTH
NOTES TO FINANCIAL STATEMENTS (CONTINUED)
For the Year Ended June 30, 2015
(With Comparative Information for June 30, 2014)**

Functional Allocation of Expenses

The costs of providing the various programs and supporting services have been summarized on a functional basis. Accordingly, certain costs have been allocated on the statement of functional expenses among the programs and supporting services based on percentage allocations determined by the Entity's management.

Bad Debts

The Entity uses the reserve method for accounting for bad debts. No allowance has been recorded as of June 30, 2015 and 2014, because management of the Entity believes that all outstanding receivables are fully collectible.

Estimates

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

Income Taxes

The Entity has received a determination letter from the Internal Revenue Service stating that it qualifies for tax-exempt status under Section 501(c)(3) of the Internal Revenue Code for any exempt function income. In addition, the Entity is not subject to state income taxes. Accordingly, no provision has been made for Federal or State income taxes.

The FASB adopted Accounting Standards Codification Topic 740 entitled *Accounting for Income Taxes* which requires the Entity to report uncertain tax positions for financial reporting purposes. FASB ASC 740 prescribes rules regarding how the Entity should recognize, measure and disclose in its financial statements, tax positions that were taken or will be taken on the Entity's tax returns that are reflected in measuring current or deferred income tax assets and liabilities. Differences between tax positions taken in a tax return and amounts recognized in the financial statements will generally result in an increase in a liability for income tax payable or a reduction in a deferred tax asset or an increase in a deferred tax liability. The Entity does not have any material unrecognized tax benefits. As of June 30, 2015, the tax years ending June 30, 2014, 2013 and 2012 remain subject to possible examination by major tax jurisdictions.

Fair Value of Financial Instruments

Cash and equivalents, accounts receivable, accounts payable and accrued expenses are carried in the financial statements at amounts which approximate fair value due to the inherently short-term nature of the transactions. The fair values determined for financial instruments are estimates, which for certain accounts may differ significantly from the amounts that could be realized upon immediate liquidation.

**LAKES REGION PARTNERSHIP FOR PUBLIC HEALTH, INC.
D/B/A PARTNERSHIP FOR PUBLIC HEALTH
NOTES TO FINANCIAL STATEMENTS (CONTINUED)
For the Year Ended June 30, 2015
(With Comparative Information for June 30, 2014)**

Reclassification

Certain reclassifications have been made to the June 30, 2014 financial statement presentation to correspond to the current year format. These reclassifications had no effect on the change in net assets for the year ending June 30, 2014, as previously reported.

NOTE 2--CONCENTRATION OF CREDIT RISK

The Entity maintains bank deposits at local financial institutions located in New Hampshire. The Entity's demand deposits are insured by the Federal Deposit Insurance Corporation (FDIC) up to a total of \$250,000. The balances in excess of federally insured limits for the Entity were \$0 and \$28,606 at June 30, 2015 and 2014, respectively.

NOTE 3--INVESTMENTS

Fair Value Measurements

The Entity reports under the Fair Value Measurements pronouncements of the FASB Accounting Standards Codification (FASB ASC 820) which establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs of valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurement) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy are described below.

Level 1 - Inputs to the valuation methodology are unadjusted, quoted prices in active markets for identical assets or liabilities at the measurement date.

Level 2 – Inputs to the valuation include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities that are not active;
- Inputs other than quoted prices that are observable for the asset or liability;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 – Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs at the closing price reported on the active market on which the individual securities are traded.

LAKES REGION PARTNERSHIP FOR PUBLIC HEALTH, INC.
D/B/A PARTNERSHIP FOR PUBLIC HEALTH
NOTES TO FINANCIAL STATEMENTS (CONTINUED)
For the Year Ended June 30, 2015
(With Comparative Information for June 30, 2014)

Following is a description of the valuation methodologies used for assets measured at fair value.

Certificates of Deposit: Valued at acquisition cost plus accrued interest which approximates fair value.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Organization believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following table sets forth by level, within the fair value hierarchy, the Entity's assets at fair value:

<u>Assets at Fair Value as of June 30, 2015</u>	
	<u>Level 1</u>
Certificates of Deposit	<u>\$ 30,033</u>

Investment Valuation and Income Recognition

The Entity's investments as of June 30, 2015 are stated at fair value. Interest income is recorded on the accrual basis.

NOTE 4--DEFERRED INCOME

Deferred income of \$119,979 as of June 30, 2015, represents unearned grant revenue on contracts from various funding agencies.

NOTE 5--LINE OF CREDIT

The Entity has a \$50,000 line of credit with Bank of New Hampshire with an interest rate of 5.25%. The interest rate is based on the Wall Street Journal Prime Rate as published in the Wall Street Journal, which was 5.25% at June 30, 2015. At June 30, 2015 and 2014, the balance of the line of credit was \$0.

NOTE 6--TEMPORARILY RESTRICTED NET ASSETS

Temporarily restricted net assets consist of the following donor restricted funding at June 30, 2015 and 2014:

	<u>2015</u>	<u>2014</u>
Family Caregivers Network	\$ 2,323	\$ 3,877
Volunteer CERT	873	571
N4A	1,006	1,006
CERT	4,611	2,500
Other	234	234
	<u>\$ 9,047</u>	<u>\$ 8,188</u>

**LAKES REGION PARTNERSHIP FOR PUBLIC HEALTH, INC.
D/B/A PARTNERSHIP FOR PUBLIC HEALTH
NOTES TO FINANCIAL STATEMENTS (CONTINUED)
For the Year Ended June 30, 2015
(With Comparative Information for June 30, 2014)**

NOTE 7--CONCENTRATION OF REVENUE RISK

The Entity's primary source of revenues is fees and grants received from the State of New Hampshire and directly from the federal government. During the years ended June 30, 2015 and 2014, the Entity recognized revenue of \$1,788,861 (84.4%) and \$1,286,018 (80.3%), respectively, from fees and grants from governmental agencies. Revenue is recognized as earned under the terms of the grant contracts and is received on a cost reimbursement basis. Other support originates from other program services, contributions, in-kind donations, and other income.

NOTE 8--LEASE COMMITMENTS

The Entity entered into a lease for office space located in Tamworth, NH with monthly lease payments of \$1,533. Lease expense for the year ended June 30, 2015 was \$19,449.

The Entity also has two leases for office space in Laconia, NH. The first lease has monthly payments of \$2,030 through August 31, 2015. The second lease for additional office space was entered into on June 1, 2015 for a 3 year term. Monthly lease payments are \$737. Lease expense for the year ended June 30, 2015 for these two leases was \$25,209.

The following is a schedule, by years, of the future minimum payments for operating leases:

Year Ended <u>June 30,</u>	Annual <u>Lease Commitments</u>
2016	\$ 34,070
2017	20,812
2018	11,344

NOTE 9--CONTINGENCIES

The Entity participates in a number of federally assisted grant programs. These programs are subject to financial and compliance audits by the grantors or their representatives. The amounts, if any, of additional expenses which may be disallowed by the granting agency cannot be determined at this time, although the Entity expects such amounts, if any, to be immaterial.

NOTE 10--SUBSEQUENT EVENTS

Subsequent events have been evaluated through November 5, 2015, which is the date the financial statements were available to be issued.

LAKES REGION PARTNERSHIP FOR PUBLIC HEALTH, INC.
D/B/A PARTNERSHIP FOR PUBLIC HEALTH
SCHEDULE OF FUNCTIONAL EXPENSES
For the Year Ended June 30, 2015

	<u>Program Services</u>	<u>Management and General</u>	<u>Total Expenses</u>
SALARIES AND RELATED EXPENSES:			
Salaries	\$ 556,944	\$ 152,786	\$ 709,730
Employee benefits	71,445	8,527	79,972
Payroll taxes	44,726	12,513	57,239
	<u>673,115</u>	<u>173,826</u>	<u>846,941</u>
OTHER EXPENSES:			
Professional fees	7,274	15,075	22,349
Office expense	16,819	929	17,748
Program supplies	9,453	32	9,485
Contract service	878,367	41,169	919,536
Occupancy	57,219	1,672	58,891
Donated program services	41,173	3,770	44,943
Communications expense	13,043	520	13,563
Staff education/meetings	39,009	652	39,661
Repair and maintenance	14,993	-	14,993
Miscellaneous	2,587	5,366	7,953
Insurance	8,003	2,538	10,541
Equipment purchase/rent	13,659	-	13,659
Postage	3,766	-	3,766
Depreciation	3,926	-	3,926
Dues	963	-	963
Total	<u>\$ 1,783,369</u>	<u>\$ 245,549</u>	<u>\$ 2,028,918</u>

SCHEDULE I

Lakes Region Partnership for Public Health, Inc.
d/b/a Partnership for Public Health
Schedule of Expenditures of Federal Awards
For the Year Ended June 30, 2015

Federal Granting Agency/Recipient State Agency/Grant Program/State <u>Grant Number</u>	Federal Catalogue <u>Number</u>	<u>Expenditures</u>
DEPARTMENT OF AGRICULTURE		
Pass Through Payments from the University of New Hampshire State Administrative Matching Grants for the Supplemental Nutrition Assistance Program	10.561	\$ 3,022
Total Department of Agriculture		<u>3,022</u>
DEPARTMENT OF VETERANS AFFAIRS		
Pass Through Payments from the New Hampshire Department of Health and Human Services Veterans Medical Care Benefits	64.009	<u>503,622</u>
Total Department of Veterans Affairs		<u>503,622</u>
DEPARTMENT OF HEALTH AND HUMAN SERVICES		
Received directly from U.S. Treasury Department		
Medical Reserve Corps Small Grant Program #5MRCSG101005-04 #1HITEP150026-01	93.008	3,930 <u>1,559</u> <u>5,489</u>
Pass Through Payments from the New Hampshire Department of Health and Human Services Special Programs for the Aging Title IV and Title II Discretionary Projects #90MP0176	93.048	31,768
Pass Through Payments from the New Hampshire Department of Health and Human Services through the New Hampshire Easter Seals Special Programs for the Aging Title IV and Title II Discretionary Projects	93.048	5,400 <u>37,168</u>
Pass Through Payments from the New Hampshire Department of Health and Human Services National Family Caregiver Support, Title III, Part E #13AANHT3SP	93.052	<u>57,299</u>
Pass Through Payments from the New Hampshire Department of Health and Human Services Public Health Emergency Preparedness #010-090-51710000	93.069	<u>67,388</u>
Pass Through Payments from the New Hampshire Department of Health and Human Services Environmental Public Health and Emergency Response #UE1EH001046	93.070	<u>1,828</u>

See notes to schedule of expenditures of federal awards

SCHEDULE I

Lakes Region Partnership for Public Health, Inc.
d/b/a Partnership for Public Health
Schedule of Expenditures of Federal Awards (Continued)
For the Year Ended June 30, 2015

Federal Granting Agency/Recipient State Agency/Grant Program/State Grant Number	Federal Catalogue Number	Expenditures
DEPARTMENT OF HEALTH AND HUMAN SERVICES (CONTINUED)		
Pass Through Payments from the New Hampshire Department of Health and Human Services		
Medicare Enrollment Assistance Program #IX0CMS331283	93.071	<u>21,936</u>
Pass Through Payments from the New Hampshire Department of Health and Human Services		
Substance Abuse and Mental Health Services - Projects of Regional and National Significance	93.243	<u>17,904</u>
Pass Through Payments from the New Hampshire Department of Health and Human Services		
Immunization Cooperative Agreements #010-090-5178000	93.268	<u>10,500</u>
Pass Through Payments from the New Hampshire Department of Health and Human Services		
Affordable Care Act - Aging and Disability Resource Center #90R00028	93.517	<u>82,543</u>
Pass Through Payments from the New Hampshire Department of Health and Human Services		
State Planning and Establishment Grants for the Affordable Care Act Exchanges	93.525	<u>674,603</u>
Pass Through Payments from the New Hampshire Department of Health and Human Services		
Social Services Block Grant #1301NHSOSR	93.667	<u>8,586</u>
Pass Through Payments from the New Hampshire Department of Health and Human Services		
Preventive Health and Health Services Block Grant funded solely with Preventive and Public Health Funds (PPHF) #B01OT009037	93.758	<u>8,076</u>
Pass Through Payments from the New Hampshire Department of Health and Human Services		
Medical Assistance Program #61805505039B	93.778	60,832
Pass Through Payments from the New Hampshire Department of Health and Human Services through the New Hampshire Easter Seals		
Medical Assistance Program Ask the Question	93.778	<u>11,566</u> <u>72,398</u>

See notes to schedule of expenditures of federal awards

SCHEDULE I

Lakes Region Partnership for Public Health, Inc.
d/b/a Partnership for Public Health
Schedule of Expenditures of Federal Awards (Continued)
For the Year Ended June 30, 2015

Federal Granting Agency/Recipient State Agency/Grant Program/State Grant Number	Federal Catalogue Number	<u>Expenditures</u>
DEPARTMENT OF HEALTH AND HUMAN SERVICES (CONTINUED)		
Pass Through Payments from the New Hampshire Department of Health and Human Services		
Centers for Medicare and Medicaid Services (CMS) Research, Demonstrations and Evaluations #1NoCMS0220220-21-009	93.779	<u>47,199</u>
Pass Through Payments from the New Hampshire Department of Health and Human Services		
National Bioterrorism Hospital Preparedness Program #05-95-90-902510-5171	93.889	<u>10,000</u>
Pass Through Payments from the New Hampshire Department of Health and Human Services		
Block Grants for Prevention and Treatment of Substance Abuse #10250073495848502	93.959	<u>73,280</u>
Received directly from U.S. Treasury Department		
Preventive Health and Health Services Block Grant	93.991	<u>1,900</u>
Total Department of Health and Human Services		<u>1,198,097</u>
DEPARTMENT OF HOMELAND SECURITY		
Pass Through Payments from the New Hampshire Department of Safety		
Emergency Management Performance Grants #02-23-23-236010	97.042	<u>1,889</u>
Pass Through Payments from the New Hampshire Department of Safety		
Homeland Security Grant Program	97.067	<u>4,800</u>
Total Department of Homeland Security		<u>6,689</u>
Total Federal Financial Assistance		<u>\$ 1,711,430</u>

See notes to schedule of expenditures of federal awards

LAKES REGION PARTNERSHIP FOR PUBLIC HEALTH. INC.
D/B/A PARTNERSHIP FOR PUBLIC HEALTH
NOTES TO SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS
June 30, 2015

NOTE 1--GENERAL

The accompanying Schedule of Expenditures of Federal Awards presents the activity of all federal financial assistance programs of Lakes Region Partnership for Public Health, Inc. The Entity's reporting entity is defined in Note 1 to the Entity's financial statements. All federal financial assistance passed through other governmental agencies is included in this schedule.

NOTE 2--BASIS OF ACCOUNTING

The accompanying Schedule of Expenditures of Federal Awards is presented using the accrual basis of accounting, which is described in Note 1 to the Entity's financial statements.

NOTE 3--RELATIONSHIP TO FINANCIAL STATEMENTS

The recognition of expenditures of federal awards is included in fees and grants from governmental agencies.

**REPORT ON INTERNAL CONTROL OVER FINANCIAL REPORTING
AND ON COMPLIANCE AND OTHER MATTERS BASED ON AN AUDIT
OF FINANCIAL STATEMENTS PERFORMED IN ACCORDANCE
WITH *GOVERNMENT AUDITING STANDARDS***

Independent Auditor's Report

To the Board of Directors
Lakes Region Partnership for Public Health, Inc.
d/b/a Partnership for Public Health

We have audited, in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the financial statements of Lakes Region Partnership for Public Health, Inc. (a nonprofit organization), which comprise the statement of financial position as of June 30, 2015, and the related statements of activities, and cash flows for the year then ended, and the related notes to the financial statements, and have issued our report thereon dated November 5, 2015.

Internal Control Over Financial Reporting

In planning and performing our audit of the financial statements, we considered Lakes Region Partnership for Public Health, Inc.'s internal control over financial reporting (internal control) to determine the audit procedures that are appropriate in the circumstances for the purpose of expressing our opinion on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of Lakes Region Partnership for Public Health, Inc.'s internal control. Accordingly, we do not express an opinion on the effectiveness of Lakes Region Partnership for Public Health, Inc.'s internal control.

A deficiency in internal control exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, misstatements on a timely basis. A *material weakness* is a deficiency, or a combination of deficiencies, in internal control, such that there is a reasonable possibility that a material misstatement of the entity's financial statements will not be prevented, or detected and corrected on a timely basis. A *significant deficiency* is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

Our consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies. Given these limitations, during our audit we did not identify any deficiencies in internal control that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

Compliance and Other Matters

As part of obtaining reasonable assurance about whether Lakes Region Partnership for Public Health, Inc.'s financial statements are free from material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the determination of financial statement amounts. However, providing an opinion on compliance with those provisions was not an objective of our audit, and accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

Purpose of this Report

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the entity's internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the entity's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

Vachon Aubrey & Company PC

Manchester, New Hampshire
November 5, 2015

**REPORT ON COMPLIANCE FOR EACH MAJOR FEDERAL PROGRAM
AND REPORT ON INTERNAL CONTROL OVER COMPLIANCE**

Independent Auditor's Report

To the Board of Directors
Lakes Region Partnership for Public Health, Inc.
d/b/a Partnership for Public Health

Report on Compliance for Each Major Federal Program

We have audited Lakes Region Partnership for Public Health, Inc.'s compliance with the types of compliance requirements described in the *OMB Circular A-133 Compliance Supplement* that could have a direct and material effect on Lakes Region Partnership for Public Health, Inc.'s major federal programs for the year ended June 30, 2015. Lakes Region Partnership for Public Health, Inc.'s major federal programs are identified in the summary of auditor's results section of the accompanying schedule of findings and questioned costs.

Management's Responsibility

Management is responsible for compliance with the requirements of laws, regulations, contracts, and grants applicable to its federal programs.

Auditor's Responsibility

Our responsibility is to express an opinion on compliance for Lakes Region Partnership for Public Health, Inc.'s major federal programs based on our audit of the types of compliance requirements referred to above. We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America; the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States; and OMB Circular A-133, *Audits of States, Local Governments, and Non-Profit Organizations*. Those standards and OMB Circular A-133 require that we plan and perform the audit to obtain reasonable assurance about whether noncompliance with the types of compliance requirements referred to above that could have a direct and material effect on a major federal program occurred. An audit includes examining, on a test basis, evidence about Lakes Region Partnership for Public Health, Inc.'s compliance with those requirements and performing such other procedures as we considered necessary in the circumstances.

We believe that our audit provides a reasonable basis for our opinion on compliance for the major federal programs. However, our audit does not provide a legal determination of Lakes Region Partnership for Public Health, Inc.'s compliance.

Opinion on Each Major Federal Program

In our opinion, Lakes Region Partnership for Public Health, Inc. complied, in all material respects, with the types of compliance requirements referred to above that could have a direct and material effect on its major federal programs for the year ended June 30, 2015.

Report on Internal Control Over Compliance

Management of Lakes Region Partnership for Public Health, Inc. is responsible for establishing and maintaining effective internal control over compliance with the types of compliance requirements referred to above. In planning and performing our audit of compliance, we considered Lakes Region Partnership for Public Health, Inc.'s internal control over compliance with the types of requirements that could have a direct and material effect on the major federal programs to determine the auditing procedures that are appropriate in the circumstances for the purpose of expressing an opinion on compliance for each major federal program and to test and report on internal control over compliance in accordance with OMB Circular A-133, but not for the purpose of expressing an opinion on the effectiveness of internal control over compliance. Accordingly, we do not express an opinion on the effectiveness of Lakes Region Partnership for Public Health, Inc.'s internal control over compliance.

A deficiency in internal control over compliance exists when the design or operation of a control over compliance does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, noncompliance with a type of compliance requirement of a federal program on a timely basis. A *material weakness in internal control over compliance* is a deficiency, or combination of deficiencies, in internal control over compliance, such that there is a reasonable possibility that material noncompliance with a type of compliance requirement of a federal program will not be prevented, or detected and corrected, on a timely basis. A *significant deficiency in internal control over compliance* is a deficiency, or a combination of deficiencies, in internal control over compliance with a type of compliance requirement of a federal program that is less severe than a material weakness in internal control over compliance, yet important enough to merit attention by those charged with governance.

Our consideration of internal control over compliance was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control over compliance that might be material weaknesses or significant deficiencies. We did not identify any deficiencies in internal control over compliance that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

The purpose of this report on internal control over compliance is solely to describe the scope of our testing of internal control over compliance and the results of that testing based on the requirements of OMB Circular A-133. Accordingly, this report is not suitable for any other purpose.

Vachon Cluckey & Company PC

Manchester, New Hampshire
November 5, 2015

**Lakes Region Partnership for Public Health, Inc.
d/b/a Partnership for Public Health
Schedule of Findings and Questioned Costs
Year Ended June 30, 2015**

Section I--Summary of Auditor's Results

Financial Statements

Type of auditor's report issued: Unmodified
 Internal control over financial reporting:
 Material weakness(es) identified? _____yes X no
 Significant deficiency(ies) identified
 not considered to be material weaknesses? _____yes X none reported
 Noncompliance material to financial statements noted? _____yes X no

Federal Awards

Internal Control over major programs:
 Material weakness(es) identified? _____yes X no
 Significant deficiency(ies) identified
 not considered to be material weaknesses? _____yes X none reported
 Type of auditor's report issued on compliance
 for major programs: Unmodified
 Any audit findings disclosed that are required
 to be reported in accordance with
 Circular A-133, Section .510(a)? _____yes X no

Identification of major programs:

<u>CFDA Number(s)</u>	<u>Name of Federal Program or Cluster</u>
64.009	Veterans Medical Care Benefits
93.525	State Planning and Establishment Grants for the Affordable Care Act Exchanges

Dollar threshold used to distinguish
 between Type A and Type B program: \$ 300,000
 Auditee qualified as low-risk auditee? _____yes X no

Section II--Financial Statement Findings

There were no findings relating to the financial statements required to be reported by GAGAS.

Section III—Federal Award Findings and Questioned Costs

There were no findings and questioned costs as defined under OMB Circular A-133 .510(a).

**Lakes Region Partnership for Public Health
for Public Health
Board of Directors**

June, 2016

Directors
Alida Millham, President
Karin Salome, Vice President
David Emberley, Treasurer
Judith Lafrance, Secretary
Warren Bailey
Kathy Berman
Liane Clairmont
Richard Crocker
Denise Hubbard
Astha Joshi
Shawn Riley
Sandra McLaughlin
Kate Miller

EXPERIENCE

LAKES REGION PARTNERSHIP FOR PUBLIC HEALTH, INC. Laconia, NH 10/05- Present

EXECUTIVE DIRECTOR

- In conjunction with the Board of Directors, establish annual goals and objectives, action plans and evaluation strategies for the purpose of improving the health and well being of the citizens of the Lakes Region.
- Develop and implement action plans and evaluation strategies to operationalize selected goals.
- Manage inter-organizational cooperation and collaboration among Partners and external organizations to mitigate program duplication, fill needs gaps and develop public service plans to meet the evolving social and public health needs of the Lakes Region community.
- Hire and supervise LRPPH staff positions and programs that support the Partnership.
- Cultivate, develop and maintain external relationships with community organizations.
- Create annual public relations plan to create positive awareness of the LRPPH.
- Work with other agencies to conduct periodic community assessments and use that information to guide programs and policies.
- Responsible for grant prospecting, grant writing and all grant and financial reporting functions.
- Establish annual budget in partnership with the Board of Directors
- Manage annual budget for LRPPH and report quarterly to Board of Directors on financial status.
- Coordinate function of the Winnepesaukee Public Health Council.

SERVICELINK RESOURCE CENTER OF BELKNAP COUNTY, Laconia, NH 2/00-2008

PROGRAM DIRECTOR

- Directs the overall operation of a specialized aging/disability information and referral service for Belknap County

LAKES REGION GENERAL HOSPITAL, Laconia, NH 11/99-2/04

EMERGENCY ROOM SOCIAL WORKER

LACONIA CENTER-GENESIS ELDER CARE, Laconia, NH 2/99-10/99

DIRECTOR OF ADMISSIONS

- Assisted individuals and families in accessing skilled and nursing facility based care
- Provided marketing and public relations activities
- Provided case management, individual and family counseling for skilled residents

STRAFFORD GUIDANCE CENTER, Dover, NH 1991-1998

ASSISTANT CLINICAL DIRECTOR

DIRECTOR, COMMUNITY SUPPORT PROGRAMS

ASSISTANCE DIRECTOR COMMUNITY SUPPORT PROGRAM

- Managed the overall clinical and administrative operations of Community Support Programs serving 500 adults with severe mental illness including: elder services, case management, therapy, nursing, vocational and housing services
- Promoted and coordinated community involvement through regional planning and partnership building activities
- Member of the Strafford Guidance Center Executive Committee which provided overall management of clinical and administrative operations as well as planning and development for the entire agency.

SEACOAST MENTAL HEALTH CENTER, Portsmouth, NH 6/90-6/91
COORDINATOR OF VOCATIONAL SERVICES

- Assisted clients with severe mental illness obtain employment
- Supervised staff, budget development, quality assurance activities including JCAHO accreditation
- Educated the competitive job market to increase employer's willingness and capability to hire clients through supported and unsupported placements

MENTAL HEALTH CENTER OF GREATER MANCHESTER, Manchester, NH 11/84-6/90

ADMINISTRATIVE COORDINATOR
ASSISTANT PROGRAM COORDINATOR
THERAPEUTIC ACTIVITIES SUPERVISOR
OCCUPATIONAL THERAPIST/CASE MANAGER
EMERGENCY SERVICES RELIEF WORKER

Program management and direct service activities for large day treatment program for adults with severe mental illness

WESTCHESTER COUNTY JAIL, Valhalla, NY 5/83-9/84

OCCUPATIONAL THERAPIST

SOUTH BEACH PSYCHIATRIC CENTER, Union, NJ 1/81-5/83

OCCUPATIONAL THERAPIST

EDUCATION

SPRINGFIELD COLLEGE, Springfield, MA 1988

MASTERS OF SCIENCE, SOCIAL WORK

KEAN STATE COLLEGE OF NEW JERSEY, Union, NJ 1980

BACHELORS OF SCIENCE, OCCUPATIONAL THERAPY

MEMBERSHIPS/AFFILIATIONS

Leadership Lakes Region -2010 graduate

Member NH Association for Non-Profits

Member NH Public Health Association

Member, Board of Directors, Upstream 2004

Certified Information and Referral Specialist for Aging, Alliance of Information and Referral Systems, 2005-2008

Certified Counselor, Health Information Counseling Education Assistance Services, 2002-2006

Member, Board of Directors, Tri-City Consumer Action Cooperative, 1997

Private, non-profit organization that provides peer support services for adults with mental illness

Chair and Member of Board of Directors, The Housing Consortium, 1994

Promote availability of affordable, non-discriminatory safe housing in Strafford County

Past member of National Association of Social Workers, Alliance for the Mentally Ill of NH and

International Association for Psychosocial Rehabilitation Services

PRESENTATIONS

"Working Together; Enhancing Partnerships in Public Health"-Keynote Speaker NH Public Health Association Annual Meeting

"Planning Ahead: The Key to Healthy Aging"- Keynote Speaker Speare Memorial Hospital Aging Conference

"ServiceLink, A Virtual Tour" Administration on Aging Summit National Leadership Conference

"The Housing Consortium", State Conference New Hampshire Alliance for the Mentally Ill

"Building Partnerships in the Community", National Conference, International Association for Psychosocial Rehabilitation Services

"Functional Assessment and Skill Building as Clinical Intervention", NH Community Support Services Conference

Marie L. Tule, CPA, MSA
MTule@ppnh.org

Educational Experience

Bentley University – MS in Accountancy
University of Vermont – BA degree

Work Experience

Lakes Region Partnership for Public Health, Laconia, NH 2013 – Current

Finance Director

- Prepare and analyze monthly financial statements
- Develop budgets and forecasts, and manage cash flow
- Responsible for contract billing and reporting
- Supervise accounting staff.

Melanson Heath & Company, PC, Nashua, NH 1994 – 2013

Manager

- Planned, supervised, and prepared audited GAAP financial statements and compliance reports for nonprofit and commercial clients.
- Performed financial statement and data analytics, reconciled general ledger accounts, prepared audit schedules and adjusting entries.
- Documented accounting systems, evaluated client internal controls, and prepared management letters of recommendations.
- Proficient in Microsoft Excel, Word, PowerPoint, QuickBooks, and Fixed Asset software.
- Conducted presentations to Boards and audit committees of financial statements and compliance audit results.

Price Waterhouse Coopers, LLP, Manchester, NH 1989 – 1994

Senior Accountant

- Planned, supervised, and performed audits, reviews, and compilations of financial statements.
- Clients included manufacturing, financial, and higher educational institutions.
- Performed Federal compliance (A-133) audits of sponsored research programs.

The Donoghue Organization, Holliston, MA 1986 – 1988

Controller/Financial Analyst

- Prepared and analyzed monthly financial statements for newsletter publishing company.
- Supervised accounting staff including general ledger, accounts receivables, payroll, and accounts payables functions.
- Prepared budgets and forecasts, and managed cash flow.
- Responsible for human resource function.

Dennison Computer Supplies, Waltham, MA 1984 - 1986

Payroll Administrator

- Responsible for payroll function including filing monthly and quarterly tax reports (Forms 940,941)

Billing Coordinator

- Responsible for invoicing all shipments, rentals, and maintenance contracts. Filed sales & use tax returns.

Senior Accounts Payable

- Processed invoices and prepared vendor checks.

Accounts Receivable

- Applied cash receipts to AR ledger and researched discrepancies.

Volunteer Experience

NH Society of Certified Public Accountants May, 2010 – Present

- Committee Chair

Greater Nashua Mental Health Center – Treasurer March, 2011 - Present

- Audit & Finance Committee Chair

Various local nonprofits – Treasurer, Trustee 2001 – 2013

References - Available upon request.

Susan M. Laverack

EXPERIENCE

2006 - ***Associate Director, Lakes Region Partnership for Public Health, Inc., Laconia.***

Responsible for assisting Executive Director to establish annual assessment, goals and objectives, action plans and evaluation strategies for the purpose of improving the health and well being of the citizens of the Lakes Region, hiring and supervising LRPPH staff positions and programs that support the Partnership, researching grant prospects, developing proposals, grant and financial reporting. Coordinate public health activities within the Lakes Region including:

- Coordination and development of emergency preparedness and response plans;
- Coordination of public and private partnership to perform community needs assessments;
- Planning and implementation of public health initiatives;
- Collecting, analyzing and reporting community health data; and
- Advising in planning, development, implementation, and monitoring of population-based health promotion and disease prevention activities.

2000-2006 ***Career Development Facilitator, Working Futures Program, Second Start, Concord.***

Responsible for conducting academic and vocational assessments, career counseling and guidance, intensive case management, client records management, teaching vocational development classes, collaborating with partner agencies, developing business sites for job training and placement, teaching job search techniques, monitoring state-mandated client participation and progress, and evaluating program efficacy.

1998-2000 ***Coordinator, Parent-Child Program, Whole Village Family Resource Center, Plymouth.***

Responsible for program design and administration, staff supervision, project evaluation, grant writing, financial reports, fund allocations, fiscal management, development, public relations, annual report preparation, integration of services, and fostering collaboration between member agencies and with the larger service community.

1997- ***Fitness Instructor, Health and Human Performance Department, Plymouth State University.***

Responsible for designing and teaching fitness classes for students of all abilities, and counseling students majoring in Physical Education.

1989-1998 ***Resources Director, Task Force Against Domestic & Sexual Violence, Plymouth.*** Responsible for assisting clients with navigating the court system, developing legal advocacy program, community outreach, public and professional education, curricula design and implementation, reviewing organization programs and policies, maintaining and reporting service statistics for local, state and federal grant programs, program design and implementation, supervision of AmeriCorps Victim Assistance participants, interns and volunteers, technical assistance to service providers, meeting and support group facilitation, collaborating with court personnel, legislative lobbying, public policy-making, and media relations.

EDUCATION

2005 ***M.Ed. – Health and Physical Education with a concentration in Integrative Health and Healing,*** Plymouth State University, University System of New Hampshire.

1995 ***B.P.S. Behavioral Science, Cum Laude.*** College of Lifelong Learning, University System of New Hampshire, Concord.

CERTIFICATIONS

- 2008 ***Homeland Security Exercise and Evaluation Program***, NH Department of Safety.
- 2006 ***Local Public Health Emergency Preparedness and Response***, NH Department of Health and Human Services.
- 2005 ***Certified Workforce Development Professional***, National Association of Workforce Development Professionals, Washington, DC.
- 2002 ***Certified Rape Aggression Defense Instructor***. R.A.D. Systems, Poquoson, Virginia.
- 2002 ***Certified Job and Career Transition Coach***, The Career Planning and Adult Development Network, California.
- 2001 ***Certified Career Development Facilitator***. College for Lifelong Learning, Bow.
- 2000 ***Certified Parent Educator***. University System of New Hampshire, Durham.
- 1997, 2000 ***Certified Aerobic Instructor***. Aerobics and Fitness Association of America, California.
- 1998 ***Certified Instructor***. Police Standards & Training Council, Concord.
- 1991 ***Certified Paralegal***. New Hampshire Technical College, Laconia.
- 1990 ***Certified Service Provider to victims of domestic & sexual violence***. Task Force Against Domestic & Sexual Violence, Plymouth.

PUBLICATIONS

- 1997 ***Domestic Violence, A Legal Handbook for Women in New Hampshire***, New Hampshire Commission on the Status of Women, June.

HONORS & AWARDS

- 2011 ***Alumna, Leadership Lakes Region***, Laconia.
- 1998 ***Honoree, Calendar of Outstanding Women***. Plymouth.
- 1991 ***Certificate of Special Recognition for Outstanding Contribution to the Organization and its Mission***. Task Force Against Domestic & Sexual Violence, Plymouth.

COMMUNITY ACTIVITIES

- 2008-2011 ***Member, Board of Directors***, Genesis Behavioral Health, Laconia.
- 2000- ***Member, Personnel Committee***, Plymouth Congregational Church.
- 1998-2003 ***Trustee, Board of Trustees***, White Mountain Youth Hockey, Holderness.
- 1996-2003 ***Member, Board of Directors***, New Hampshire Coalition Against Domestic & Sexual Violence, Concord. Held offices of Treasurer for two years and Clerk for two years.
- 1994-1998 ***Member, Plymouth Area Domestic Violence Coordinating Council***.

KEY ADMINISTRATIVE PERSONNEL

NH Department of Health and Human Services

Contractor Name: Lakes Region Partnership for Public Health

Name of Program: Regional Public Health Network Services

BUDGET PERIOD		SFY 17		
NAME	JOB TITLE	SALARY	PERCENT PAID FROM THIS CONTRACT	AMOUNT PAID FROM THIS CONTRACT
Lisa Morris	Executive Director	\$70,000	0.61%	\$425.00
Marie Tule	Finance Director	\$50,727	1.79%	\$906.00
Linda Audet	Bookkeeper	\$20,031	1.14%	\$228.00
Susan Laverack	Public Health Director	\$62,837	12.53%	\$7,876.00
Jennifer Groleau/Colleen Drouin	Admin. Assistant	\$24,102	0.83%	\$201.00
		\$0	0.00%	\$0.00
TOTAL SALARIES (Not to exceed Total/Salary Wages, Line Item 1 of Budget request)				\$9,636.00



STATE OF NEW HAMPSHIRE

DEPARTMENT OF HEALTH AND HUMAN SERVICES

29 HAZEN DRIVE, CONCORD, NH 03301-6527
 603-271-4535 1-800-852-3345 Ext. 4535
 Fax: 603-271-4506 TDD Access: 1-800-735-2964



Nicholas A. Toumpas
 Commissioner

José Thier Montero
 Director

G&C APPROVED

Date: 5/27/15

Item #: 26

April 27, 2015

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

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division of Public Health Services and the Division of Community Based Care Services, to amend existing agreements with the five (5) vendors listed below in bold, for the provision of public health initiatives, and to exercise a renewal option with the same vendors for the continuation of regional public health emergency preparedness, substance misuse prevention and related health promotion capacity, and implement school-based influenza clinics, by increasing the total price limitation by \$2,957,486 from \$5,366,864 to \$8,324,350, to be effective the date of Governor and Council approval through June 30, 2017. These agreements were originally approved by Governor and Council on June 19, 2013, Item #95, #98, #100, #102, and September 4, 2013, Item #54, and amended on February 11, 2015, Item #9. Funds are 96.24% Federal and 3.76% General.

Summary of contracted amounts by vendor:

Vendor	Location of Vendor	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
Carroll County Coalition for Public Health	Ctr. Ossipee, NH	\$328,032	\$574,431	\$902,463
Cheshire County	Keene, NH	\$342,236	\$0	\$342,236
City of Nashua, Division of Public Health and Community Services	Nashua, NH	\$639,960	\$0	\$639,960
Goodwin Community Health	Somersworth, NH	\$352,092	\$0	\$352,092
Granite United Way	Concord, NH	\$346,138	\$596,738	\$942,876
Lakes Region Partnership for Public Health	Laconia, NH	\$334,486	\$622,010	\$956,496
Manchester Health Department	Manchester, NH	\$940,560	\$0	\$940,560
Mary Hitchcock Memorial Hospital dba Dartmouth Hitchcock	Lebanon, NH	\$321,602	\$614,547	\$936,149
Mid-State Health Center	Plymouth, NH	\$326,760	\$549,760	\$876,520
North County Health Consortium	Littleton, NH	\$477,760	\$0	\$477,760
Sullivan County	Newport, NH	\$327,010	\$0	\$327,010
Town of Derry	Derry, NH	\$327,326	\$0	\$327,326
Town of Exeter	Exeter, NH	\$302,902	\$0	\$302,902
TOTAL		\$5,366,864	\$2,957,486	\$8,324,350

Funds are available in State Fiscal Year 2015, and are anticipated to be available in State Fiscal Years 2016 and 2017, upon the availability and continued appropriation of funds in the future operating budget, with

authority to adjust amounts within the price limitation and adjust encumbrances between State Fiscal Years through the Budget Office if needed and justified, without approval from Governor and Executive Council.

See attachment for financial details.

EXPLANATION

This requested action seeks approval of 5 of 13 agreements that represent \$2,957,486 to be spent statewide to provide two distinct elements that affect all five of the attached contracts. The first is for public health initiatives in five distinct priority areas: physical activity, preventing falls, suicide prevention, motor vehicle crash prevention, and addressing the health effects of severe weather and climate. The second element exercises existing renewal language within the contracts to extend the completion dates of the contracts so that the vendors may continue to provide regional public health emergency preparedness, substance misuse prevention and related health promotion efforts, implement school-based influenza clinics and also coordinate other public health services in a specific geographic area. A similar request for seven of the vendors whose names are not in bold will be presented at an upcoming Governor and Executive Council meeting. Because the Town of Exeter has elected not to continue to participate as a Public Health Network site, a contract with Lamprey Health Care is being developed to provide Regional Public Health Network services in the Exeter and surrounding area. Each Public Health Network site serves a defined Public Health Region, with every municipality in the state assigned to a region.

The Regional Public Health Advisory Council will engage senior-level leaders from throughout this region to serve in an advisory capacity over the services funded through this agreement. Over time, the Division of Public Health Services and the Bureau of Drug and Alcohol Services expect that the Regional Public Health Advisory Councils will expand this function to other public health and substance misuse prevention and related health promotion services funded by the Department. The long-term goal is for the Regional Public Health Advisory Councils to set regional priorities that are data-driven, evidence-based, responsive to the needs of the region, and to serve in this advisory role over all public health and substance misuse and related health promotion activities occurring in the regions.

The vendors will lead a coordinated effort with regional public health, health care and emergency management partners to develop and exercise regional public health emergency response plans to improve the region's ability to respond to public health emergencies. These regional activities are integral to the State's capacity to respond to public health emergencies.

The vendors will also implement seasonal influenza vaccination clinics in select schools. This initiative represents their ability to expand the range of public health services they offer that are data-driven, known to be effective, and respond to regional needs. Seasonal influenza vaccination rates lag behind the rates for all other recommended childhood immunizations. In order to increase the percent of children six months through 18 years of age who are vaccinated against influenza, New Hampshire must increase access to vaccination services in the school-aged population. New Hampshire's efforts to vaccinate infants and young children against influenza have been more successful than efforts to vaccinate school children, as demonstrated by Medicaid data. The Division of Public Health Services' goal is to increase the percent of children ages 5-12 from 75% in the 2014-2015 influenza season, and from 23% for children age 13-17 years in that same period to the national Healthy People 2020 goal of 80% for all children.

Achieving higher rates of immunization in a school community is known to lower absenteeism among children and school staff. Schools will be targeted in order to access children who may experience the greatest barriers to vaccination including, but not limited to: a lack of local medical providers; lack of transportation; socioeconomic status; or who live in communities in Medically Underserved Areas.

According to the 2012-2013 National Survey on Drug Use and Health¹, the most recent data available demonstrates that 49% of NH's 18-25 year olds reported binge drinking in the past 30 days. This rate is the third highest in the country and much higher than the national average of 38.7%. For pain reliever abuse, 10.5% of NH

¹ 1 Source: http://www.new-futures.org/sites/default/files/Summary%20Report_0.pdf

young adults reported this behavior in the past year, and 10% of young adults reported illicit drug use other than marijuana. This last prevalence indicator is important for several reasons. First, it is the most accessible data point relative to young adult opioid use because the illicit drug use indicator includes opioids. Secondly, NH's rate of 10% for 18-25 year olds reporting regular illicit drug use is the highest in the country and is 1.5 percentage points higher than the next closest state (Rhode Island, 8.6%) and higher than the national average of 6.9%. Furthermore, there were five times greater the number of heroin-related deaths in NH in 2014 than there were in 2008. Heroin-related Emergency Department visits and administrations of naloxone to prevent death from an overdose have also multiplied exponentially in the last two years. Consequently, alcohol and drug misuse cost NH more than \$1.84 billion in 2012 in lost productivity and earnings, increased expenditures for healthcare, and public safety costs. In addition to economic costs, substance misuse impacts and is influenced by poor mental health. From 2007 to 2011, suicide among those aged 10-24 was the second leading cause of death for NH compared to the third leading cause nationally.

In NH, youth have rates of substance use significantly higher than the national average and the other northeast (NE) states as demonstrated in Table 2.

18-25 year olds	NH	NE	US	Significant differences
Binge Drinking	49.0%	43.0%	38.7%	NH Higher than NE and US
Marijuana Use	27.8%	21.0%	18.9%	NH Higher than NE and US
Nonmedical use of pain relievers	10.5%	8.6%	9.5%	No significant difference
Dependent/abusing alcohol or illicit drugs	23.7%	19.1%	18.1%	NH Higher than NE and US

Youth and families across NH describe having little access to services and supports for Substance Use Disorder in NH. In fact, according to the National Survey on Drug Use and Health², NH ranks worst among the states in percentage of 18-25 year olds "needing but not receiving treatment" for alcohol or illicit drug use and is also among the bottom states for 12-17 year olds. Additionally, among 12-20 year olds, NH ranks highest and above the overall national average in both underage alcohol use in past month (NH: 35.72%, US: 23.52%) and underage binge alcohol use in past month (NH: 23.21%, US: 14.75%).

Should Governor and Executive Council not authorize this Request, both public health and substance misuse services will be less coordinated and comprehensive in the thirteen public health regions. Developing a strong, regionally-based infrastructure to convene, coordinate, and facilitate an improved systems-based approach to addressing these health issues will, over time, reduce costs, improve health outcomes, and reduce health disparities.

The original contracts were awarded through a competitive bid. The bid summary is attached.

A second Request for Proposals was posted on the Department of Health and Human Services' website from December 19, 2014 through February 12, 2015, for the provision of the new public health initiatives for five distinct priority areas:

1. Community Readiness Assessments to Increase Access to Safe and Affordable Physical Activity
2. Preventing Older Adult Falls
3. Preventing Suicide
4. Preventing Motor Vehicle Crashes Involving Adolescent Drivers and Passengers
5. Preventing Health Effects from Severe Weather and Climate

Fifteen proposals were received from five vendors in response to the Request for Proposals. Eight reviewers who work internal to the Department reviewed the proposals. The reviewers represent seasoned public health administrators and managers who have between eight to 32 years' experience managing agreements with

² Source: <http://www.dhhs.nh.gov/dphs/suicide/documents/annual-report-2013.pdf>

vendors for various public health programs. Each reviewer was selected for the specific skill set they possess and their experience. The 13 of 15 proposals that scored actual points of 98 or more were selected by the evaluation team for funding. Their decision followed a thorough discussion of the strengths and weaknesses of the proposals. The final decision was made through consensus scoring. The bid summary is attached.

As referenced in the Request for Proposals and in the Exhibit C-1 of the contracts, the Department of Health and Human Services in its sole discretion may decide to offer a two (2) year extension of this competitively procured agreement, contingent upon satisfactory delivery of services, available funding, agreement of the parties and approval of the Governor and Executive Council. The Department is exercising this option.

The attached performance measures will be used to measure the effectiveness of these agreements.

Area served: Statewide.

Source of Funds: 96.24% Federal Funds from US Centers for Disease Control and Prevention and the Substance Abuse and Mental Health Services Administration, and 3.76% General Funds.

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

Respectfully submitted,



José Thier Montero, MD, MHCDS
Director
Division of Public Health Services



Kathleen A. Dunn, MPH
Associate Commissioner

Approved by:



Nicholas A. Toumpas
Commissioner

**FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)**

05-95-90-902510-5171 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF INFECTIOUS DISEASE CONTROL, EMERGENCY PREPAREDNESS

85.45% Federal Funds and 14.55% General Funds

Carroll County Coalition for Public Health, Vendor # 175290-R001

PO #

1032193

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90077021	76,000	-	76,000
SFY 2015	102-500731	Contracts for Prog Svc	90077021	76,000	-	76,000
SFY 2016	102-500731	Contracts for Prog Svc	90077021	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90077021	-	-	-
			Sub-Total	152,000	-	152,000

Cheshire County, Vendor # 177372-B001

PO #

1032189

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90077021	61,738	-	61,738
SFY 2015	102-500731	Contracts for Prog Svc	90077021	61,738	-	61,738
SFY 2016	102-500731	Contracts for Prog Svc	90077021	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90077021	-	-	-
			Sub-Total	123,476	-	123,476

City of Nashua, Div of Public Health & Community Svcs, Vendor # 177447-B011

PO #

1032021

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90077021	190,100	-	190,100
SFY 2015	102-500731	Contracts for Prog Svc	90077021	190,100	-	190,100
SFY 2016	102-500731	Contracts for Prog Svc	90077021	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90077021	-	-	-
			Sub-Total	380,200	-	380,200

Goodwin Community Health, Vendor # 154703-B001

PO #

1032193

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90077021	50,366	-	50,366
SFY 2015	102-500731	Contracts for Prog Svc	90077021	50,366	-	50,366
SFY 2016	102-500731	Contracts for Prog Svc	90077021	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90077021	-	-	-
			Sub-Total	100,732	-	100,732

Granite United Way, Vendor # 160015-B001

PO #

1031488

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90077021	74,939	-	74,939
SFY 2015	102-500731	Contracts for Prog Svc	90077021	74,939	-	74,939
SFY 2016	102-500731	Contracts for Prog Svc	90077021	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90077021	-	-	-
			Sub-Total	149,878	-	149,878

Lakes Region Partnership for Public Health, Vendor # 165635-B001

PO #

1031728

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90077021	78,863	-	78,863
SFY 2015	102-500731	Contracts for Prog Svc	90077021	78,863	-	78,863
SFY 2016	102-500731	Contracts for Prog Svc	90077021	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90077021	-	-	-
			Sub-Total	157,726	-	157,726

**FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)**

Manchester Health Department, Vendor # 177433-B009

PO #

1031457

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90077021	332,755	-	332,755
SFY 2015	102-500731	Contracts for Prog Svc	90077021	332,755	-	332,755
SFY 2016	102-500731	Contracts for Prog Svc	90077021	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90077021	-	-	-
			Sub-Total	665,510	-	665,510

Mary Hitchcock Memorial Hsp dba Dartmouth Hitchcock, Vendor # 177160-B003

PO #

1033195

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90077021	76,000	-	76,000
SFY 2015	102-500731	Contracts for Prog Svc	90077021	76,000	-	76,000
SFY 2016	102-500731	Contracts for Prog Svc	90077021	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90077021	-	-	-
			Sub-Total	152,000	-	152,000

Mid-State Health Center, Vendor # 158055-B001

PO #

1031525

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90077021	76,000	-	76,000
SFY 2015	102-500731	Contracts for Prog Svc	90077021	76,000	-	76,000
SFY 2016	102-500731	Contracts for Prog Svc	90077021	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90077021	-	-	-
			Sub-Total	152,000	-	152,000

North County Health Consortium, Vendor # 158557-B001

PO #

1032167

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90077021	150,500	-	150,500
SFY 2015	102-500731	Contracts for Prog Svc	90077021	150,500	-	150,500
SFY 2016	102-500731	Contracts for Prog Svc	90077021	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90077021	-	-	-
			Sub-Total	301,000	-	301,000

Sullivan County, Vendor # 177482-B004

PO #

1032408

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90077021	76,000	-	76,000
SFY 2015	102-500731	Contracts for Prog Svc	90077021	76,000	-	76,000
SFY 2016	102-500731	Contracts for Prog Svc	90077021	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90077021	-	-	-
			Sub-Total	152,000	-	152,000

Town of Derry, Vendor # 177379-B003

PO #

1032192

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90077021	51,983	-	51,983
SFY 2015	102-500731	Contracts for Prog Svc	90077021	51,983	-	51,983
SFY 2016	102-500731	Contracts for Prog Svc	90077021	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90077021	-	-	-
			Sub-Total	103,966	-	103,966

**FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)**

Town of Exeter, Vendor # 177386-B001

PO #

1031468

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90077021	52,271	-	52,271
SFY 2015	102-500731	Contracts for Prog Svc	90077021	52,271	-	52,271
SFY 2016	102-500731	Contracts for Prog Svc	90077021	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90077021	-	-	-
			Sub-Total	104,542	-	104,542
			SUB TOTAL	2,695,030	-	2,695,030

**05-95-90-902510-5171 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF INFECTIOUS DISEASE CONTROL, EMERGENCY PREPAREDNESS
100% Federal Funds**

Cheshire County, Vendor # 177372-B001

PO #

1032189

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90077026	20,000	-	20,000
SFY 2015	102-500731	Contracts for Prog Svc	90077026	20,000	-	20,000
SFY 2016	102-500731	Contracts for Prog Svc	90077026	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90077026	-	-	-
			Sub-Total	40,000	-	40,000

City of Nashua, Div of Public Health & Community Svcs, Vendor # 177447-B011

PO #

1032021

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90077026	52,000	-	52,000
SFY 2015	102-500731	Contracts for Prog Svc	90077026	52,000	-	52,000
SFY 2016	102-500731	Contracts for Prog Svc	90077026	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90077026	-	-	-
			Sub-Total	104,000	-	104,000

Goodwin Community Health, Vendor # 154703-B001

PO #

1032193

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90077026	33,800	-	33,800
SFY 2015	102-500731	Contracts for Prog Svc	90077026	33,800	-	33,800
SFY 2016	102-500731	Contracts for Prog Svc	90077026	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90077026	-	-	-
			Sub-Total	67,600	-	67,600

Granite United Way, Vendor # 160015-B001

PO #

1031488

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90077026	10,000	-	10,000
SFY 2015	102-500731	Contracts for Prog Svc	90077026	10,000	-	10,000
SFY 2016	102-500731	Contracts for Prog Svc	90077026	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90077026	-	-	-
			Sub-Total	20,000	-	20,000

Manchester Health Department, Vendor # 177433-B009

PO #

1031457

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90077026	59,645	-	59,645
SFY 2015	102-500731	Contracts for Prog Svc	90077026	59,645	-	59,645
SFY 2016	102-500731	Contracts for Prog Svc	90077026	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90077026	-	-	-
			Sub-Total	119,290	-	119,290

**FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)**

Town of Derry, Vendor # 177379-B003

PO #

1032192

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90077026	33,800	-	33,800
SFY 2015	102-500731	Contracts for Prog Svc	90077026	33,800	-	33,800
SFY 2016	102-500731	Contracts for Prog Svc	90077026	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90077026	-	-	-
			Sub-Total	67,600	-	67,600

Town of Exeter, Vendor # 177386-B001

PO #

1031468

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90077026	33,800	-	33,800
SFY 2015	102-500731	Contracts for Prog Svc	90077026	33,800	-	33,800
SFY 2016	102-500731	Contracts for Prog Svc	90077026	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90077026	-	-	-
			Sub-Total	67,600	-	67,600
			SUB TOTAL	486,090	-	486,090

**05-95-90-901510-5398 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF PUBLIC HEALTH PROTECTION, EMERGENCY RESPONSE
100% Other Funds (Transfer from Emergency Management)**

Cheshire County, Vendor # 177372-B001

PO #

1032189

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90030000	13,000	-	13,000
SFY 2015	102-500731	Contracts for Prog Svc	90030000	10,000	-	10,000
SFY 2016	102-500731	Contracts for Prog Svc	90030000	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90030000	-	-	-
			Sub-Total	23,000	-	23,000

Goodwin Community Health, Vendor # 154703-B001

PO #

1032193

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90030000	7,000	-	7,000
SFY 2015	102-500731	Contracts for Prog Svc	90030000	-	-	-
SFY 2016	102-500731	Contracts for Prog Svc	90030000	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90030000	-	-	-
			Sub-Total	7,000	-	7,000
			SUB TOTAL	30,000	-	30,000

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

Carroll County Coalition for Public Health, Vendor # 175290-R001

PO #

1032193

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90023010	10,136	-	10,136
SFY 2015	102-500731	Contracts for Prog Svc	90023010	10,136	-	10,136
SFY 2016	102-500731	Contracts for Prog Svc	90023010	-	11,000	11,000
SFY 2017	102-500731	Contracts for Prog Svc	90023010	-	11,000	11,000
			Sub-Total	20,272	22,000	42,272

**FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)**

Goodwin Community Health, Vendor # 154703-B001

PO #

1032193

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90023010	10,500	-	10,500
SFY 2015	102-500731	Contracts for Prog Svc	90023010	10,500	-	10,500
SFY 2016	102-500731	Contracts for Prog Svc	90023010	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90023010	-	-	-
			Sub-Total	21,000	-	21,000

Granite United Way, Vendor # 160015-B001

PO #

1031488

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90023010	10,250	-	10,250
SFY 2015	102-500731	Contracts for Prog Svc	90023010	10,250	-	10,250
SFY 2016	102-500731	Contracts for Prog Svc	90023010	-	11,000	11,000
SFY 2017	102-500731	Contracts for Prog Svc	90023010	-	11,000	11,000
			Sub-Total	20,500	22,000	42,500

Lakes Region Partnership for Public Health, Vendor # 165635-B001

PO #

1031728

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90023010	10,500	-	10,500
SFY 2015	102-500731	Contracts for Prog Svc	90023010	10,500	-	10,500
SFY 2016	102-500731	Contracts for Prog Svc	90023010	-	11,000	11,000
SFY 2017	102-500731	Contracts for Prog Svc	90023010	-	11,000	11,000
			Sub-Total	21,000	22,000	43,000

Mary Hitchcock Memorial Hsp dba Dartmouth Hitchcock, Vendor # 177160-B003

PO #

1033195

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90023010	6,921	-	6,921
SFY 2015	102-500731	Contracts for Prog Svc	90023010	6,921	-	6,921
SFY 2016	102-500731	Contracts for Prog Svc	90023010	-	11,000	11,000
SFY 2017	102-500731	Contracts for Prog Svc	90023010	-	11,000	11,000
			Sub-Total	13,842	22,000	35,842

Mid-State Health Center, Vendor # 158055-B001

PO #

1031525

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90023010	10,500	-	10,500
SFY 2015	102-500731	Contracts for Prog Svc	90023010	10,500	-	10,500
SFY 2016	102-500731	Contracts for Prog Svc	90023010	-	11,000	11,000
SFY 2017	102-500731	Contracts for Prog Svc	90023010	-	11,000	11,000
			Sub-Total	21,000	22,000	43,000

North County Health Consortium, Vendor # 158557-B001

PO #

1032167

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90023010	10,500	-	10,500
SFY 2015	102-500731	Contracts for Prog Svc	90023010	10,500	-	10,500
SFY 2016	102-500731	Contracts for Prog Svc	90023010	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90023010	-	-	-
			Sub-Total	21,000	-	21,000

**FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)**

Sullivan County, Vendor # 177482-B004

PO #

1032408

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90023010	9,625	-	9,625
SFY 2015	102-500731	Contracts for Prog Svc	90023010	9,625	-	9,625
SFY 2016	102-500731	Contracts for Prog Svc	90023010	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90023010	-	-	-
			Sub-Total	19,250	-	19,250
			SUB TOTAL	157,864	110,000	267,864

**05-95-49-491510-2988 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF COMMUNITY BASED CARE SERVICES, BUREAU OF DRUG AND ALCOHOL SERVICES, PREVENTION SERVICES
100% Federal Funds**

Carroll County Coalition for Public Health, Vendor # 175290-R001

PO #

1032193

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	95846502	65,380	-	65,380
SFY 2015	102-500731	Contracts for Prog Svc	95846502	65,380	-	65,380
SFY 2016	102-500731	Contracts for Prog Svc	49156502	-	165,380	165,380
SFY 2017	102-500731	Contracts for Prog Svc	49156502	-	165,380	165,380
			Sub-Total	130,760	330,760	461,520

Cheshire County, Vendor # 177372-B001

PO #

1032189

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	95846502	65,380	-	65,380
SFY 2015	102-500731	Contracts for Prog Svc	95846502	65,380	-	65,380
SFY 2016	102-500731	Contracts for Prog Svc	49156502	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	49156502	-	-	-
			Sub-Total	130,760	-	130,760

City of Nashua, Div of Public Health & Community Svcs, Vendor # 177447-B011

PO #

1032021

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	95846502	65,380	-	65,380
SFY 2015	102-500731	Contracts for Prog Svc	95846502	65,380	-	65,380
SFY 2016	102-500731	Contracts for Prog Svc	49156502	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	49156502	-	-	-
			Sub-Total	130,760	-	130,760

Goodwin Community Health, Vendor # 154703-B001

PO #

1032193

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	95846502	65,380	-	65,380
SFY 2015	102-500731	Contracts for Prog Svc	95846502	65,380	-	65,380
SFY 2016	102-500731	Contracts for Prog Svc	49156502	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	49156502	-	-	-
			Sub-Total	130,760	-	130,760

Granite United Way, Vendor # 160015-B001

PO #

1031488

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	95846502	65,380	-	65,380
SFY 2015	102-500731	Contracts for Prog Svc	95846502	65,380	-	65,380
SFY 2016	102-500731	Contracts for Prog Svc	49156502	-	165,380	165,380
SFY 2017	102-500731	Contracts for Prog Svc	49156502	-	165,380	165,380
			Sub-Total	130,760	330,760	461,520

**FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)**

Lakes Region Partnership for Public Health, Vendor # 165635-B001

PO #

1031728

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	95846502	65,380	-	65,380
SFY 2015	102-500731	Contracts for Prog Svc	95846502	65,380	-	65,380
SFY 2016	102-500731	Contracts for Prog Svc	49156502	-	165,380	165,380
SFY 2017	102-500731	Contracts for Prog Svc	49156502	-	165,380	165,380
			Sub-Total	130,760	330,760	461,520

Manchester Health Department, Vendor # 177433-B009

PO #

1031457

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	95846502	65,380	-	65,380
SFY 2015	102-500731	Contracts for Prog Svc	95846502	65,380	-	65,380
SFY 2016	102-500731	Contracts for Prog Svc	49156502	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	49156502	-	-	-
			Sub-Total	130,760	-	130,760

Mary Hitchcock Memorial Hsp dba Dartmouth Hitchcock, Vendor # 177160-B003

PO #

1033195

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	95846502	65,380	-	65,380
SFY 2015	102-500731	Contracts for Prog Svc	95846502	65,380	-	65,380
SFY 2016	102-500731	Contracts for Prog Svc	49156502	-	165,380	165,380
SFY 2017	102-500731	Contracts for Prog Svc	49156502	-	165,380	165,380
			Sub-Total	130,760	330,760	461,520

Mid-State Health Center, Vendor # 158055-B001

PO #

1031525

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	95846502	65,380	-	65,380
SFY 2015	102-500731	Contracts for Prog Svc	95846502	65,380	-	65,380
SFY 2016	102-500731	Contracts for Prog Svc	49156502	-	165,380	165,380
SFY 2017	102-500731	Contracts for Prog Svc	49156502	-	165,380	165,380
			Sub-Total	130,760	330,760	461,520

North County Health Consortium, Vendor # 158557-B001

PO #

1032167

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	95846502	65,380	-	65,380
SFY 2015	102-500731	Contracts for Prog Svc	95846502	65,380	-	65,380
SFY 2016	102-500731	Contracts for Prog Svc	49156502	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	49156502	-	-	-
			Sub-Total	130,760	-	130,760

Sullivan County, Vendor # 177482-B004

PO #

1032408

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	95846502	65,380	-	65,380
SFY 2015	102-500731	Contracts for Prog Svc	95846502	65,380	-	65,380
SFY 2016	102-500731	Contracts for Prog Svc	49156502	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	49156502	-	-	-
			Sub-Total	130,760	-	130,760

**FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)**

Town of Derry, Vendor # 177379-B003

PO #

1032192

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	95846502	65,380	-	65,380
SFY 2015	102-500731	Contracts for Prog Svc	95846502	65,380	-	65,380
SFY 2016	102-500731	Contracts for Prog Svc	49156502	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	49156502	-	-	-
			Sub-Total	130,760	-	130,760

Town of Exeter, Vendor # 177386-B001

PO #

1031468

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	95846502	65,380	-	65,380
SFY 2015	102-500731	Contracts for Prog Svc	95846502	65,380	-	65,380
SFY 2016	102-500731	Contracts for Prog Svc		-	-	-
SFY 2017	102-500731	Contracts for Prog Svc		-	-	-
			Sub-Total	130,760	-	130,760
			SUB TOTAL	1,699,880	1,653,800	3,353,680

**05-95-90-903010-7966 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF LABORATORY SERVICES, PUBLIC HEALTH LABORATORIES
100% Federal Funds**

Carroll County Coalition for Public Health, Vendor # 175290-R001

PO #

1032193

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90001022	-	-	-
SFY 2015	102-500731	Contracts for Prog Svc	90001022	10,000	-	10,000
SFY 2016	102-500731	Contracts for Prog Svc	90001022	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90001022	-	-	-
			Sub-Total	10,000	-	10,000

Goodwin Community Health, Vendor # 154703-B001

PO #

1032193

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90001022	-	-	-
SFY 2015	102-500731	Contracts for Prog Svc	90001022	10,000	-	10,000
SFY 2016	102-500731	Contracts for Prog Svc	90001022	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90001022	-	-	-
			Sub-Total	10,000	-	10,000

Granite United Way, Vendor # 160015-B001

PO #

1031488

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90001022	-	-	-
SFY 2015	102-500731	Contracts for Prog Svc	90001022	10,000	-	10,000
SFY 2016	102-500731	Contracts for Prog Svc	90001022	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90001022	-	-	-
			Sub-Total	10,000	-	10,000

Lakes Region Partnership for Public Health, Vendor # 165635-B001

PO #

1031728

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90001022	-	-	-
SFY 2015	102-500731	Contracts for Prog Svc	90001022	10,000	-	10,000
SFY 2016	102-500731	Contracts for Prog Svc	90001022	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90001022	-	-	-
			Sub-Total	10,000	-	10,000

**FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)**

North County Health Consortium, Vendor # 158557-B001

PO #

1032167

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90001022	-	-	-
SFY 2015	102-500731	Contracts for Prog Svc	90001022	10,000	-	10,000
SFY 2016	102-500731	Contracts for Prog Svc	90001022	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90001022	-	-	-
			Sub-Total	10,000	-	10,000

Sullivan County, Vendor # 177482-B004

PO #

1032408

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90001022	-	-	-
SFY 2015	102-500731	Contracts for Prog Svc	90001022	10,000	-	10,000
SFY 2016	102-500731	Contracts for Prog Svc	90001022	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90001022	-	-	-
			Sub-Total	10,000	-	10,000
			SUB TOTAL	60,000	-	60,000

**05-95-90-901010-5362 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF PUBLIC HEALTH SYSTEMS, POLICY & PERFORMANCE, POLICY & PERFORMANCE
100% Federal Funds**

Carroll County Coalition for Public Health, Vendor # 175290-R001

PO #

1032193

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90001022	-	-	-
SFY 2015	102-500731	Contracts for Prog Svc	90001022	-	-	-
SFY 2016	102-500731	Contracts for Prog Svc	90001022	-	15,000	15,000
SFY 2017	102-500731	Contracts for Prog Svc	90001022	-	15,000	15,000
			Sub-Total	-	30,000	30,000

Cheshire County, Vendor # 177372-B001

PO #

1032189

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90001022	-	-	-
SFY 2015	102-500731	Contracts for Prog Svc	90001022	10,000	-	10,000
SFY 2016	102-500731	Contracts for Prog Svc	90001022	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90001022	-	-	-
			Sub-Total	10,000	-	10,000

City of Nashua, Div of Public Health & Community Svcs, Vendor # 177447-B011

PO #

1032021

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90001022	-	-	-
SFY 2015	102-500731	Contracts for Prog Svc	90001022	10,000	-	10,000
SFY 2016	102-500731	Contracts for Prog Svc	90001022	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90001022	-	-	-
			Sub-Total	10,000	-	10,000

Goodwin Community Health, Vendor # 154703-B001

PO #

1032193

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90001022	-	-	-
SFY 2015	102-500731	Contracts for Prog Svc	90001022	-	-	-
SFY 2016	102-500731	Contracts for Prog Svc	90001022	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90001022	-	-	-
			Sub-Total	-	-	-

**FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)**

Granite United Way, Vendor # 160015-B001

PO #

1031488

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90001022	-	-	-
SFY 2015	102-500731	Contracts for Prog Svc	90001022	-	-	-
SFY 2016	102-500731	Contracts for Prog Svc	90001022	-	15,000	15,000
SFY 2017	102-500731	Contracts for Prog Svc	90001022	-	15,000	15,000
			Sub-Total	-	30,000	30,000

Lakes Region Partnership for Public Health, Vendor # 165635-B001

PO #

1031728

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90001022	-	-	-
SFY 2015	102-500731	Contracts for Prog Svc	90001022	-	-	-
SFY 2016	102-500731	Contracts for Prog Svc	90001022	-	15,000	15,000
SFY 2017	102-500731	Contracts for Prog Svc	90001022	-	15,000	15,000
			Sub-Total	-	30,000	30,000

Manchester Health Department, Vendor # 177433-B009

PO #

1031457

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90001022	-	-	-
SFY 2015	102-500731	Contracts for Prog Svc	90001022	10,000	-	10,000
SFY 2016	102-500731	Contracts for Prog Svc	90001022	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90001022	-	-	-
			Sub-Total	10,000	-	10,000

Mary Hitchcock Memorial Hsp dba Dartmouth Hitchcock, Vendor # 177160-B003

PO #

1033195

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90001022	-	-	-
SFY 2015	102-500731	Contracts for Prog Svc	90001022	10,000	-	10,000
SFY 2016	102-500731	Contracts for Prog Svc	90001022	-	15,000	15,000
SFY 2017	102-500731	Contracts for Prog Svc	90001022	-	15,000	15,000
			Sub-Total	10,000	30,000	40,000

Mid-State Health Center, Vendor # 158055-B001

PO #

1031525

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90001022	-	-	-
SFY 2015	102-500731	Contracts for Prog Svc	90001022	8,000	-	8,000
SFY 2016	102-500731	Contracts for Prog Svc	90001022	-	15,000	15,000
SFY 2017	102-500731	Contracts for Prog Svc	90001022	-	15,000	15,000
			Sub-Total	8,000	30,000	38,000

North County Health Consortium, Vendor # 158557-B001

PO #

1032167

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90001022	-	-	-
SFY 2015	102-500731	Contracts for Prog Svc	90001022	-	-	-
SFY 2016	102-500731	Contracts for Prog Svc	90001022	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90001022	-	-	-
			Sub-Total	-	-	-

**FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)**

Sullivan County, Vendor # 177482-B004

PO # 1032408

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90001022	-	-	-
SFY 2015	102-500731	Contracts for Prog Svc	90001022	-	-	-
SFY 2016	102-500731	Contracts for Prog Svc	90001022	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90001022	-	-	-
			Sub-Total	-	-	-

Town of Derry, Vendor # 177379-B003

PO # 1032192

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90001022	-	-	-
SFY 2015	102-500731	Contracts for Prog Svc	90001022	10,000	-	10,000
SFY 2016	102-500731	Contracts for Prog Svc	90001022	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90001022	-	-	-
			Sub-Total	10,000	-	10,000
			SUB TOTAL	58,000	150,000	208,000

**05-95-49-491510-2990 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF COMMUNITY BASED CARE SERVICES, BUREAU OF DRUG AND ALCOHOL SERVICES, CLINICAL SERVICES
100% Federal Funds**

Carroll County Coalition for Public Health, Vendor # 175290-R001

PO # 1032193

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	95846502	-	-	-
SFY 2015	102-500731	Contracts for Prog Svc	95846502	15,000	-	15,000
SFY 2016	102-500731	Contracts for Prog Svc	95846502	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	95846502	-	-	-
			Sub-Total	15,000	-	15,000

Cheshire County, Vendor # 177372-B001

PO # 1032189

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	95846502	-	-	-
SFY 2015	102-500731	Contracts for Prog Svc	95846502	15,000	-	15,000
SFY 2016	102-500731	Contracts for Prog Svc	95846502	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	95846502	-	-	-
			Sub-Total	15,000	-	15,000

City of Nashua, Div of Public Health & Community Svcs, Vendor # 177447-B011

PO # 1032021

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	95846502	-	-	-
SFY 2015	102-500731	Contracts for Prog Svc	95846502	15,000	-	15,000
SFY 2016	102-500731	Contracts for Prog Svc	95846502	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	95846502	-	-	-
			Sub-Total	15,000	-	15,000

Goodwin Community Health, Vendor # 154703-B001

PO # 1032193

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	95846502	-	-	-
SFY 2015	102-500731	Contracts for Prog Svc	95846502	15,000	-	15,000
SFY 2016	102-500731	Contracts for Prog Svc	95846502	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	95846502	-	-	-
			Sub-Total	15,000	-	15,000

**FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)**

Granite United Way, Vendor # 160015-B001

PO # 1031488

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	95846502	-	-	-
SFY 2015	102-500731	Contracts for Prog Svc	95846502	15,000	-	15,000
SFY 2016	102-500731	Contracts for Prog Svc	95846502	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	95846502	-	-	-
			Sub-Total	15,000	-	15,000

Lakes Region Partnership for Public Health, Vendor # 165635-B001

PO # 1031728

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	95846502	-	-	-
SFY 2015	102-500731	Contracts for Prog Svc	95846502	15,000	-	15,000
SFY 2016	102-500731	Contracts for Prog Svc	95846502	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	95846502	-	-	-
			Sub-Total	15,000	-	15,000

Manchester Health Department, Vendor # 177433-B009

PO # 1031457

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	95846502	-	-	-
SFY 2015	102-500731	Contracts for Prog Svc	95846502	15,000	-	15,000
SFY 2016	102-500731	Contracts for Prog Svc	95846502	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	95846502	-	-	-
			Sub-Total	15,000	-	15,000

Mary Hitchcock Memorial Hsp dba Dartmouth Hitchcock, Vendor # 177160-B003

PO # 1033195

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	95846502	-	-	-
SFY 2015	102-500731	Contracts for Prog Svc	95846502	15,000	-	15,000
SFY 2016	102-500731	Contracts for Prog Svc	95846502	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	95846502	-	-	-
			Sub-Total	15,000	-	15,000

Mid-State Health Center, Vendor # 158055-B001

PO # 1031525

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	95846502	-	-	-
SFY 2015	102-500731	Contracts for Prog Svc	95846502	15,000	-	15,000
SFY 2016	102-500731	Contracts for Prog Svc	95846502	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	95846502	-	-	-
			Sub-Total	15,000	-	15,000

North County Health Consortium, Vendor # 158557-B001

PO # 1032167

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	95846502	-	-	-
SFY 2015	102-500731	Contracts for Prog Svc	95846502	15,000	-	15,000
SFY 2016	102-500731	Contracts for Prog Svc	95846502	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	95846502	-	-	-
			Sub-Total	15,000	-	15,000

**FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)**

Sullivan County, Vendor # 177482-B004

PO #

1032408

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	95846502	-	-	-
SFY 2015	102-500731	Contracts for Prog Svc	95846502	15,000	-	15,000
SFY 2016	102-500731	Contracts for Prog Svc	95846502	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	95846502	-	-	-
			Sub-Total	15,000	-	15,000

Town of Derry, Vendor # 177379-B003

PO #

1032192

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	95846502	-	-	-
SFY 2015	102-500731	Contracts for Prog Svc	95846502	15,000	-	15,000
SFY 2016	102-500731	Contracts for Prog Svc	95846502	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	95846502	-	-	-
			Sub-Total	15,000	-	15,000
			SUB TOTAL	180,000	-	180,000

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

Carroll County Coalition for Public Health, Vendor # 175290-R001

PO #

1032193

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2015	102-500731	Contracts for Prog Svc	90001023	-	17,322	17,322
SFY 2016	102-500731	Contracts for Prog Svc	90001023	-	22,349	22,349
			Sub-Total	-	39,671	39,671

Granite United Way, Vendor # 160015-B001

PO #

1031488

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2015	102-500731	Contracts for Prog Svc	90001023	-	23,225	23,225
SFY 2016	102-500731	Contracts for Prog Svc	90001023	-	20,875	20,875
			Sub-Total	-	44,100	44,100

Lakes Region Partnership for Public Health, Vendor # 165635-B001

PO #

1031728

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2015	102-500731	Contracts for Prog Svc	90001023	-	21,082	21,082
SFY 2016	102-500731	Contracts for Prog Svc	90001023	-	20,442	20,442
			Sub-Total	-	41,524	41,524

Mary Hitchcock Memorial Hsp dba Dartmouth Hitchcock, Vendor # 177160-B003

PO #

1033195

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2015	102-500731	Contracts for Prog Svc	90001023	-	20,677	20,677
SFY 2016	102-500731	Contracts for Prog Svc	90001023	-	19,110	19,110
			Sub-Total	-	39,787	39,787

Mid-State Health Center, Vendor # 158055-B001

PO #

1031525

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2015	102-500731	Contracts for Prog Svc	90001023	-	8,289	8,289
SFY 2016	102-500731	Contracts for Prog Svc	90001023	-	6,711	6,711
			Sub-Total	-	15,000	15,000
			SUB TOTAL	-	180,082	180,082

FINANCIAL DETAIL ATTACHMENT SHEET

Regional Public Health Networks (RPHN)

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

100% Federal Funds

Lakes Region Partnership for Public Health, Vendor # 165635-B001

PO #

1031728

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2015	102-500731	Contracts for Prog Svc	90007936	-	8,060	8,060
SFY 2016	102-500731	Contracts for Prog Svc	90007936	-	31,940	31,940
			Sub-Total	-	40,000	40,000

Mary Hitchcock Memorial Hsp dba Dartmouth Hitchcock, Vendor # 177160-B003

PO #

1033195

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2015	102-500731	Contracts for Prog Svc	90007936	-	13,000	13,000
SFY 2016	102-500731	Contracts for Prog Svc	90007936	-	27,000	27,000
			Sub-Total	-	40,000	40,000
			SUB TOTAL	-	80,000	80,000

05-95-90-902510-7545 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF INFECTIOUS DISEASE CONTROL, EMERGENCY PREPAREDNESS

85.45% Federal Funds and 14.55% General Funds

Carroll County Coalition for Public Health, Vendor # 175290-R001

PO #

1032193

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2016	102-500731	Contracts for Prog Svc	90077021	-	76,000	76,000
SFY 2017	102-500731	Contracts for Prog Svc	90077021	-	76,000	76,000
			Sub-Total	-	152,000	152,000

Cheshire County, Vendor # 177372-B001

PO #

1032189

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2016	102-500731	Contracts for Prog Svc	90077021	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90077021	-	-	-
			Sub-Total	-	-	-

City of Nashua, Div of Public Health & Community Svcs, Vendor # 177447-B011

PO #

1032021

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2016	102-500731	Contracts for Prog Svc	90077021	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90077021	-	-	-
			Sub-Total	-	-	-

Goodwin Community Health, Vendor # 154703-B001

PO #

1032193

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2016	102-500731	Contracts for Prog Svc	90077021	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90077021	-	-	-
			Sub-Total	-	-	-

Granite United Way, Vendor # 160015-B001

PO #

1031488

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2016	102-500731	Contracts for Prog Svc	90077021	-	74,939	74,939
SFY 2017	102-500731	Contracts for Prog Svc	90077021	-	74,939	74,939
			Sub-Total	-	149,878	149,878

**FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)**

Lakes Region Partnership for Public Health, Vendor # 165635-B001

PO #

1031728

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2016	102-500731	Contracts for Prog Svc	90077021	-	78,863	78,863
SFY 2017	102-500731	Contracts for Prog Svc	90077021	-	78,863	78,863
			Sub-Total	-	157,726	157,726

Manchester Health Department, Vendor # 177433-B009

PO #

1031457

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2016	102-500731	Contracts for Prog Svc	90077021	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90077021	-	-	-
			Sub-Total	-	-	-

Mary Hitchcock Memorial Hsp dba Dartmouth Hitchcock, Vendor # 177160-B003

PO #

1033195

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2016	102-500731	Contracts for Prog Svc	90077021	-	76,000	76,000
SFY 2017	102-500731	Contracts for Prog Svc	90077021	-	76,000	76,000
			Sub-Total	-	152,000	152,000

Mid-State Health Center, Vendor # 158055-B001

PO #

1031525

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2016	102-500731	Contracts for Prog Svc	90077021	-	76,000	76,000
SFY 2017	102-500731	Contracts for Prog Svc	90077021	-	76,000	76,000
			Sub-Total	-	152,000	152,000

North County Health Consortium, Vendor # 158557-B001

PO #

1032167

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2016	102-500731	Contracts for Prog Svc	90077021	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90077021	-	-	-
			Sub-Total	-	-	-

Sullivan County, Vendor # 177482-B004

PO #

1032408

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2016	102-500731	Contracts for Prog Svc	90077021	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90077021	-	-	-
			Sub-Total	-	-	-

Town of Derry, Vendor # 177379-B003

PO #

1032192

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2016	102-500731	Contracts for Prog Svc	90077021	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90077021	-	-	-
			Sub-Total	-	-	-
			SUB TOTAL	-	763,604	763,604

**FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)**

**05-95-90-902510-7545 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF INFECTIOUS DISEASE CONTROL, EMERGENCY PREPAREDNESS
100% Federal Funds**

Cheshire County, Vendor # 177372-B001

PO # 1032189

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2016	102-500731	Contracts for Prog Svc	90077026	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90077026	-	-	-
			Sub-Total	-	-	-

City of Nashua, Div of Public Health & Community Svcs, Vendor # 177447-B011

PO # 1032021

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2016	102-500731	Contracts for Prog Svc	90077026	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90077026	-	-	-
			Sub-Total	-	-	-

Goodwin Community Health, Vendor # 154703-B001

PO # 1032193

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2016	102-500731	Contracts for Prog Svc	90077026	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90077026	-	-	-
			Sub-Total	-	-	-

Granite United Way, Vendor # 160015-B001

PO # 1031488

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2016	102-500731	Contracts for Prog Svc	90077026	-	10,000	10,000
SFY 2017	102-500731	Contracts for Prog Svc	90077026	-	10,000	10,000
			Sub-Total	-	20,000	20,000

Manchester Health Department, Vendor # 177433-B009

PO # 1031457

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2016	102-500731	Contracts for Prog Svc	90077026	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90077026	-	-	-
			Sub-Total	-	-	-

Town of Derry, Vendor # 177379-B003

PO # 1032192

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2016	102-500731	Contracts for Prog Svc	90077026	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90077026	-	-	-
			Sub-Total	-	-	-
			SUB TOTAL	-	20,000	20,000
			TOTAL	5,366,864	2,957,486	8,324,350

Regional Public Health Network Services Performance Measures

Community Readiness Assessments to Increase Access to Safe and Affordable Physical Activity

- 100% of the selected towns/cities will have:
 - a completed Community Readiness Assessment tool that includes a final readiness score by June 30, 2015;
 - a written action plan detailing at least one strategy for improving access to safe and affordable physical activity opportunities for city and town residents by July 31, 2015; and
 - the implementation of the selected strategy to improve access to safe and affordable physical activity opportunities for city and town residents by September 30, 2015.

Preventing Older Adult Falls

- A minimum of at least 60% of participants will have improved their functional ability between initiation and completion of the TJQMBB training as recorded on both functional tests (Timed Up and Go; and Five Times Sit and Stand).
- MOB: At least a 60% overall increase from baseline to post class in the Matter Of Balance (MOB) Falls Management Scale among participants.

Preventing Suicide

- 100% of participants in the "Connect" training will have increased their perceived effectiveness in recognizing suicidal risk.

Preventing Motor Vehicle Crashes Involving Adolescent Drivers and Passengers

- 5% aggregate increase in seatbelt usage among identified schools during the project period.

Preventing Health Effects from Severe Weather and Climate

- By June 30, 2015, submit a draft adaptation plan that documents at least three (3) vulnerable populations and three (3) health burdens relevant to the existing climate vulnerabilities. The draft plan can be hard copy or web-based.
- By September 30, 2015, submit a final adaptation plan that includes at least two (2) viable interventions that address regional weather or climate vulnerabilities.

School-Based Vaccinations

- Number of schools hosting a seasonal influenza clinic
- Percent of total student enrollment receiving seasonal influenza vaccination
- Percent of students receiving seasonal influenza vaccination who are enrolled in Medicaid or report being uninsured.

Regional Public Health Advisory Committee

- Representation of at least 70% of the 11 community sectors identified in the CDC Capabilities Standards that participate in the Regional Public Health Advisory Committee.
- Representation of 65% of the 6 community sectors identified in the Governor's Commission plan that participate in the Regional Public Health Advisory Committee.
- Documented organizational structure for the Regional Public Health Advisory Committee (e.g. vision or mission statements, organizational charts, MOUs, minutes, etc.).
- Establish and increase over time regional connectivity among stakeholders and improved trust among partners via the biennial PARTNER Survey.

Substance Use Disorders, Resiliency and Recovery – Orientated Systems of Care

- Number of subject matter experts from across the Continuum of Care Services recruited and serving on the workgroup.
- Number of educational resources developed to educate the PHAC.
- Number of educational events identified by the delivery modality (face to face meeting, webinars, etc.) to educate the PHAC.
- Number of PHAC members educated.

Regional Public Health Network Services Performance Measures

- Submission of PHAC endorsed statement/vision on what constitutes a substance use disorder comprehensive approach for your region's system of care.

Substance Misuse Prevention (SMP) and Related Health Promotion

- Completion of 3 year substance misuse prevention plan and endorsed by Regional Public Health Advisory Committee and approved by BDAS due September 30, 2015.
- Completed an approved annual work plan reflective of new strategic plan due October 31, 2015.
- Completed monthly PWITS data entries due by the 20th business day of the following month (e.g. September data due by October 30).
- Data entry needs to align with the 3 year strategic plan for substance misuse prevention and health promotion and adhere to the PWITS Policy Guidance document
- Host at minimum 4 SMP expert team meetings annually
- Meet all Federal regulatory reporting requirements of the Substance Abuse Prevention and Treatment Block Grant.
- Participates and coordinates evaluation surveys: SMP stakeholder survey and other surveys as required.
- Participates and coordinates attendees and prepare for BDAS or DPHS site visits. At request of the state you may be asked to convene: SMP coordinator, Contract administrator, financial agent, expert team chair and others as requested.
- Attendance at SMP bi monthly meetings jointly convened by BDAS and NH Charitable Foundation.
- Maintain a SMP website with links to drugfreenh.org and Bureau of Drug and Alcohol Services.
- Provides additional information to BDAS when requested.

Comprehensive Approach to Addressing Substance Misuse through the Continued Development of a Regional Resiliency and Recovery Oriented Systems of Care

- One full time dedicated Continuum of Care (CC) facilitator hired and completed all required trainings.
- CC facilitator establishes and convenes the Continuum of Care (CC) workgroup from across the continuum of care that includes participants from prevention, intervention, treatment and recovery. Includes Healthcare and primary care providers and behavioral health.
- Submission of meeting minutes including detailed conversations and action items, CC workgroup attendance,
- Submission of an assessment of regional continuum CC assets, gaps and barriers to service within nine (9) months of the approved contact to include:
 - Identification of gaps in CC components and services that need to be developed or enhanced.
 - Identification of barriers to cooperation between CC components.
 - Identification of barriers to community/client access to component services.
- Submission of a plan within one (1) year of the approved contract that identifies actions to address issues in the assessment of regional continuum assets, gaps and barriers to services. workplan outlining the activities to be implemented to resolve any barriers and increase capacity of services within the region

Regional Public Health Preparedness

- Score assigned to the region's capacity to dispense medications to the population based on the CDC MCM ORR.
- Number of outreach events with entities that employ health care personnel.
- Submission of the RPHEA annually



**New Hampshire Department of Health and Human Services
Office of Business Operations
Contracts & Procurement Unit
Summary Scoring Sheet**

NH Regional Public Health Network Initiatives

#15-DHHS-DPHS-RPHN-08

RFP Name

RFP Number

Priority Area Initiatives Numbers 1-5

- #1 Community Readiness Assessments to Increase Access to Safe and Affordable Physical Activity**
- #2 Preventing Older Adult Falls**
- #3 Preventing Suicide**
- #4 Preventing Motor Vehicle Crashes Involving Adolescent Drivers and Passengers**
- #5 Preventing Health Effects from Severe Weather and Climate**

Proposals	Bidder Name	Maximum Points	Actual Points	Proposal Selected
1. Community Readiness	Carroll County Coalition for Public Health	140	117	Yes
2. Community Readiness	Granite United Way	140	91	NO
3. Community Readiness	Lakes Region Partnership for Public Health	140	91	NO
4. Community Readiness	Mary Hitchcock Memorial Hospital	140	119	Yes
5. Preventing Falls	Granite United Way	140	129	Yes
6. Preventing Falls	Lakes Region Partnership for Public Health	140	99	Yes
7. Preventing Falls	Mary Hitchcock Memorial Hospital	140	125	Yes
8. Preventing Falls	Mid State Health Center	140	118	Yes
9. Preventing Suicide	Carroll County Coalition for Public Health	140	113	Yes
10. Preventing Suicide	Granite United Way	140	122	Yes
11. Preventing Suicide	Lakes Region Partnership for Public Health	140	106	Yes
12. Preventing Suicide	Mary Hitchcock Memorial Hospital	140	122	Yes
13. Preventing MV Crashes	Lakes Region Partnership for Public Health	140	107	Yes
14. Climate	Mary Hitchcock Memorial Hospital	140	127	Yes
15. Climate	Lakes Region Partnership for Public Health	140	105	Yes

Reviewer Names

- | | |
|---|-----------------------------------|
| 1 Neil Twitchell, Administrator | 5 Albert Willis, Program Manager |
| 2 Rhonda Siegel, Administrator | 6 Mary Holliday, Administrator |
| 3 Scot Foster, Health Promotion Advisor | 7 Shelley Swanson, Administrator |
| 4 Matt Cahillene, Program Manager | 8 Philip J. Nadeau, Administrator |



New Hampshire Department of Health and Human Services

State of New Hampshire
Department of Health and Human Services
Amendment #2 to the
Regional Public Health Network Services

This 2nd Amendment to the Regional Public Health Network Services contract (hereinafter referred to as "Amendment Two") dated this 2nd day of April, 2015, is by and between the State of New Hampshire, Department of Health and Human Services (hereinafter referred to as the "State" or "Department") and Lakes Region Partnership for Public Health, Inc., (hereinafter referred to as "the Contractor"), a corporation with a place of business at 67 Water Street, Suite 105, Laconia, NH 03246.

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on June 19, 2013, Item #98 and amended on February 11, 2015, Item #9, the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract as amended and in consideration of certain sums specified; and

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

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

WHEREAS, the parties agree to extend the term of the agreement, increase the price limitation, and modify the scope of services to support continued delivery of these services, and

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

To amend as follows:

1. Form P-37, General Provisions, Item 1.7, Completion Date, to read: June 30, 2017.
2. Form P-37, General Provisions, Item 1.8, Price Limitation, to read: \$956,496.
3. Form P-37, General Provisions, Item 1.9, Contracting Officer for State Agency, to read: Brook Dupee.
4. Delete Exhibit A Scope of Services and Exhibit A-1 Additional Scope of Services in their entirety and replace with Exhibit A Amendment #1 Scope of Services to be effective July 1, 2015 through June 30, 2017.
5. Add Exhibit A-2 Additional Scope of Services to be effective the date of Governor and Council approval through September 30, 2015.
6. Add Exhibit A-3 Additional Scope of Services to be effective the date of Governor and Council approval through June 30, 2016.
7. Modify Exhibit B to add to paragraph 1:
 - 1.3. The contract shall increase by \$29,142 for SFY 2015, \$322,625 for SFY 2016, and \$270,243 for SFY 2017, for a total increase of \$622,010.



1.4. Funding is available as follows:

- \$22,000 = 100% federal funds from the US Department of Health and Human Services, Centers for Disease Control and Prevention, CFDA #93.268, Federal Award Identification Number (FAIN) H231P000757. Account # 05-95-90-902510-5178-102-500731, \$11,000 in SFY 2016, and \$11,000 in SFY 2017.
 - \$330,760 = 100% federal funds from the US Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, CFDA #93.959, Federal Award Identification Number (FAIN) TI010035-14. Account # 05-95-49-491510-2988-102-500731, \$165,380 in SFY 2016, and \$165,380 in SFY 2017.
 - \$30,000 = 100% federal funds from the US Department of Health and Human Services, Centers for Disease Control and Prevention, CFDA #93.758, Federal Award Identification Number (FAIN) B01OT009037. Account # 05-95-90-901010-5362-102-500731, \$15,000 in SFY 2016, and \$15,000 in SFY 2017.
 - \$157,726 = 85.45% federal funds from the US Department of Health and Human Services, Centers for Disease Control and Prevention, CFDA #93.074, Federal Award Identification Number (FAIN) U90TP000535, and 14.55% general funds. Account # 05-95-90-902510-7545-102-500731, \$78,863 in SFY 2016, and \$78,863 in SFY 2017.
 - \$41,524 = 100% federal funds from the US Department of Health and Human Services, Centers for Disease Control and Prevention, CFDA #93.758, Federal Award Identification Number (FAIN) B01OT009037, Account # 05-95-90-902010-5190-102-500731, \$21,082 in SFY 2015, and \$20,442 in SFY 2016.
 - \$40,000 = 100% federal funds from the US Department of Health and Human Services, Environmental Public Health and Emergency Response, CFDA #93.070, Federal Award Identification Number (FAIN) UE1EH001046, Account # 05-95-90-901510-7936-102-500731, \$8,060 in SFY 2015, and \$31,940 in SFY 2016.
8. Modify existing Exhibit B-1 and Exhibit B -1 Amendment #1 budgets by adding Exhibit B-1 Amendment #2 budgets for SFY 2015, 2016 and 2017. Within 10 business days of the effective date of this contract amendment, the vendor shall submit to the Department of Health and Human Services and receive departmental approval, detailed line item budgets, on budget forms approved by the State.



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

4/13/15
Date

[Signature]
Brook Dupee
Bureau Chief

Lakes Region Partnership for Public Health, Inc.

4/6/15
Date

[Signature]
Name: Margaret M Pritchard
Title: President of BOD

Acknowledgement:

State of NH, County of Belknap on 4/6/15, before the undersigned officer, personally appeared the person identified above, or satisfactorily proven to be the person whose name is signed above, and acknowledged that s/he executed this document in the capacity indicated above.

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

COLLEEN A DROVIN
Name and Title of Notary or Justice of the Peace

My Commission Expires: 8/14/18



New Hampshire Department of Health and Human Services



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

OFFICE OF THE ATTORNEY GENERAL

5/11/15
Date


Name: Megan A. York
Title: Attorney

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

OFFICE OF THE SECRETARY OF STATE

Date

Name:
Title:



Exhibit A Amendment #1

SCOPE OF SERVICES

1. Required Services

Contract Period: July 1, 2015 through June 30, 2017

The Contractor shall:

- 1.1. Implement the 2015 Regional Strategic Plan for Prevention pertaining to communities in their region addressing substance misuse prevention and related health promotion as it aligns with the existing three-year outcome-based strategic prevention plan completed September 2015, located at: <http://www.dhhs.nh.gov/dcbcs/bdas/prevention.htm>.
- 1.2. Develop regional public health emergency response capabilities in accordance with the Centers for Disease Control and Prevention's (CDC's) Public Health Preparedness Capabilities: National Standards for State and Local Planning (Capabilities Standards) and as appropriate to the region.
- 1.3. Ensure the administrative and fiscal capacity to accept and expend funds provided by the Department of Health and Human Services' (DHHS), Division of Public Health Services (DPHS) and Bureau of Drug and Alcohol Services (BDAS) for other services as such funding may become available.
- 1.4. School-Based Seasonal Influenza Vaccination Services
 - 1.4.1. Implement vaccination programs against seasonal influenza in primary, middle, and high schools based on guidance and protocols from the NH Immunization Program (NHIP).
 - 1.4.2. Recruit public and non-residential private schools to participate in school-based clinics based on priorities established by the DPHS. Priorities may be based on socioeconomic status, prior year vaccination rates, or other indicators of need.
 - 1.4.3. School influenza vaccination clinics must be held during the school day (approximately 8 A.M. to 4 P.M.) and on school grounds.
 - 1.4.4. As requested by the DPHS, use the IRMS to manage vaccine provided under the auspices of the DPHS NHIP.
 - 1.4.5. Submit all required documentation for immunized individuals to the NHIP within 10 business days after each clinic.
 - 1.4.6. Report all known adverse reactions according to protocols established by the NHIP.
 - 1.4.7. Dispose of all biological waste materials in accordance with regulations established by the State of New Hampshire.
 - 1.4.8. Conduct debriefings after each clinic to identify opportunities for improvements.



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1.5. Regional Public Health Advisory Committee

- 1.5.1. Continue a regional Public Health Advisory Committee (PHAC) comprised of representatives from the community sectors identified in the table below. At a minimum, this PHAC shall provide an advisory role to the contractor and, where applicable, all subcontractors to assure the delivery of the services funded through this agreement.
- 1.5.2. The PHAC membership should be inclusive of all local agencies that provide public health services in the region beyond those funded under this agreement. The purpose is to facilitate improvements in the delivery of the 10 Essential Public Health Services including preparedness-related services and oversight of substance misuse through the continuum of care (prevention, intervention, treatment and recovery) as appropriate to the region. This is accomplished by establishing regional public health priorities that are based on assessments of community health; advocating for the implementation of programs, practices and policies that are evidence-informed to meet improved health outcomes; and advance the coordination of services among partners.
- 1.5.3. As federal funders, both the Centers for Disease Control and Prevention and the Substance Abuse and Mental Health Services Administration have developed lists of key community sectors. While described in different ways, the two lists encompass the same community sectors as evident in this table.

Substance Misuse Prevention and Related Health Promotion	Public Health Preparedness
Community Leadership*	
Local Government Safety and Enforcement	Emergency Management
Health and Medical	Health Care Mental / Behavioral Health
Community and Family Support	Cultural and Faith-based Organizations Housing and Sheltering Senior Services Social Services
Business	Business Media
Education	Education and Child Care

*This CDC sector is defined as leaders with policy and decision-making roles, including elected and appointed public officials, leaders of non-governmental organizations and other community-based organizations. Thus, this sector includes leaders from all of the other sectors in this table.

1.6. Membership

- 1.6.1. At a minimum, the following entities within the region being served shall be invited to participate in the PHAC in order to achieve a broad-based advisory committee comprised of senior leaders from across sectors and communities. It is expected that



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the larger PHAC will be supported by committees/workgroups, etc. comprised of professionals with more specific topical and/or function-based expertise.

1.6.2. PHAC General Membership

1. Each municipal and county government
2. Each community hospital
3. Each School Administrative Unit (SAU)
4. Each DPHS-designated community health center
5. Each NH Department of Health and Human Services (DHHS)-designated community mental health center
6. The contractor
7. Representative from each of the following community sectors shall also be invited to participate: business, cultural and faith-based organizations, social services, housing and sheltering, media, and senior services.
8. Representatives from other sectors or individual entities should be included as determined by the Regional Public Health Advisory Committee.

1.5.5.1. PHAC Executive/Steering Committee Membership

1.5.5.2. For PHACs that include an executive or steering committee, the Contractor shall strive to ensure representation from the following entities.

1. One municipal and county government
2. One community hospital
3. One School Administrative Unit (SAU)
4. One DPHS-designated community health center
5. One NH Department of Health and Human Services (DHHS)-designated community mental health center
6. The contractor
7. Other business, cultural and faith-based organizations, social services, housing and sheltering, media, and senior services.

1.5.5.3. Representatives from other sectors or individual entities should be included as determined by the Regional Public Health Advisory Committee.

1.6. Perform an advisory function to include:

1.6.1. Collaborate with partners to establish annual priorities to strengthen the capabilities within the region to deliver public health services, including public health emergencies and substance misuse through the continuum of care.

1.6.2. Collaborate with regional partners to collect, analyze and disseminate data about the health of the region.

1.6.2.1. Monitor and disseminate data products and reports to public health system partners in the region in order to inform partners about the health status of the region. Disseminate other reports (ex. Weekly Early Event Detection Report) issued by DHHS as appropriate.



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- 1.6.2.2. Educate partners on the NH WISDOM data repository, in order to build capacity to utilize this system to generate and analyze regional data.
- 1.6.2.3. Participate in local community health assessments convened by other agencies.
- 1.6.3. Designate representatives of the PHAC to other local or regional initiatives that are providing public health services, including public health emergencies and substance misuse through the continuum of care.
- 1.6.4. By September 30, publish the Community Health Improvement Plan (CHIP) started in SFY 15.
 - 1.6.4.1. Disseminate the CHIP to regional partners and seek opportunities to educate the community about CHIP priorities, strategies, and activities.
- 1.6.5. Implement priorities included in the 2015 CHIP.
 - 1.6.5.1. Provide leadership to implement the priorities and strategies included in the CHIP.
 - 1.6.5.2. Implement specific activities for at least one CHIP priority in addition to public health emergency preparedness and substance misuse prevention.
 - 1.6.5.3. Monitor progress of CHIP implementation and provide an annual report describing programs and activities implemented that address CHIP priorities to regional partners and DHHS.
- 1.6.6. Maintain a set of operating guidelines/principles or by-laws related to the Regional Public Health Advisory Committee that include:
 - a) Organizational structure
 - b) Membership
 - c) Leadership roles and structure
 - d) Committee roles and responsibilities
 - e) Decision-making process
 - f) Subcommittees or workgroups
 - g) Documentation and record-keeping
 - h) Process for reviewing and revising the policies and procedures
- 1.6.7. Assist in the implementation of the biennial PARTNER survey of the PHAC membership.
- 1.6.8. Implement the PARTNER survey in SFY 2016.
 - 1.6.8.1. Host at least one meeting to share results from the PARTNER survey with regional partners.
- 1.6.9. Maintain a webpage related to the PHAC.



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- 1.6.10. Attend semi-annual meetings of PHAC leaders convened by the DHHS. Attendees should include a representative of the Contractor and at least one PHAC member.
- 1.6.11. The chair of the PHAC or their designee should be present at site visits conducted by the NH DPHS and BDAS and, to the extent possible, be available for other meetings as requested.
- 1.7. Substance Use Disorders, Resiliency and Recovery-Oriented Systems of Care
 - 1.7.1. Development of organizational structures needed within each of the Regional Public Health Networks to study and develop capacity for a seamless substance misuse continuum of care approach that includes: environmental strategies, prevention, early intervention, treatment and recovery support services. Activities will include training, education, and orientation for Public Health Advisory Councils in substance misuse and the progression of substance use disorders and its effect on individuals, families, and communities, including financial impact. This work will include outlining a comprehensive approach to address the misuse of alcohol and drugs within a Resiliency and Recovery Oriented System of Care context.
 - 1.7.2. Building on information from the Regional Continuum of Care Roundtables, and using local expertise as much as possible, the Contractor will develop and implement a work plan to:
 - 1.7.2.1. Recruit and convene subject matter experts, consisting of local healthcare providers and other professionals within the continuum of services to form a workgroup who will help plan, implement and facilitate these deliverables within Resiliency and Recovery Oriented Systems to educate the Public Health Advisory Council about an integrated/collaborative continuum of care Substance Use Disorder strategies and services.
 - 1.7.2.2. Provide education, training and information to Public Health Advisory Council on the impact of the misuse of alcohol and drugs to help members:
 - 1.7.2.2.1. Understand the nature of substance use disorders;
 - 1.7.2.2.2. Learn about the impact of substance use disorders on individuals, families and communities;
 - 1.7.2.2.3. Increase their knowledge of the financial impact of substance use disorders – at the state level, community level, and community sector level;
 - 1.7.2.2.4. Understand the relationship between, and integration of, healthcare and behavioral health, and its relationship to misuse of substances and substance use disorders;
 - 1.7.2.2.5. Learn about the components of Resiliency and Recovery Oriented Systems of Care what they do, and the interrelationship with:



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Environmental strategies, Prevention services, Intervention services, Treatment services, Recovery support services

- 1.7.2.3. Discover, understand and envision a comprehensive approach to preventing, treating and recovering from substance use disorders.
 - 1.7.2.4. Connect with and recruit representatives from Community Health Centers, hospital networks and local primary care so that they can provide information to the Public Health Advisory Council on the integration of healthcare and behavioral health, e.g. Screening and Brief Intervention and Referral to Treatment and other evidenced informed practices.
 - 1.7.2.5. Work with Substance Misuse Prevention Coordinator and local prevention coalitions to present information on prevention to the Public Health Advisory Council and the role prevention plays in the continuum of services and Resiliency and Recovery Oriented Systems of Care.
 - 1.7.2.6. Connect with and recruit representatives from intervention/treatment providers to provide information on treatment to the Public Health Advisory Council, and the role intervention/treatment plays in the continuum of services and Resiliency and Recovery Oriented Systems of Care.
 - 1.7.2.7. Connect with and recruit representatives from the recovery community to provide information on recovery and recovery supports to the Public Health Advisory Councils, and the role recovery supports play in the continuum of services and Resiliency and Recovery Oriented Systems of Care.
 - 1.7.2.8. Familiarize the Public Health Advisory Council with the "Misuse of Alcohol and Drugs" section of the State Health Improvement Plan to prepare them for the development of the Community Health Improvement Plan described in the section above.
 - 1.7.2.9. The Center for Excellence, a technical assistance contractor to the Bureau of Drug and Alcohol Services, will provide materials and host a webinar on elements of a comprehensive system in environmental strategies, prevention, intervention, treatment, and recovery from substance use disorders.
- 1.8. Substance Misuse Prevention (SMP) and Related Health Promotion
- 1.8.1. Maintain and/or hire a full-time-equivalent coordinator(s) to manage the project with one person serving as the primary point of contact and management of the scope of work.
 - 1.8.1.1. The Prevention Coordinator(s) is required to be a Certified Prevention Specialist (CPS) or pending certification within one year of start of contract and a graduate from a four year university.
 - 1.8.1.2. Provide or facilitate appropriate professional office space, meeting space, and access to office equipment to conduct the business of the Regional Public Health Network (RPHN).



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- 1.8.1.3. Ensure proper and regular supervision to the Coordinator(s) in meeting the deliverables of this contract.
- 1.8.2. Ensure the continuance of a committee to serve as the content experts for Substance Misuse Prevention and Related Health Promotion and associated consequences for the region that is under the guidance of and informs the Regional Public Health Advisory Council.
 - 1.8.2.1. The expert committee shall consist of the six sectors, Drug Free Coalitions, Student Assistance Counselors and other grass roots coalitions' representation of the region with a shared focus on substance misuse prevention, the associated consequences and health promotion.
 - 1.8.2.2. The committee will inform and guide regional efforts to ensure priorities and programs are not duplicative but rather build local capacity that is data-driven, evidence-informed, and culturally appropriate to achieve positive outcomes.
 - 1.8.2.3. Ensure the expert committee provides unbiased input into regional activities and development, guidance in the implementation of the strategic plan.
 - 1.8.2.4. Portion of the committee or a member serves as the liaison to the Regional Public Health Advisory Committee.
- 1.8.3. Attend, assist and participate with the Continuum of Care facilitator and the Continuum of Care work group in the regions' capacity development in continuum of care services.
- 1.8.4. Develop and implement substance misuse prevention three-year regional strategic plan.
 - 1.8.4.1. Current one-year work plan is good through to Sept 29, 2015 and is available at: <http://www.dhhs.nh.gov/dcbcs/bdas/prevention.htm>.
 - 1.8.4.2. Three-year strategic plan due by September 30, 2015 that is aligned with the Collective Action and Collective Impact Plan <http://www.dhhs.nh.gov/dcbcs/bdas/documents/collectiveaction.pdf>, and the State Health Improvement Plan (SHIP) <http://www.dhhs.nh.gov/dphs/documents/nhship2013-2020.pdf> and the region's Community Health Improvement Plan (CHIP).
 - 1.8.4.3. Regional strategic plan needs to be endorsed by expert committee and approved by the PHAC prior to submission to BDAS for approval. PHAC letter of approval is due at the time of submission.
 - 1.8.4.4. Three-year plan needs to be approved by BDAS prior to implementation.
- 1.8.5. All programs and practices need to be evidenced-informed approaches for substance misuse prevention as outlined in the following document: <http://www.dhhs.nh.gov/dcbcs/bdas/documents/evidenceinformedpx.pdf>.



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- 1.8.6. Maintain effective training and on-going communication within the Regional Public Health Network, expert committee, PHAC, broader membership, and all subcommittees. Promote the regions substance misuse prevention strategic plans' goals, objectives, activities and outcomes promoted through media and other community information channels and other prevention entities as appropriate.
- 1.8.7. Utilization of the Strategic Prevention Framework (SPF) five-step planning process to guide regions/communities in the data driven planning process planning, implementation, and evaluation of effective, culturally appropriate, and sustainable prevention activities <http://www.samhsa.gov/spf>.
- 1.8.8. Substance misuse prevention plans and regional efforts need to adhere to the Federal Substance Abuse Prevention and Treatment Block Grant requirements:
 - 1.8.8.1. Prevention approaches must target primary prevention strategies. These strategies are directed at individuals not identified to be in need of treatment.
 - 1.8.8.2. Comprehensive primary prevention program shall include activities and services provided in a variety of settings. The program must target both the general population and sub-groups that are at high risk for substance abuse. The program must include, but is not limited to the Center for Substance Abuse Prevention categories: Information Dissemination, Education, Alternatives, Problem Identification and Referral, Community-based Process, and Environmental.
 - 1.8.8.3. A comprehensive approach using the above categories targeting populations with different levels of risk classified by the Institute of Medicine Model: Universal, Selective, and Indicated.
 - 1.8.8.4. All the above information in more detail is outlined under the heading Primary Prevention: <http://www.samhsa.gov/grants/block-grants/sabg>.
 - 1.8.8.5. Assist the state in meeting the Substance Abuse and Mental Health Services Administration's (SAMHSA) National Outcome Measures (NOMS) through data collection, evaluation and process measures via the PWITS online data system. These regulatory requirements are described and posted on the BDAS website: <http://www.dhhs.nh.gov/dcbcs/bdas/documents/bg-px-noms.pdf>
- 1.8.9. Cooperate with and coordinate all evaluation efforts as required by BDAS and DPHS as conducted by the Center for Excellence (e.g. PARTNER Survey, SMP stakeholder survey and all other surveys as directed by BDAS).
- 1.8.10. Attend all State required trainings, workshops, and bi-monthly meetings and ongoing quality improvement as required demonstrated by attendance and participation with Center for Excellence technical assistance events and learning collaborative(s).



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- 1.8.11. Must respond to BDAS and DPHS emails and inquiry's within 3 to 5 business days or time stated.
 - 1.8.12. Must cooperate with all BDAS site visits as required; at minimum one annually.
 - 1.8.13. Work with BDAS and the Bureau of Liquor Enforcement to institute Comprehensive Synar Plan activities (merchant and community education efforts, youth involvement, policy and advocacy efforts, and other activities). <http://www.samhsa.gov/synar>.
 - 1.8.14. Coordinate with your RPHN contract administrator in the development and the ongoing maintenance of a Substance Misuse Prevention and Health Promotion website with links to drugfreeh.org and Bureau of Drug and Alcohol Services.
 - 1.8.15. Assist with other State activities as required by BDAS or DPHS.
- 1.9. Comprehensive Approach to Addressing Substance Misuse through the Continued Development of a Regional Resiliency and Recovery Oriented Systems of Care
- 1.9.1. The Public Health Advisory Council (PHAC) will provide support for the development of regional capacity for a comprehensive, accessible continuum of care for substance use disorder that supports the state plan recommendations, best practice and Department of Health and Human Services priorities. A comprehensive service array will include developing needed capacity for environmental strategies, prevention, early intervention, treatment and recovery support services. The PHAC will promote the utilization of a Resiliency and Recovery-Oriented System of Care – RROSC (whole person) construct in an effort to minimize the prevalence and consequence of substance misuse in each region. RROSC is a coordinated effort that supports person-centered approach that builds on the strengths and resiliencies of individuals, families, and communities (<http://www.dhhs.nh.gov/dcbcs/bdas/index.htm>). The work will include:
 - 1.9.1.1. Participation in ongoing education on comprehensive approaches to addressing substance misuse through the development of a regional continuum of care.
 - 1.9.2. Hiring and providing support for one (1) dedicated full-time Continuum of Care (CC) Facilitator to:
 - 1.9.2.1. Be trained in the evidence-based Strategic Planning Model (five steps: Assessment, capacity, develop a plan, Implement the plan, evaluation), Resiliency and Recovery-Oriented System of Care tenants, and NH Comprehensive Systems of Care
 - 1.9.2.2. Ongoing attendance and participation in Regional PHAC meetings and planning.



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- 1.9.2.3. Use the Strategic Planning Model to assess services availability within the continuum of care: prevention, intervention, treatment and recovery support services, including the regions' current assets and capacity for regional level services.
- 1.9.2.4. Assessment of substance use disorder service within the NH Health Improvement Plan benefits.
- 1.9.2.5. Work with partners to establish a plan, based on the assessment, to address the gaps and build the capacity to increase substance use disorder services across the continuum.
- 1.9.2.6. Develop mechanism to coordinate efforts between key Prevention, Intervention, Treatment and Recovery stakeholders.
- 1.9.2.7. Reconvene or recruit subject matter experts consisting of local (when possible) healthcare providers and other professionals within the continuum of services to form the CC workgroup to assist, coordinate efforts.
- 1.9.2.8. Develop a plan for communication and for respective roles and responsibilities of the continuum of care workgroup.
- 1.9.2.9. Work with BDAS and its technical assistance partners to address education, training and technical assistance needs.
- 1.9.2.10. Recruiting representatives from community health centers, community mental centers, hospitals, primary care, and other health and social service providers to help further efforts in the integration of healthcare and behavioral health by:
 1. Promoting substance use screenings at sites at appropriate locations;
 2. Providing information on substance misuse trainings available for healthcare and other behavioral health providers;
 3. Communicating resources available to address substance misuse issues.
- 1.9.2.11. Assisting in the continuation or development of a Continuum of Care work group that includes local expertise in:
 1. Prevention: Work with the Substance Misuse Coordinator and prevention providers to identify assets, address areas of need and increase access to prevention services; Coordinates this work with the regional three-year strategic prevention plan (available at: <https://www.dhhs.nh.gov/bdas/prevention.htm>).
 2. Intervention/Treatment: Work with Intervention and treatment providers to identify assets, address areas of need and increase capacity and to improved access to services; To develop and maintain established quality standards.



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3. Recovery: Work with recovery service providers, including peer led organizations, to identify assets, address areas of need and increase access to services. Work with recovery service providers to enhance or increase services, and/or develop new services.
4. Primary Healthcare/Behavioral Health: Work with primary healthcare providers and behavioral health providers to develop means of integrating substance misuse services, mental health and primary care services within the region, including health promotion. Work with healthcare and behavioral health providers to enhance or increase substance misuse screening other services, and/or develop new services.
5. Based on the work above, develop a format that tracks and makes available information on Prevention, Intervention, Treatment and Recovery resources.

1.9.2.12. Participation with all trainings, technical assistance and evaluations as directed by BDAS

1.10. Staffing Requirements

1.10.1. CONTINUUM OF CARE FACILITATOR – dedicated full time position

1.10.1.1. This position works with the RPHN and communities to ensure that all necessary partners for the development of a comprehensive continuum of care as described above, and that aligns with the regional Community Health Improvement Plan. These partners should include substance use Prevention, Intervention, Treatment, and Recovery providers, healthcare and behavioral health providers, and other interested or affected parties. The Continuum of Care facilitator will work with BDAS and its technical assistance resources to ensure that all partners have access to information, training and/or technical assistance necessary for them to understand and fully participate in continuum of care development discussions and planning.

1.10.1.2. Qualifications:

1. MPH with focus on systems development or,
2. MSW with focus or experience in macro social work or,
3. Master's degree in Community Development/Organizing or,
4. BA in the any of the above with 2-3 years' experience in public health systems development, macro social work, or community development/organizing.

1.11. Regional Public Health Preparedness

1.11.1. Regional Public Health Emergency Planning



Exhibit A Amendment #1

- 1.11.1.1. The goal of these activities is to provide leadership and coordination to improve the readiness of regional, county, and local partners to mount an effective response to public health emergencies and threats. This will be achieved by conducting a broad range of specific public health preparedness activities to make progress toward meeting the national standards described in the U.S. Centers for Disease Control and Prevention's (CDC) Public Health Preparedness Capabilities (March 2011). All activities shall build on current efforts and accomplishments within the region. All revisions to the regional preparedness annex and appendices, as well as exercises conducted under this agreement will prioritize the building and integration of the resource elements described in the Capabilities Standards.
- 1.11.1.2. In collaboration with the PHAC described in Section 3.1, provide leadership to further develop, exercise and update the current Regional Public Health Emergency Annex (RPHEA) and related appendices. The RPHEA is intended to serve as an annex or addendum to municipal emergency operations plans to activate a regional response to large-scale public health emergencies. The annex describes critical operational functions and what entities are responsible for carrying them out. The regional annex clearly describe the policies, processes, roles, and responsibilities that municipalities and partner agencies carry out before, during, and after any public health emergency. For more information about the format and structure of emergency plans go to: <https://www.fema.gov/media-library/assets/documents/25975>.
- 1.11.1.3. As requested by the DPHS, participate in review of the RPHEA and, related appendices and attachments. Revise and update the RPHEA, related appendices and attachments based on the findings from the review.
- 1.11.1.4. Participate in an annual Medical Countermeasure Operational Readiness Review (MCM ORR) as required by the CDC Division of Strategic National Stockpile (DSNS). The MCM ORR outlines planning elements specific to managing, distributing and dispensing Strategic National Stockpile (SNS) materiel received from the CDC during a public health emergency. Revise and update the RPHEA, related appendices and attachments based on the findings from the MCM ORR.
- 1.11.1.5. Develop new incident-specific appendices based on priorities identified by the NH DPHS. The DPHS will provide planning templates and guidance for use by the contractor.
- 1.11.1.6. Submit the RPHEA and all related appendices and attachments to the NH DPHS by June 30 of each year. Submission shall be in the form of a single hard copy and by posting all materials on E-Studio. E-Studio is a web-based document sharing system maintained by the DPHS.
- 1.11.1.7. Disseminate the RPHEA and related materials to planning and response partners, including municipal officials from each municipality in the region. Dissemination may be through hard copy or electronic means.



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- 1.11.1.8. Collaborate with hospitals receiving funds under the U. S. DHHS' Hospital Preparedness Program (HPP) cooperative agreement to strengthen and maintain a healthcare coalition in accordance with the "Healthcare Preparedness Capabilities-National Guidance for Healthcare System Preparedness." Healthcare coalitions consist of a collaborative network of healthcare organizations and their respective public and private sector response partners. Healthcare coalitions serve as a multi-agency coordinating group that assists local Emergency Management and Emergency Support Function (ESF) #8 with preparedness, response, recovery and mitigation activities related to healthcare organization disaster operations.¹
 - 1.11.1.9. Collaborate with municipal emergency management directors to integrate the assets and capabilities included in the RPHEA into municipal and regional shelter plans.
 - 1.11.1.10. Pursue Memorandums of Understanding (MOUs) with governmental, public health, and health care entities that describe the respective roles and responsibilities of the parties in the planning and response to a public health emergency.
 - 1.11.1.11. Implement at least one priority intervention identified during the regional Hazard Vulnerability Assessment.
- 1.12. Regional Public Health Emergency Response Readiness
- 1.12.1. Engage with community organizations to foster connections that assure public health, medical and behavioral health services in the region before, during and after an incident.
 - 1.12.2. Through the Public Health Advisory Committee, continue to collaborate with community organizations to improve the capacity within the region to deliver the Ten Essential Public Health Services.
 - 1.12.3. Improve the capacity and capability within the region to respond to emergencies when requested by the NH DHHS or local governments.
 - 1.12.4. Coordinate the procurement, rotation and storage of supplies necessary for the initial activation of Alternate Care Sites (ACS), Neighborhood Emergency Help Centers (NEHCs) and Points of Dispensing (POD) and support public health, health care and behavioral health services in emergency shelters located within the region.
 - 1.12.5. As needed, develop and execute MOUs with agencies to store, inventory, and rotate these supplies.

¹ Healthcare Preparedness Capabilities-National Guidance for Healthcare System Preparedness. U.S. Department of Health and Human Services, January 2012.



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- 1.12.6. Enter and maintain data about the region's response supplies in the Inventory Resources Management System (IRMS) administered by the NH DHHS Emergency Services Unit (ESU) in order to track and manage medical and administrative supplies owned by the contractor.
 - 1.12.7. An inventory of regional supplies shall be conducted at least annually and after every deployment of these supplies. Each agency funded under this agreement will be granted administrative access rights to this web-based system in order to complete this activity.
 - 1.12.8. Disseminate information about, and link appropriate public health and health care professionals with, the NHResponds to allow for the timely activation of volunteers during emergency events. For more information about NHResponds go to: (<https://www.nhresponds.org/nhhome.aspx>).
 - 1.12.9. Disseminate information about the NH Health Alert Network (HAN) and refer appropriate individuals interested in enrolling to the DPHS HAN coordinator. The HAN is an alerting and notification system administered by the NH DPHS. Receive, and act on as necessary, HAN notices from the DPHS to ensure local partners remain aware of recommendations and guidance issued by the DPHS.
 - 1.12.10. Improve capacity to receive and expend funds associated with public health emergency response in a timely manner. Assess the agency's financial, personnel, and procurement/contract management policies and procedures and improve procedures to reduce the time needed to receive and use federal and state funds during emergencies.
 - 1.12.11. Sponsor and organize the logistics for at least two trainings/in-services for regional partners. Collaborate with the DHHS, DPHS, the NH Institute of Public Health Practice, the Community Health Institute in Bow, NH, the Preparedness Emergency Response Learning Center at Harvard University and other training providers to implement these training programs. Enter information about training programs and individuals trained into a learning management system administered by NH DPHS to track training programs. In coordination with the DHHS, participate in a Medical Reserve Corps (MRC) within the region or in cooperation with other regions according to guidance from the federal MRC program and the DHHS.
 - 1.12.12. Conduct outreach to health care entities to recruit health care workers with the skills, licensure and credentialing needed to fill positions described in the RPHEA, and related appendices.
- 1.13. Public Health Emergency Drills and Exercises
- 1.13.1. Plan and execute drills and exercises in accordance with the Homeland Security Exercise and Evaluation Program (HSEEP).
 - 1.13.2. Maintain a three-year Training and Exercise Plan (TEP) that, at a minimum, includes all drills and exercises as required under the SNS program.



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- 1.13.3. Based on the mutual agreement of all parties and as funding allows, participate in drills and exercises conducted by the NH DPHS, NH DHHS ESU, and NH Homeland Security and Emergency Management (HSEM). AS funding allows, this includes all drills and exercises conducted by NH DHHS to meet CDC requirements for a full-scale exercise regarding medical countermeasures distribution and/or dispensing.
- 1.13.4. Collaborate with local emergency management directors, hospitals, and public health system partners to seek funding to support other workshops, drills and exercises that evaluate the Capabilities Standards based on priorities established by regional partners.
- 1.13.5. To the extent possible, participate in workshops, drills and exercises as requested by local emergency management directors or other public health partners.

2. Performance Measures

2.1. School-Based Vaccinations

- 2.1.1. Number of schools hosting a seasonal influenza clinic
- 2.1.2. Percent of total student enrollment receiving seasonal influenza vaccination
- 2.1.3. Percent of students receiving seasonal influenza vaccination who are enrolled in Medicaid or report being uninsured.

2.2. Regional Public Health Advisory Committee

- 2.2.1. Representation of at least 70% of the 11 community sectors identified in the CDC Capabilities Standards that participate in the Regional Public Health Advisory Committee.
- 2.2.2. Representation of 65% of the 6 community sectors identified in the Governor's Commission plan that participate in the Regional Public Health Advisory Committee.
- 2.2.3. Documented organizational structure for the Regional Public Health Advisory Committee (e.g. vision or mission statements, organizational charts, MOUs, minutes, etc.).
- 2.2.4. Establish and increase over time regional connectivity among stakeholders and improved trust among partners via the biennial PARTNER Survey.

2.3. Substance Use Disorders, Resiliency and Recovery – Orientated Systems of Care

- 2.3.5. Number of subject matter experts from across the Continuum of Care Services recruited and serving on the workgroup.
- 2.3.6. Number of educational resources developed to educate the PHAC.



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- 2.3.7. Number of educational events identified by the delivery modality (face to face meeting, webinars, etc.) to educate the PHAC.
 - 2.3.8. Number of PHAC members educated.
 - 2.3.9. Submission of PHAC endorsed statement/vision on what constitutes a substance use disorder comprehensive approach for your region's system of care.
- 2.4. Substance Misuse Prevention (SMP) and Related Health Promotion
- 2.4.5. Completion of 3 year substance misuse prevention plan and endorsed by Regional Public Health Advisory Committee and approved by BDAS due September 30, 2015.
 - 2.4.6. Completed an approved annual workplan reflective of new strategic plan due October 31, 2015.
 - 2.4.7. Completed monthly PWITS data entries due by the 20th business day of the following month (e.g. September data due by October 30).
 - 2.4.8. Data entry needs to align with the 3 year strategic plan for substance misuse prevention and health promotion and adhere to the PWITS Policy Guidance document
 - 2.4.9. Host at minimum 4 SMP expert team meetings annually
 - 2.4.10. Meet all Federal regulatory reporting requirements of the Substance Abuse Prevention and Treatment Block Grant.
 - 2.4.11. Participates and coordinates evaluation surveys: SMP stakeholder survey and other surveys as required.
 - 2.4.12. Participates and coordinates attendees and prepare for BDAS or DPHS site visits. At request of the state you may be asked to convene: SMP coordinator, Contract administrator, financial agent, expert team chair and others as requested.
 - 2.4.13. Attendance at SMP bi monthly meetings jointly convened by BDAS and NH Charitable Foundation.
 - 2.4.14. Maintain a SMP website with links to drugfreenh.org and Bureau of Drug and Alcohol Services.
 - 2.4.15. Provides additional information to BDAS when requested.
- 2.5. Comprehensive Approach to Addressing Substance Misuse through the Continued Development of a Regional Resiliency and Recovery Oriented Systems of Care
- 2.5.5. One full time dedicated Continuum of Care (CC) facilitator hired and completed all required trainings.

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- 2.4.1.1. CC facilitator establishes and convenes the Continuum of Care (CC) workgroup from across the continuum of care, that includes participants from prevention, intervention, treatment and recovery. Includes Healthcare and primary care providers and behavioral health.
 - 2.4.1.2. Submission of meeting minutes including detailed conversations and action items, CC workgroup attendance,
 - 2.4.1.3. Submission of an assessment of regional continuum CC assets, gaps and barriers to service within nine (9) months of the approved contract to include:
 - 2.4.1.3.1. Identification of gaps in CC components and services that need to be developed or enhanced.
 - 2.4.1.3.2. Identification of barriers to cooperation between CC components.
 - 2.4.1.3.3. Identification of barriers to community/client access to component services.
 - 2.4.1.4. Submission of a plan within one (1) year of the approved contract that identifies actions to address issues in the assessment of regional continuum assets, gaps and barriers to services. workplan outlining the activities to be implemented to resolve any barriers and increase capacity of services within the region
- 2.6. Regional Public Health Preparedness
- 2.6.5. Score assigned to the region's capacity to dispense medications to the population based on the CDC MCM ORR.
 - 2.6.6. Number of outreach events with entities that employ health care personnel.
 - 2.6.7. Submission of the RPHEA annually

3. Training and Technical Assistance Requirements

- 3.1. The contractor will participate in training and technical assistance programs offered to agencies receiving funds under this agreement.
- 3.2. School-Based Vaccination
 - 3.2.1. Participate in bi-monthly conference calls with New Hampshire Immunization Program (NHIP) staff.
 - 3.2.2. Attend a half-day Training of Trainers in-service program offered by the NHIP.
- 3.3. Regional Public Health Preparedness
 - 3.3.1. Participate in bi-monthly Preparedness Coordinator technical assistance meetings.



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- 3.3.2. Develop and implement a technical assistance plan for the region, in collaboration with the agency that is under contract with the NH DPHS to provide that technical assistance.
- 3.3.3. Complete the training standards recommended for Preparedness Coordinators
- 3.3.4. Attend the annual Statewide Preparedness Conferences in June 2016 and 2017.
- 3.4. Medical Reserve Corps
 - 3.4.1. Participate in the development of a statewide technical assistance plan for MRC units.
- 3.5. Substance Misuse Prevention and Related Health Promotion
 - 3.5.1. Participate in bi month SMP meetings
 - 3.5.2. Maintain Prevention Certification credentialing
 - 3.5.3. Ongoing quality improvement is required as demonstrated by attendance and participation with Center for Excellence on or off site technical assistance and trainings.
- 3.6. Comprehensive Approach to Addressing Substance Misuse through the Continued Development of a Regional Continuum of Care.
 - 3.6.1. Ongoing quality improvement is required by attendance and participation in on or offsite technical assistance and trainings provided by the Center for Excellence and/or BDAS staff.

4. Cultural Considerations

- 4.1. The Contractor shall submit a detailed description of the language assistance services they will provide to persons with Limited English Proficiency to ensure meaningful access to their programs and/or services, within ten (10) days of the effective date of this contract.

5. Administration and Management – All Services

- 5.1. Workplan
 - 5.1.1. Monitor progress on the final workplans approved by the DHHS. There must be a separate workplan for each of the following based on the services being funded:
 - 5.1.1.1. Regional Public Health Advisory Committee
 - 5.1.1.2. Substance Misuse Prevention and Related Health Promotion

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- 5.1.1.3. Comprehensive Approach to Addressing Substance Misuse through the Continued Development of a Regional Resiliency and Recovery Oriented Systems of Care
- 5.1.1.4. Regional Public Health Emergency Preparedness
- 5.2. Reporting, Contract Monitoring and Performance Evaluation Activities
 - 5.2.1. Participate in an annual or semi-annual site visit with DHHS, DPHS and BDAS staff. Site visits will include:
 - 5.2.1.1. A review of the progress made toward meeting the deliverables and requirements described in this Exhibit A based on an evaluation plan that includes performance measures.
 - 5.2.1.2. Subcontractors must attend all site visits as requested by DHHS.
 - 5.2.1.3. A financial audit in accordance with state and federal requirements.
 - 5.2.1. Maintain the capability to accept and expend funds to support funded services.
 - 5.2.1.1. Submit monthly invoices within 20 working days after the end of each calendar month in accordance with the terms described in Exhibit B, paragraph 3, on forms provided by the DHHS.
 - 5.2.1.2. Assess agency policies and procedures to determine areas to improve the ability to expedite the acceptance and expenditure of funds during public health emergencies.
 - 5.2.1.3. Assess the agency's capacity to apply for state and federal reimbursement for costs incurred during declared emergencies.
 - 5.2.2. Ensure the capacity to accept and expend new state or federal funds during the contract period for public health and substance misuse prevention and related health promotion services.
 - 5.2.3. Submit for approval all educational materials developed with these funds. Such materials must be submitted prior to printing or dissemination by other means. Acknowledgement of the funding source shall be in compliance with the terms described in this contract.
 - 5.2.4. Provide other programmatic updates as requested by the DHHS.
 - 5.2.5. Engage the Regional Public Health Advisory Committee to provide input about how the contractor can meet its overall obligations and responsibilities under this Scope of Services.
 - 5.2.6.1. Provide the Regional Public Health Advisory Committee with information about public health and substance misuse prevention and related health



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promotion issues in the state and region that may impact the health and wellness of the public and the ability of communities to respond to and recover from emergencies.

- 5.2.6.2. Facilitate awareness of the Regional Public Health Advisory Committee about the agency's performance under this Scope of Services by allowing a representative from the Regional Public Health Advisory Committee to participate in site visits and other meetings with the NH DHHS related to the activities being conducted under this agreement.

5.3. Public Health Advisory Committee and Public Health Preparedness

- 5.3.1. Submit quarterly progress reports based on performance using reporting tools developed by the DPHS.
- 5.3.2. As requested by the DPHS, complete membership assessments to meet CDC and Assistant Secretary for Preparedness and Response (ASPR) requirements.

5.4. Substance Misuse Prevention and Related Health Promotion

- 5.4.1. Complete monthly data entry in the BDAS P-WITS system that aligns and supports the regional substance misuse prevention and related health promotion plan.
- 5.4.2. Contractor will submit the following to the State:
 - 5.4.2.1. Submit updated or revised strategic plans for approval prior to implementation.
 - 5.4.2.2. Submit annual report to BDAS due June 25, 2016 and 2017 (template and guidance will be provided by CEFx).
 - 5.4.2.3. Cooperate and coordinate all evaluation efforts conducted by the Center for Excellence, (e.g. Stakeholder Survey, annual environmental measure, and other surveys as directed by BDAS).
- 5.4.3. Participate in an annual or semi-annual site visit with DHHS, DPHS and BDAS staff. Site visits will include:
- 5.4.4. A review of the progress made toward meeting the deliverables and requirements described in this Exhibit A based on an evaluation plan that includes performance measures.
 - 5.4.4.1. Subcontractors must attend all site visits as requested by DHHS.
- 5.4.5. A financial audit in accordance with state and federal requirements.
- 5.4.6. Provide additional information as a required by BDAS.

5.5. Comprehensive Approach to Addressing Substance Misuse through the Continued Development of a Regional



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5.5.1. Contractor will submit the following to the State:

- 5.5.1.1. Quarterly reports (dates for submission and template will be provided by BDAS).
- 5.5.1.2. Report on prevention, intervention, treatment and recovery services gap assessment within nine (9) months of the date of contract.
- 5.5.1.3. Plan to address gaps in services identified within twelve (12) months of the date of contract.



Exhibit A-2

ADDITIONAL SCOPE OF SERVICES

1. Required Services

Contract Period: Governor and Council approval through September 30, 2015

The Contractor shall:

1.1. Preventing Older Adult Falls

- 1.1.1. Provide services to improve the overall health and wellbeing of New Hampshire residents by Preventing Older Adult Falls.
- 1.1.2. Identify regional data pertaining to older adult falls. This includes, but is not limited to, hospitalizations, emergency department visits, emergency medical service runs and deaths. Data should be aggregated into a one page data brief made available on-line.
- 1.1.3. Work with the New Hampshire Falls Risk Reduction Task Force (Task Force) to learn about current evidence-based practice in the prevention of older adult falls. This can include working with current regional members of the Task Force in a brief internal training.
- 1.1.4. Work with currently identified evidence-based falls risk reduction programs, "Matter of Balance" (MOB) programs and class locations, Appendix F or "Tai Ji Quan: Moving for Better Balance" (TJQMBB) instructors and class locations in the region, Appendix G, to support implementation of trainings of either program through assessing current capacity and need. This could lead to a variety of activities, including but not limited to:
 1. Hosting/funding a site where trainings can occur,
 2. Funding a certified instructor to deliver the program,
 3. Providing/funding social marketing outreach for already existing trainings,
 4. Providing/funding specific training necessary for program implementation.
- 1.1.5. Implement at least one, full training of either MOB or TJQMBB.
- 1.1.6. Work with the program instructor and Task Force to facilitate evaluation data gathering and analysis.

1.2. Preventing Suicide

- 1.2.1. Provide services to improve the overall health and wellbeing of New Hampshire residents by Preventing Suicide.
- 1.2.2. Identify regional data pertaining to suicide. This includes the identification of needs, gaps & high risk populations in the region with respect to suicide risk. Data should be aggregated into a data brief made available on-line.



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- 1.2.3. Establish, or continue facilitation of a regional suicide prevention implementation team. This should include members of the Public Health Advisory Council.
- 1.2.4. Provide logistical support for, and implement a "Connect" suicide prevention and postvention training with the prevention implementation team. If this training has already occurred in the region, provide logistical support for, and implement the "Connect" suicide prevention and postvention "Train the Trainers" sessions with a subset of the prevention implementation team. Both trainings will integrate information related to the suicide component of the DPHS' "State Health Improvement Plan", the "State Suicide Prevention Plan" and community resources.
- 1.2.5. Provide logistical support for, and implement a "Counseling on Access to Lethal Means" training for up to 30 participants (half day training). If this has already occurred in the region, coordinate with the prevention implementation team trained in "Connect" to facilitate one prevention training open to community members from across the region.
- 1.2.6. Disseminate national media recommendations for reporting on suicide/safe messaging to local media outlets and key stakeholder organizations and constituent groups.
- 1.3. Preventing Motor Vehicle Crashes Involving Adolescent Drivers and Passengers
 - 1.3.1. Provide services to improve the overall health and wellbeing of New Hampshire residents by Preventing Motor Vehicle Crashes Involving Adolescent Drivers and Passengers.
 - 1.3.2. Identify regional data pertaining to motor vehicle crashes involving adolescent drivers and/or passengers. This includes, but is not limited to, hospitalizations, emergency department visits, emergency medical service runs and deaths. Data should be aggregated into a one page data brief made available on-line.
 - 1.3.3. Work with the New Hampshire Teen Driving Committee or members of the New Hampshire Driving Towards Zero campaign to learn about current evidence-based practices in the prevention of motor vehicle crashes involving adolescent drivers and/or passengers, specifically the work of the New Hampshire Teen Driving Project. This can include working with current regional members of either aforementioned group in a brief internal training.
 - 1.3.4. Link the Regional Public Health Network website to the New Hampshire Driving Towards Zero website (www.nhtdz.com and future parent of novice driver section).
 - 1.3.5. Work with currently identified schools in the region participating in the New Hampshire Teen Driving Project, Appendix H, to support implementation of the program through assessing current capacity and need. This could lead to a variety of activities, including but not limited to: a) Providing media and public health expertise to identified regional schools to create needed messaging and b) Providing/funding specific training necessary for program implementation at identified schools based on a peer-to-peer methodology.



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- 1.3.6. Work with the Teen Driving Project Coordinator to facilitate evaluation data gathering and analysis with identified project schools in the region. Evaluation includes, but is not limited to seat belt and culture change surveys as well as an analysis of the Youth Risk Behavior survey results and crash data.

2. Compliance Requirements

- 2.1. Participate in an annual or semi-annual site visit with DHHS staff.
- 2.2. Site visits will include:
 - 2.2.1. A review of the progress made toward meeting the deliverables and requirements described in Section 3 of this RFP based on an evaluation plan that includes performance measures.
 - 2.2.2. Subcontractors must attend all site visits as requested by DHHS.
 - 2.2.3. Provision of a financial audit in accordance with state and federal requirements.

3. Performance Measures

- 3.1. Preventing Older Adult Falls
 - 3.1.1. A minimum of at least 60% of participants will have improved their functional ability between initiation and completion of the TJQMBB training as recorded on both functional tests (Timed Up and Go; and Five Times Sit and Stand).
 - 3.1.2. MOB: At least a 60% overall increase from baseline to post class in the Matter Of Balance (MOB) Falls Management Scale among participants.
- 3.2. Preventing Suicide
 - 3.2.1. 100% of participants in the "Connect" training will have increased their perceived effectiveness in recognizing suicidal risk.
- 3.3. Preventing Motor Vehicle Crashes Involving Adolescent Drivers and Passengers
 - 3.3.1. 5% aggregate increase in seatbelt usage among identified schools during the project period.

4. Staffing

- 4.1. The Contractor shall be required to provide staffing to fulfill the roles and responsibilities to support activities of this project. The Contractor shall address the details to the following requirements to ensure adequate staffing is provided.
- 4.2. Provide sufficient staff to perform all tasks specified in this RFP. The Contractor shall maintain a level of staffing necessary to perform and carry out all of the functions, requirements, roles, and duties in a timely fashion.



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- 4.3. The Contractor shall ensure that all staff has appropriate training, education, experience, and orientation to fulfill the requirements of the positions they hold and shall verify and document that it has met this requirement. This includes keeping up-to-date records and documentation of all individuals requiring licenses and/or certifications and such records shall be available for DHHS inspection.

5. Reporting Requirements

5.1. Reporting Requirements

- 5.1.1. The Contractor shall submit quarterly progress reports based on performance using reporting tools developed by the DHHS/DPHS.
- 5.1.2. The Contractor shall provide copies of fully executed subcontract agreements to DHHS, prior to start of such contracts.
- 5.1.3. The Contractor shall submit annual programmatic reports updating the DHHS on all activities.

6. Extensions

- 6.1. This agreement has the option for a potential extension of up to two additional years, contingent upon satisfactory delivery of services, available funding, agreement of the parties and approval of the Governor and Council.



Exhibit A-3

ADDITIONAL SCOPE OF SERVICES

1. Required Services

Contract Period: Governor and Council approval through June 30, 2016

The Contractor shall, by September 30, 2015, in PHASE I:

- 1.1. Provide services to improve the overall health and wellbeing of New Hampshire residents by Preventing Health Effects from Severe Weather and Climate.
- 1.2. Participate in up to twelve (12) monthly 1-hour meetings or conference calls with State Climate and Health staff to coordinate activities and update progress. Attend up to four (4) quarterly 2-3 hour meetings in Concord of the statewide NH Climate and Health Working Group.
- 1.3. Organize, host and facilitate at least four (4) planning sessions to gather input for the development of a regional climate and health adaptation plan with the Regional Public Health Advisory Council. The ultimate goal of this process is to reach agreement on a draft climate adaptation plan of action that meets the needs of the region.
- 1.4. Participate in at least two (2) half-day trainings provided by DHHS in the Concord, New Hampshire area on how to assess vulnerabilities, measure preparedness, and implement the Building Resilience Against Climate Effects (BRACE) framework. An option for webinar participation at these trainings may be provided.
- 1.5. Develop a written summary of any pertinent information found in local or regional vulnerability assessments relevant to severe weather, climate and health. The document should reference local hazard mitigation plans, involve local emergency planning officials, and determine how to integrate climate and health interventions into the local planning process.
- 1.6. Develop a written summary of regional health risks and vulnerable populations. Coordinate with State staff to assess local risks using available health data.
- 1.7. Develop a written summary of current resources and assets that can be leveraged to mitigate health impacts from climate change or severe weather events.
- 1.8. Develop a written summary adaptation plan that includes specific intervention strategies that address adaptation to severe weather and climate change. The plan will include:
- 1.9. A list that shows the number and percent of existing local and/or regional hazard vulnerability assessments and mitigation plans reviewed to identify areas related to climate change impacts.
- 1.10. A list that shows the number of regional entities participating in the strategic planning process.



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- 1.11. A table that identifies and prioritizes health impacts related to climate change; links each of these impacts to populations that are most vulnerable; and describes the size and geographic distribution of vulnerable populations.
- 1.12. A table that identifies current resources and assets identified in local, regional and state plans and identifies and prioritizes gaps in preparedness and response capabilities.
- 1.13. A description of strategies to implement that address identified gaps and mitigates risks.
- 1.14. Work with the DHHS to:
- 1.15. Review regional information for severe weather, climate vulnerabilities, and social vulnerabilities via reference materials and consultations list.
- 1.16. Provide estimates of related disease burden.
- 1.17. Obtain examples of climate adaptation resources.
- 1.18. Obtain examples of population-level interventions that are appropriate to the community needs (i.e. evidence based or informed; promising practices).
- 1.19. Develop a logic model and an evaluation process to determine if the community has been able to effect change in the level of preparedness or resilience. This evaluation will include measures of emergency preparedness or community resilience, as, feasible.

The Contractor shall, by June 30, 2016, in PHASE II:

- 1.20. Implement an intervention in this Phase 2 period to address a specific regional health effect identified in Phase 1.
- 1.21. Participate in up to six (6) 1-hour conference calls with DPHS Climate and Health staff to coordinate activities and update progress.
- 1.22. Organize, host and facilitate at least four (4) meetings of a climate and health workgroup in order to assess, plan and make decision on the direction of the project.
- 1.23. Participate in at least two (2) half-day trainings provided by DHHS in the Concord, New Hampshire area on how to implement the Building Resilience Against Climate Effects (BRACE) framework for climate adaptation planning in phase one, and climate-related interventions in phase two.
- 1.24. Prioritize and choose one (1) priority climate and health issue relevant to the public health region from the climate adaptation plan developed in Phase 1. Examples include pollen/allergens and asthma, heat waves-heat injury, warmer seasons-Lyme disease, flooding and injuries, etc.
- 1.25. Implement at least one (1) intervention designed to address the priority issues identified in Phase 1 in order to improve public health at the population level. Examples include asthma reduction via home-based environmental controls, tick-exposure reduction via behavior change, and heat stress reduction via policy change or behavioral change.



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- 1.26. Collaborate with the DPHS to pursue phase two intervention activities, including taking action on the intervention, tracking progress, and measuring change. DHHS will also provide examples of population-level interventions (i.e. evidence based or informed; promising practices).

2. Compliance Requirements

- 2.1. Participate in an annual or semi-annual site visit with DHHS staff.
- 2.2. Site visits will include:
 - 2.3. A review of the progress made toward meeting the deliverables and requirements described in Section 3 of this RFP based on an evaluation plan that includes performance measures.
 - 2.4. Subcontractors must attend all site visits as requested by DHHS.
 - 2.5. Provision of a financial audit in accordance with state and federal requirements.

3. Performance Measures

- 3.1. By June 30, 2015, submit a draft adaptation plan that documents at least three (3) vulnerable populations and three (3) health burdens relevant to the existing climate vulnerabilities. The draft plan can be hard copy or web-based.
- 3.2. By September 30, 2015, submit a final adaptation plan that includes at least two (2) viable interventions that address regional weather or climate vulnerabilities.
- 3.3. By March 31, 2016, submit a draft progress report that describes the early results of the intervention project successes and challenges. The report will include suggested changes to improve the project.
- 3.4. By June 30, 2016, submit a final progress report that describes the later results of the intervention project, including successes and challenges, and measures of progress toward improved public health.

4. Staffing

- 4.1. The Contractor shall be required to provide staffing to fulfill the roles and responsibilities to support activities of this project. The Contractor shall address the details to the following requirements to ensure adequate staffing is provided.
- 4.2. Provide sufficient staff to perform all tasks specified in this RFP. The Contractor shall maintain a level of staffing necessary to perform and carry out all of the functions, requirements, roles, and duties in a timely fashion.
- 4.3. The Contractor shall ensure that all staff has appropriate training, education, experience, and orientation to fulfill the requirements of the positions they hold and shall verify and document



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that it has met this requirement. This includes keeping up-to-date records and documentation of all individuals requiring licenses and/or certifications and such records shall be available for DHHS inspection.

5. Reporting Requirements

- 5.1. Reporting Requirements
- 5.2. The Contractor shall submit quarterly progress reports based on performance using reporting tools developed by the DHHS/DPHS.
- 5.3. The Contractor shall provide copies of fully executed subcontract agreements to DHHS, prior to start of such contracts.
- 5.4. The Contractor shall submit annual programmatic reports updating the DHHS on all activities.

6. Extensions

- 6.1. This agreement has the option for a potential extension of up to two additional years, contingent upon satisfactory delivery of services, available funding, agreement of the parties and approval of the Governor and Council.

Exhibit B-1 Amendment #2 (SFY 2017) Budget Form

New Hampshire Department of Health and Human Services

LAKES REGION PARTNERSHIP FOR PUBLIC

Bidder/Contractor Name: HEALTH, INC.

Budget Request for: NH Regional Public Health Network Services

(Name of RFP)

Budget Period: SFY 2017

	Direct	Indirect	Total
1. Total Salary/Wages	\$ 162,487.00	\$ 18,990.00	\$ 181,477.00
2. Employee Benefits	\$ 42,539.00	\$ 3,501.00	\$ 46,040.00
3. Consultants	\$ -	\$ -	\$ -
4. Equipment:	\$ -	\$ -	\$ -
Rental	\$ 1,109.00	\$ -	\$ 1,109.00
Repair and Maintenance	\$ 3,360.00	\$ -	\$ 3,360.00
Purchase/Depreciation	\$ -	\$ -	\$ -
5. Supplies:	\$ -	\$ -	\$ -
Educational	\$ -	\$ -	\$ -
Lab	\$ -	\$ -	\$ -
Pharmacy	\$ -	\$ -	\$ -
Medical	\$ 500.00	\$ -	\$ 500.00
Office	\$ 2,658.00	\$ -	\$ 2,658.00
6. Travel	\$ 2,528.00	\$ -	\$ 2,528.00
7. Occupancy	\$ 10,725.00	\$ -	\$ 10,725.00
8. Current Expenses	\$ -	\$ -	\$ -
Telephone	\$ 2,860.00	\$ -	\$ 2,860.00
Postage	\$ 753.00	\$ -	\$ 753.00
Subscriptions	\$ 291.00	\$ -	\$ 291.00
Audit and Legal	\$ -	\$ 2,885.00	\$ 2,885.00
Insurance	\$ -	\$ 2,251.00	\$ 2,251.00
Board Expenses	\$ -	\$ -	\$ -
9. Software	\$ 541.00	\$ -	\$ 541.00
10. Marketing/Communications	\$ 1,225.00	\$ -	\$ 1,225.00
11. Staff Education and Training	\$ 1,650.00	\$ -	\$ 1,650.00
12. Subcontracts- Community Reading	\$ 6,500.00	\$ -	\$ 6,500.00
13. Other (specific details mandatory)	\$ -	\$ -	\$ -
Internet & Web	\$ 1,365.00	\$ -	\$ 1,365.00
Volunteer expenses	\$ 400.00	\$ -	\$ 400.00
Meeting expense	\$ 1,125.00	\$ -	\$ 1,125.00
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
TOTAL	\$ 242,616.00	\$ 27,627.00	\$ 270,243.00

Indirect As A Percent of Direct

11.4%

Exhibit B-1 - Budget

Contractor Initials: _____

Date: _____

JAN28'15 PM 4:34 DAS

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Ba
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STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES

29 HAZEN DRIVE, CONCORD, NH 03301-6527
603-271-4535 1-800-852-3345 Ext. 4535
Fax: 603-271-4506 TDD Access: 1-800-735-2964



Nicholas A. Toumpas
Commissioner

José Thier Montero
Director

G&C APPROVED
Date: 02/11/15
Item # 11

January 8, 2015

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

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division of Public Health Services, Bureau of Public Health Systems, Policy and Performance, and the Division of Community Based Care Services, Bureau of Drug and Alcohol Services, to amend agreements with 12 vendors by increasing the total price limitation by \$288,000 from \$5,078,864 to \$5,366,864 to provide regional public health emergency preparedness and substance misuse prevention services, to be effective the date of Governor and Council approval through June 30, 2015. Funds are 100% Federal.

Nine of these agreements were originally approved by Governor and Council on June 19, 2013, (Item #s 95, 96, 97, 98, 99, 100, 102, 103 104B), and three of these agreements were originally approved by Governor and Council on July 10, 2013, (Item # 101), July 24, 2013 (Item #27B), and September 4, 2013 (Item #54).

Summary of contracted amounts by vendor:

Vendor	Location of Vendor	Current Modified Budget	SFY 2015 Budget Increase Amount	Revised Modified Budget
Carroll County Coalition for Public Health	Ctr. Ossipee, NH	\$303,032	✓ \$25,000	\$328,032
Cheshire County	Keene, NH	\$320,236	✓ \$22,000	\$342,236
City of Nashua, Div of PH & Community Svcs	Nashua, NH	\$614,960	✓ \$25,000	\$639,960
Goodwin Community Health	Somersworth, NH	\$334,092	✓ \$18,000	\$352,092
✓ Granite United Way	Concord, NH	\$321,138	✓ \$25,000	\$346,138
✓ Lakes Region Partnership for Public Health <i>LL</i>	Laconia, NH	\$309,486	✓ \$25,000	\$334,486
Manchester Health Dept.	Manchester, NH	\$915,560	✓ \$25,000	\$940,560
Mary Hitchcock Mem Hsp dba Dartmouth Hitchcock	Lebanon, NH	\$296,602	✓ \$25,000	\$321,602
Mid-State Health Center	Plymouth, NH	\$303,760	✓ \$23,000	\$326,760
North County Health Consortium	Littleton, NH	\$452,760	✓ \$25,000	\$477,760
✓ Sullivan County <i>LL</i>	Newport, NH	\$302,010	✓ \$25,000	\$327,010
Town of Derry	Derry, NH	\$302,326	✓ \$25,000	\$327,326
Town of Exeter	Exeter, NH	\$302,902	\$0	\$302,902
TOTAL		\$5,078,864	\$288,000	\$5,366,864

Her Excellency, Governor Margaret Wood Hassan
and the Honorable Council
January 8, 2015
Page 2 of 4

Funds to support this request are available in the following accounts for SFY 2015, with authority to adjust amounts within the price limitation without further approval from Governor and Executive Council.

05-95-90-901510-5398 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF PUBLIC HEALTH PROTECTION, EMERGENCY RESPONSE

05-95-90-903010-7966 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF LABORATORY SERVICES, PUBLIC HEALTH LABORATORIES

05-95-90-901010-5362 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF PUBLIC HEALTH SYSTEMS, POLICY & PERFORMANCE, POLICY AND PERFORMANCE

05-95-49-491510-2990 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF COMMUNITY BASED CARE SERVICES, BUREAU OF DRUG AND ALCOHOL SERVICES, CLINICAL SERVICES

See attachment for financial details

EXPLANATION

This requested action seeks approval of 12 agreements that represent \$288,000 to be spent statewide to continue regional public health emergency preparedness and substance misuse prevention services. In the interest of efficiency, the contract amendments are being bundled as they are providing the same services. Because of the size of the resulting Governor and Council submission, the copies provided are abbreviated in the interest of saving resources. The Councilors and the public can view the entire submission package on the Secretary of State's website.

The Division of Public Health Services is providing funding for the development of Community Health Improvement Plans that are aligned with the priorities established in the State Health Improvement Plan published in 2013. Each contractor will work with members of their respective Regional Public Health Advisory Council, which were established under the original contracts, to develop regional goals and objectives to improve the health of their communities. This work will result in a coordinated and focused effort among regional partners to implement complementary activities to address key health problems.

The Bureau of Drug and Alcohol Services, Division of Community Based Care Services is providing funding to convene subject matter experts, consisting of local healthcare providers and other professionals within the continuum of services, to form a workgroup to educate members of the Regional Public Health Advisory Council on the impacts of substance use disorders. This work is intended to continue in the next biennium with the development of Resiliency and Recovery Oriented System of Care across the continuum of prevention, treatment, and recovery in each of the designated public health regions.

Her Excellency, Governor Margaret Wood Hassan
and the Honorable Council
January 8, 2015
Page 3 of 4

All vendors were offered \$10,000 for Community Health Improvement Planning activities and \$15,000 for Substance Disorder and Resiliency and Recovery Oriented Systems activities, for a total of \$25,000 to each vendor. However, the Town of Exeter chose not to accept the funds and instead the Department contracted with the United Way of Greater Seacoast, which was approved at the January 14, 2015 Governor and Council meeting, and Mid-State Health Center requested \$2,000 less than the \$25,000 available. In addition, in this same item, the Department is reducing funding that was dedicated to planning to receive evacuees in the event of a radiological emergency related to the Seabrook Station in Goodwin Community Health's contract by \$7,000, and Cheshire County's contract by \$3,000. The Department has modified its response plan in these two areas, eliminating the need for the specific planning that was originally funded.

Should Governor and Executive Council not authorize this Request, both public health and substance misuse services will be less coordinated and comprehensive in the thirteen public health regions. Developing a strong, regionally-based infrastructure to convene, coordinate, and facilitate an improved systems-based approach to addressing these health issues will, over time, reduce costs, improve health outcomes, and reduce health disparities.

The original contracts were awarded to the Regional Public Health Network agencies through a competitive bid process. The bid scoring summary is attached.

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

Community Health Improvement Planning

- Completion and approved work plan within one month of the approved contract.
- Publication of a Community Health Improvement Plan that addresses at least five of the priority health topics identified in the NH State Health Improvement Plan.

Substance Use Disorders and Resiliency and Recovery Oriented Systems of Care

- Completion and approved work plan within one month of the approved contract.
- Number of subject matter experts, from across the continuum of services, recruited and served on the workgroup.
- Number of educational resources related to deliverables listed in 1:2 developed, identified, and disseminated.
- Number of, content and attendance of the following:
 - Educational meetings related to the impact of substance use disorders;
 - Resource sharing meetings related to substance use disorders;
 - Educational meeting on Resiliency and Recovery Oriented System of Care;
 - Education on the continuum care services: environmental strategies, prevention, intervention, treatment and recovery;
 - The Center of Excellence webinar on "Elements of a comprehensive system to preventing, treating and recovering from substance use disorders".

- Convene Public Health Advisory Committee and identify what constitutes a comprehensive approach to environmental strategies, prevention, intervention, treatment, and recovery from substance use disorders for your region.
- Submitted documentation for the vision of this comprehensive approach to environmental strategies, prevention, intervention, treatment, and recovery from substance use disorders for your region.

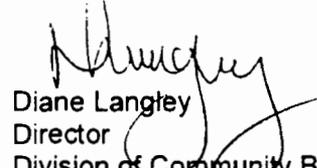
Area served: Statewide.

Source of Funds: 100% Federal Funds from US Centers for Disease Control and Prevention and the Substance Abuse and Mental Health Services Administration.

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

Respectfully submitted,


José Thier Montero, MD, MHCDS
Director
Division of Public Health Services


Diane Langley
Director
Division of Community Based Care Services

Approved by:


Nicholas A. Toumpas
Commissioner



**State of New Hampshire
Department of Health and Human Services
Amendment #1 to the
Regional Public Health Network Services**

This 1st Amendment to the Lakes Region Partnership for Public Health, Inc., contract (hereinafter referred to as "Amendment One") dated this 11th day of November, 2014, is by and between the State of New Hampshire, Department of Health and Human Services (hereinafter referred to as the "State" or "Department") and Lakes Region Partnership for Public Health, Inc., (hereinafter referred to as "the Contractor"), a corporation with a place of business at 67 Water Street, Suite 105, Laconia, NH 03246.

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on June 19, 2013, Item #98, the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract as amended and in consideration of certain sums specified; and

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

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

WHEREAS, the parties agree to change the scope of services and the price limitation, and

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

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

\$334,486.

2. **Add** Exhibit A-1, Additional Scope of Services

3. **Amend** Exhibit B, Purchase of Services, Contract Price, to add:

- 1.1. The contract price shall increase by \$25,000 for SFY 2015 for a total increase of \$25,000.
- 1.2. Funding is available as follows:
 - \$15,000 - 100% Federal Funds from the Substance Abuse and Mental Health Services, CFDA #93.959, Federal Award Identification Number (FAIN) TI010035-14;
 - \$10,000 - 100% Federal Funds from the Centers for Disease Control and Prevention, CFDA #93.758, Federal Award Identification Number (FAIN), B01OT009037.

4. **Amend** Exhibit B, Purchase of Services, Contract Price, to:

Delete: Paragraph 6 and,



Replace with:

6. Notwithstanding paragraph 18 of the General Provisions P-37, an amendment limited to adjustments to amounts between and among account numbers, within the price limitation, may be made by written agreement of both parties and may be made without obtaining approval of the Governor and Executive Council.

5. **Amend** Budget, to add: Exhibit B-1 (2015)

6. **Amend** Exhibit C, Special Provisions to:

Delete: Exhibit C, Special Provisions,

Replace with: Exhibit C, Special Provisions Amendment #1

7. **Add**: Exhibit C-1, Revisions to General Provisions

8. **Amend** Exhibit G, Certification Regarding the Americans with Disabilities Act Compliance to:

Delete: Exhibit G, Certification Regarding the Americans with Disabilities Act Compliance, and;

Replace with: Exhibit G, Certification of Compliance with Requirements Pertaining to Federal Nondiscrimination, Equal Treatment of Faith-based Organizations and Whistleblower Protection Amendment #1

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



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

State of New Hampshire
Department of Health and Human Services

11/15/15
Date

[Signature]
Brook Dupee
Bureau Chief

Lakes Region Partnership for Public Health, Inc.

11/13/14
Date

Margaret Pritchard
Name:
Title: President BOB

Acknowledgement:

State of New Hampshire County of Belknap on Nov 13, 2014, before the undersigned officer, personally appeared the person identified above, or satisfactorily proven to be the person whose name is signed above, and acknowledged that s/he executed this document in the capacity indicated above.

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

COLLEEN A DROUIN, NOTARY PUBLIC
Name and Title of Notary or Justice of the Peace

My Commission Expires: Aug 14, 2018

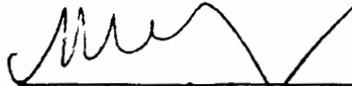




The preceding Amendment, having been reviewed by this office, is approved as to form, substance, and execution.

OFFICE OF THE ATTORNEY GENERAL

Date 1/26/15


Name: Susan A. York
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: _____

48 *for*

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STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES

129 PLEASANT STREET, CONCORD, NH 03301
603-271-9559 1-800-852-3345 Ext. 9559
Fax: 603-271-8431 TDD Access: 1-800-735-2964



Nicholas A. Toumpas
Commissioner

José Thier Montero
Director

May 13, 2013

G&C Approved

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

Date 6/19/13
Item # #98

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division of Public Health Services, Bureau of Infectious Disease Control and the Division of Community Based Care Services, Bureau of Drug and Alcohol Services, to enter into an agreement with Lakes Region Partnership for Public Health, Inc. (Vendor #165635-B001), 67 Water Street, STE 105, Laconia, NH 03246, in an amount not to exceed \$309,486.00, to improve regional public health emergency preparedness, substance misuse prevention and related health promotion capacity, and implement school-based influenza clinics, to be effective July 1, 2013 or date of Governor and Council approval, whichever is later, through June 30, 2015.

92.58% Fed. 7.42% GF

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

05-95-90-902510-5171 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF INFECTIOUS DISEASE CONTROL, EMERGENCY PREPAREDNESS

Fiscal Year	Class/Object	Class Title	Job Number	Total Amount
SFY 14	102-500731	Contracts for Prog Svc	90077021	\$78,863.00
SFY 15	102-500731	Contracts for Prog Svc	90077021	\$78,863.00
			Sub-Total	\$157,726.00

05-95-49-491510-2988 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF COMMUNITY BASED CARE SERVICES, BUREAU OF DRUG AND ALCOHOL SERVICES, PREVENTION SERVICES

Fiscal Year	Class/Object	Class Title	Job Number	Total Amount
SFY 14	102-500734	Contracts for Prog Svc	95846502	\$65,380.00
SFY 15	102-500734	Contracts for Prog Svc	95846502	\$65,380.00
			Sub-Total	\$130,760.00

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

Fiscal Year	Class/Object	Class Title	Job Number	Total Amount
SFY 14	102-500731	Contracts for Prog Svc	90023010	\$10,500.00
SFY 15	102-500731	Contracts for Prog Svc	90023010	\$10,500.00
			Sub-Total	\$21,000.00
			Total	\$309,486.00

EXPLANATION

Funds in this agreement will be used to allow Lakes Region Partnership for Public Health, Inc. to align a range of public health and substance misuse prevention and related health promotion activities. Lakes Region Partnership for Public Health, Inc. will be one of 13 agencies statewide to host a Regional Public Health Network, which is the organizational structure through which these activities are implemented. Each Public Health Network site serves a defined Public Health Region, with every municipality in the state assigned to a region.

This agreement aligns programs and services within the Department and this contracted partner to increase the effectiveness of services being provided while reducing the administrative burden and, where feasible, costs for both the Department and this partner. To that end, this agreement provides a mechanism for other funds to be directed to Regional Public Health Networks to continue building coordinated regional systems for the delivery of other public health and substance misuse and health promotion services as funding becomes available.

This agreement will build regional capacity in four broad areas: a Regional Public Health Advisory Committee; Regional Public Health Preparedness; Substance Misuse Prevention and Related Health Promotion services; and School-Based Seasonal Influenza Clinics. The Regional Public Health Advisory Committee will engage senior-level leaders from throughout this region to serve in an advisory capacity over the services funded through this agreement. Over time, the Division of Public Health Services and the Bureau of Drug and Alcohol Services expect that the Regional Public Health Advisory Committee will expand this function to other public health and substance misuse prevention and related health promotion services funded by the Department. The long-term goal is for the Regional Public Health Advisory Committee to set regional priorities that are data-driven, evidence-based, responsive to the needs of the region, and to serve in this advisory role over all public health and substance misuse and related health promotion activities occurring in the region.

Lakes Region Partnership for Public Health, Inc. will also lead a coordinated effort with regional public health, health care and emergency management partners to develop and exercise regional public health emergency response plans to improve the region's ability to respond to public health emergencies. Lakes Region Partnership for Public Health, Inc. will also coordinate a Medical Reserve Corps unit made up of local volunteers who work in emergency medical clinics and shelters. These regional activities are integral to the State's capacity to respond to public health emergencies.

The effectiveness of a regional response structure for public health emergencies was demonstrated during the H1N1 pandemic when the Regional Public Health Networks statewide offered 533 clinics that vaccinated more than 46,000 individuals. Also, during 2011 and 2012 a number of Medical Reserve Corps units statewide provided basic medical support in emergency shelters during tropical storm Irene and "super storm" Sandy.

Lakes Region Partnership for Public Health, Inc. will also coordinate substance misuse prevention and related health promotion activities with the primary goal of implementing the three-year regional strategic plan that was developed and completed in June 2012. This strategic plan uses a public health approach that includes Strategic Prevention Framework Model key milestones and products for the evidence-based programs, practices and policies that will be implemented over the course of the agreement. These efforts must strategically target all levels of society; seek to influence personal behaviors, family systems and the environment in which individuals "live, work, learn and play."

According to the 2011 National Survey on Drug Use and Health, New Hampshire ranks third in the nation for youth alcohol use (17.04% of 12 to 17 year olds reporting drinking in the past month), third in the nation for alcohol use among young adults (73.22% of 18 to 25 year olds reporting drinking in the past month) and sixth in the nation for alcohol use among adults (64.89% of those 26 and older reporting drinking in the past month). In New Hampshire, the rate of alcohol use and binge drinking (having five or more drinks within a couple of hours) among 12 to 20 year olds is significantly higher than the national average.

New Hampshire also ranks high for marijuana use across a wide range of age categories compared to the rest of the nation. According to the 2011 National Survey on Drug Use and Health, the percentage of young people between the ages of 12 and 17 who report marijuana use in the past month is higher in comparison to all of the other U.S. states and territories. Regular marijuana use (at least once in the past 30 days) is reported by 11.35% of 12-17 year olds. The prevalence of marijuana use among 18 to 25 year olds is fifth in the nation, with 27.03% reporting marijuana use in the past month. The rate of regular marijuana use among adults 26 and older is 5.42%, slightly above the U.S. rate of 4.8%.

Finally, prescription drug misuse is at epidemic proportions in New Hampshire where pain reliever abuse among young adults is the tenth highest in the nation (12.31% of 18 to 25 year olds reported non-medical use of pain relievers in the past year). Perhaps the most telling indicator of New Hampshire's epidemic is the steady increase in total drug-related deaths since 2000, with the majority of the increase attributable to prescription drug overdose. The number of drug-related overdose deaths in the state increased substantially between 2002 and 2010, more than doubling from 80 deaths to 174 over the eight-year period. Prescription opioids are the most prevalent drug of abuse leading to death.

Lakes Region Partnership for Public Health, Inc. will also implement seasonal influenza vaccination clinics in select schools. This initiative represents their ability to expand the range of public health services they offer that are data-driven, known to be effective, and respond to regional needs. Seasonal influenza vaccination rates lag behind the rates for all other recommended childhood immunizations. In order to increase the percent of children six months through 18 years of age who are vaccinated against influenza, New Hampshire must increase access to vaccination services in the school-aged population. New Hampshire's efforts to vaccinate infants and young children against influenza have been more successful than efforts to vaccinate school children, as demonstrated by Medicaid data. The Division of Public Health Services' goal is to increase the percent of children ages 5-12 from 60% in the 2011-2012 influenza season and from 32% for children age 13-17 years in that same period to the national Healthy People 2020 goal of 80% for all children.

Her Excellency, Governor Margaret Wood Hassan
and the Honorable Council
May 13, 2013
Page 4

Achieving higher rates of immunization in a school community is known to lower absenteeism among children and school staff. Schools will be targeted in order to access children who may experience the greatest barriers to vaccination including, but not limited to: a lack of local medical providers; lack of transportation; socioeconomic status; or who live in communities in Medically Underserved Areas.

Should Governor and Executive Council not authorize this Request, there will be a reduced ability to quickly activate large-scale vaccination clinics and community-based medical clinics; support individuals with medical needs in emergency shelters; and coordinate overall public health response activities in this region. With respect to substance misuse prevention and related health promotion, the regional prevention system that has been addressing these issues would dissolve, causing a further decline of already limited prevention services as this agreement provides for the continuation, coordination and further development of community based prevention services. Finally, the ability to increase immunization rates among children who experience barriers to this preventative measure would be lost.

Lakes Region Partnership for Public Health, Inc. was selected for this project through a competitive bid process. A Request for Proposals was posted on the Department of Health and Human Services' web site from January 15, 2013 through March 4, 2013. In addition, a bidder's conference was held on January 24 that was attended by more than 80 individuals.

Fifteen Letters of Intent were submitted in response to this statewide competitive bid. Fifteen proposals were received, with Lakes Region Partnership for Public Health, Inc. being the sole bid to provide these services in this region. This bid was reviewed by two Department of Health and Human Services reviewers who have more than 30 years experience in program administration, emergency planning and substance misuse prevention. The scoring criteria focused on the bidder's capacity to perform the scope of services and alignment of the budget with the required services. The recommendation that this vendor be selected was based on a satisfactory score and agreement among reviewers that the bidder had significant experience and well-qualified staff. The bid-scoring summary is attached.

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

Emergency preparedness, substance misuse prevention and related health promotion, and school vaccination services were contracted previously with this agency in SFY 2012 in the amounts of \$76,000, \$75,000 and \$15,000 respectively. Emergency preparedness funding will increase by \$2,863 due a new funding formula that included both a base award plus a population-based allocation. Substance misuse prevention and related health promotion services will be reduced by \$9,620 as a result of an increase from 10 to 13 in the number of regional prevention networks being funded. School vaccination funding is reduced by \$4,500 as a result of moving to a more targeted program that also allows for this program to be expanded to three additional Public Health Networks statewide.

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

Regional Public Health Advisory Committee

- Representation of at least 70% of the 11 community sectors identified in the CDC Capabilities Standards that participate in the Regional Public Health Advisory Committee.
- Representation of 65% of the six community sectors identified in the Governor's Commission on Alcohol and Drug Abuse Prevention, Intervention, and Treatment's plan that participate in the Regional Public Health Advisory Committee.
- Representation of at least 70% of the 13 healthcare sector partners identified by the Division of Public Health Services that participate in a regional healthcare coalition.
- Documented organizational structure for the Regional Public Health Advisory Committee (e.g. vision or mission statements, organizational charts, by-laws, MOUs, etc.).
- Establish and increase, over time regional connectivity among stakeholders and improved trust among partners via the annual PARTNER Survey.

Substance Misuse Prevention and Related Health Promotion

- Percentage of increase of evidence-based programs, practices and policies adopted by sector.
- Increase in the amount of funds and resources leveraged in the implementation of prevention strategies.
- Number and increase in the diversity of Center for Substance Abuse Prevention categories implemented across Institute of Medicine classifications as outlined in the federal Block Grant Requirements.
- Number of persons served or reached by Institute of Medicine classification.
- Number of key products produced and milestones reached as outlined in and reported annually in the Regional Network Annual Report.
- Short-term and intermediate outcomes measured and achieved as outlined in the Regional Prevention System's Logic Model.
- Long-term outcomes measured and achieved as applicable to the region's three-year strategic plan.

Regional Public Health Preparedness

- Score assigned to the region's capacity to dispense medications to the population, based on the Center for Disease Control's Local Technical Assistance Review.
- Score assigned to the region's capacity to activate a community-based medical surge system during emergencies based on the Division of Public Health Services' Regional Annex Technical Assistance Review.
- Number of Medical Reserve Corps volunteers who are deemed eligible to respond to an emergency.
- Percent of requests for deployment during emergencies met by Medical Reserve Corps units.

School-Based Vaccination

- Number of schools hosting a seasonal influenza clinic.
- Percent of students receiving seasonal influenza vaccination
- Percent of students receiving seasonal influenza vaccination who are enrolled in Medicaid or report being uninsured.

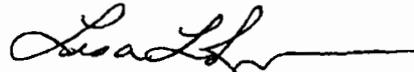
Area served: Alton, Barnstead, Belmont, Center Harbor, Danbury, Franklin, Gilford, Gilmanton, Hill, Laconia, Meredith, New Hampton, Northfield, Sanbornton, Tilton.

Her Excellency, Governor Margaret Wood Hassan
and the Honorable Council
May 13, 2013
Page 6

Source of Funds is 92.58% Federal Funds from the U.S. Centers for Disease Control and Prevention and Substance Abuse and Mental Health Services Administration and 7.42% General Funds.

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

Respectfully submitted,

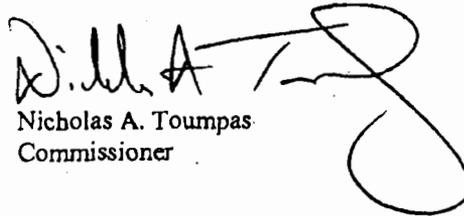


José Thier Montero, MD
Director



Nancy L. Rollins
Associate Commissioner

Approved by:



Nicholas A. Toumpas
Commissioner

JTM/NLR/NT/js

Program Name
 Contract Purpose
 RFP Score Summary

Division of Public Health Services and Division of Community Based Care Services
 Regional Public Health Network Services
 Eleven proposals received for 11 Public Health Network Regions

	1	2	3	4	5	6	7	8	9	10	11	
REF/RFP CRITERIA												
Age Capacity	40	35.50	North Country Health Consortium	Sullivan County	Mid-State Health Center	Cheshire County	Manchester Health Dept.*	City of Nashua, Division of Public Health & Community Services*	Carroll County Coalition for Public Health	Lakes Region Partnership for Public Health	Mary Hitchcock Memorial Hospital dba Dartmouth Hitchcock	Town of Exeter
Program Structure	40	37.50		32.00	34.00	38.00	36.00	29.00	37.00	37.00	37.00	32.00
Budget & Justification	18	16.50		34.00	30.00	36.00	35.00	26.00	34.00	38.00	37.00	34.00
Format	2	1.50		16.00	15.00	16.00	16.00	14.00	17.00	17.00	16.00	17.00
TOTAL POINTS	100	91.00		2.00	1.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00
				84.00	80.00	92.00	89.00	71.00	90.00	94.00	92.00	85.00

BUDGET REQUEST	Year 01	\$ 151,163.00	\$ 226,380.00	\$ 151,005.00	\$ 151,880.00	\$ 160,118.00	\$ 457,780.00	\$ 307,480.00	\$ 151,516.00	\$ 154,743.00	\$ 148,301.00	\$ 151,451.00
	Year 02	\$ 151,163.00	\$ 226,380.00	\$ 151,005.00	\$ 151,880.00	\$ 160,118.00	\$ 457,780.00	\$ 307,480.00	\$ 151,516.00	\$ 154,743.00	\$ 148,301.00	\$ 151,451.00
	Year 03	\$ 302,326.00	\$ 452,760.00	\$ 302,010.00	\$ 303,760.00	\$ 320,236.00	\$ 915,560.00	\$ 614,960.00	\$ 303,032.00	\$ 309,486.00	\$ 294,602.00	\$ 302,902.00
TOTAL BUDGET REQUEST												
BUDGET AWARDED	Year 01	\$ 151,163.00	\$ 226,380.00	\$ 151,005.00	\$ 151,880.00	\$ 160,118.00	\$ 457,780.00	\$ 307,480.00	\$ 151,516.00	\$ 154,743.00	\$ 148,301.00	\$ 151,451.00
	Year 02	\$ 151,163.00	\$ 226,380.00	\$ 151,005.00	\$ 151,880.00	\$ 160,118.00	\$ 457,780.00	\$ 307,480.00	\$ 151,516.00	\$ 154,743.00	\$ 148,301.00	\$ 151,451.00
	Year 03	\$ 302,326.00	\$ 452,760.00	\$ 302,010.00	\$ 303,760.00	\$ 320,236.00	\$ 915,560.00	\$ 614,960.00	\$ 303,032.00	\$ 309,486.00	\$ 294,602.00	\$ 302,902.00
TOTAL BUDGET AWARDED												

RFP Reviewers	Name	Job Title	Dept/Agency	Qualifications
	Neil Twitchell	Administrator I	Regional Department of Health and Human Services, Division of Public Health Services and Division of Community Based Care Services	This bid was reviewed by two Department of Health and Human Services reviewers who have more than 30 years experience in program administration, emergency planning and substance misuse prevention.
	Ann Crawford	Coordinator		

*Manchester Health Department and City of Nashua, Division of Public Health & Community Services awards include amounts for preparedness that are awarded through sole source. These funds and competitive Public Health Network awards have always been combined into a single contract.

Program Name Division of Public Health Services and Division of Community Based Care Services
Contract Purpose Regional Public Health Network Services
RFP Score Summary Two proposals received for the Capital Area Region

RFP/RFP CRITERIA	Max Pts	Community Action Program Belknap-Merrimack Counties, Inc.	Granite United Way
Agy Capacity	40	30.00	34.00
Program Structure	40	31.00	32.00
Budget & Justification	18	15.00	15.00
Format	2	2.00	2.00
Total	100	78.00	83.00

BUDGET REQUEST	Year 01	Year 02	Year 03
	\$160,819.00	\$160,569.00	-
	\$160,819.00	\$160,569.00	-
	\$0.00	\$0.00	-
TOTAL BUDGET REQUEST	\$321,638.00	\$321,138.00	-
BUDGET AWARDED	\$0.00	\$160,569.00	-
	\$0.00	\$160,569.00	-
	\$0.00	\$0.00	-
TOTAL BUDGET AWARDED	\$0.00	\$321,138.00	-

RFP Reviewers	Name	Job Title	Dep/Agency	Qualifications
1	Sandra DeSesto	Director	Institute for Addiction Recovery at Rhode Island College	
2	Patty Baum	Program Officer	Healthy NH	This bid was reviewed by three Department of Health and Human Services reviewers and two external reviewers who have over 30 years experience in program administration, emergency planning and substance misuse prevention.
3	Michelle Ricco Jonas	Family Planning Program Manager	Division of Public Health Services, Maternal and Child Health Services	
4	Neil Twitchell	Administrator	Division of Public Health Services	
5	Valerie Morgan	Administrator	Department of Health and Human Services, Bureau of Drug and Alcohol Services	

Program Name Division of Public Health Services and Division of Community Based Care Services
 Contract Purpose Regional Public Health Network Services
 RFP Score Summary Two proposals received for the Strafford Area

RFA/RFP CRITERIA	Max Pts	Goodwin Community Health Center	Health & Safety Council of Strafford County
Age Capacity	40	34.00	27.00
Program Structure	40	35.00	26.00
Budget & Justification	18	16.00	13.00
Format	2	2.00	1.00
Total	100	87.00	67.00

BUDGET REQUEST	Year 01	Year 02	Year 03
	\$177,046.00	\$173,680.00	\$0.00
	\$177,046.00	\$173,680.00	\$0.00
TOTAL BUDGET REQUEST	\$354,092.00	\$347,360.00	\$0.00
BUDGET AWARDED	Year 01	Year 02	Year 03
	\$167,046.00	\$0.00	\$0.00
	\$167,046.00	\$0.00	\$0.00
TOTAL BUDGET AWARDED	\$334,092.00	\$0.00	\$0.00

RFP Reviewers	Name	Job Title	Dept/Agency	Qualifications
1	Neil Twitchell	Administrator	DPHS/Division of Public Health Services	This bid was reviewed by two Department of Health and Human Services reviewers and three external reviewers who have over 30 years of experience in program administration, emergency planning and substance misuse prevention.
2	Jessica Blais	Chief of Prevention Services	DHHS/Bureau of Drug and Alcohol Services	
3	Betsy Houde	Executive Director	The Youth Council	
4	Valerie Morgan	Administrator	DHHS/Bureau of Drug and Alcohol Services	
5	Jo Porter	Deputy Director	NH Institute for Health Policy & Practice, UNH	

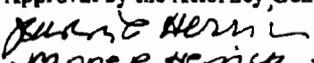
Subject: Regional Public Health Network Services

AGREEMENT

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

GENERAL PROVISIONS

1. IDENTIFICATION.

1.1 State Agency Name NH Department of Health and Human Services Division of Public Health Services		1.2 State Agency Address 29 Hazen Drive Concord, NH 03301-6504	
1.3 Contractor Name Lakes Region Partnership for Public Health, Inc.		1.4 Contractor Address 67 Water Street, Suite 105 Laconia, NH 03246	
1.5 Contractor Phone Number (603) 528-2145	1.6 Account Number 05-95-90-902510-5171-102-500731, 05-95-49-491510-2988-102-500734, 05-95-90-902510-5178-102-500731	1.7 Completion Date June 30, 2015	1.8 Price Limitation \$309,486.00
1.9 Contracting Officer for State Agency Lisa L. Bujno, MSN, APRN Bureau Chief		1.10 State Agency Telephone Number 603-271-4501	
1.11 Contractor Signature 		1.12 Name and Title of Contractor Signatory Sally Minkow, President Board of Directors	
1.13 Acknowledgement: State of <u>NH</u> , County of <u>Belknap</u> On <u>4/15/13</u> before the undersigned officer, personally appeared the person identified in block 1.12, or satisfactorily proven to be the person whose name is signed in block 1.11, and acknowledged that s/he executed this document in the capacity indicated in block 1.12.			
1.13.1 Signature of Notary Public or Justice of the Peace  [Seal]			
1.13.2 Name and Title of Notary or Justice of the Peace NANCY A BACON NOTARY PUBLIC			
1.14 State Agency Signature 		1.15 Name and Title of State Agency Signatory Lisa L. Bujno, Bureau Chief	
1.16 Approval by the N.H. Department of Administration, Division of Personnel (if applicable) By: _____ Director, On: _____			
1.17 Approval by the Attorney General (Form, Substance and Execution) By:  Warner P. Henrick, Attorney On: <u>27 May 2013</u>			
1.18 Approval by the Governor and Executive Council By: _____ On: _____			

NH Department of Health and Human Services

Exhibit B

**Purchase of Services
Contract Price**

Regional Public Health Network Services

CONTRACT PERIOD: July 1, 2013 or date of G&C approval, whichever is later, through June 30, 2015

CONTRACTOR NAME: Lakes Region Partnership for Public Health, Inc.

67 Water Street, STE 105

ADDRESS: Laconia, NH 03246

Executive Director: Lisa Morris

TELEPHONE: (603) 528-2145

Vendor #165635-B001	Job #90077021	Appropriation #05-95-90-902510-5171-102-500731
	Job #95846502	Appropriation #05-95-49-491510-2988-102-500734
	Job #90023010	Appropriation #05-95-90-902510-5178-102-500731

1. The total amount of all payments made to the Contractor for cost and expenses incurred in the performance of the services during the period of the contract shall not exceed:

\$157,726 for Public Health Preparedness – Regional Planning, Response and Exercises and Drills, funded from 85.45% federal funds from the U.S. Centers for Disease Control and Prevention (CDC), (CFDA #96.069), and 14.55% general funds, \$130,760 for Substance Misuse Prevention and Related Health Promotion, funded from 100% federal funds from the Substance Abuse and Mental Health Services Administration (CFDA #93.959), and \$21,000 for School Based Vaccination Clinics, funded from 100% federal funds from the National Center for Immunization and Respiratory Diseases, CDC, (CFDA #93.268).

TOTAL: \$309,486

2. The Contractor agrees to use and apply all contract funds from the State for direct and indirect costs and expenses including, but not limited to, personnel costs and operating expenses related to the Services, as detailed in the attached budgets. Allowable costs and expenses shall be determined by the State in accordance with applicable state and federal laws and regulations. The Contractor agrees not to use or apply such funds for capital additions or improvements, entertainment costs, or any other costs not approved by the State.
3. This is a cost-reimbursement contract based on an approved budget for the contract period. Reimbursement shall be made monthly based on actual costs incurred during the previous month.
4. Invoices shall be submitted by the Contractor to the State in a form satisfactory to the State for each of the Service category budgets. Said invoices shall be submitted within twenty (20) working days following the end of the month during which the contract activities were completed, and the final invoice shall be due to the State no later than sixty (60) days after the contract Completion Date. Said invoice shall contain a description of all allowable costs and expenses incurred by the Contractor during the contract period.
5. Payment will be made by the State agency subsequent to approval of the submitted invoice and if sufficient funds are available in the Service category budget line items submitted by the Contractor to cover the costs and expenses incurred in the performances of the services.

6. The Contractor may amend the contract budget for any Service category through line item increases, decreases, or the creation of new line items provided these amendments do not exceed the contract price for that particular Service category. Such amendments shall only be made upon written request to and written approval by the State. Budget revisions will not be accepted after June 20th of each contract year.
7. The Contractor shall have written authorization from the State prior to using contract funds to purchase any equipment with a cost in excess of three hundred dollars (\$300) and with a useful life beyond one year.

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**State of New Hampshire
Department of Health and Human Services
Amendment #3 to the
Regional Public Health Network Services**

This 3rd Amendment to the Regional Public Health Network Services contract (hereinafter referred to as "Amendment Three) dated this 28 day of June, 2016, 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 Mary Hitchcock Memorial Hospital, f/k/a Mary Hitchcock Memorial Hospital d/b/a Dartmouth-Hitchcock, (hereinafter referred to as "the Contractor"), a corporation with a place of business at 1 Medical Center Drive, Lebanon, NH 03756.

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on September 4, 2013, Item #54, and amended on February 11, 2015, Item #9 and on June 27, 2015, Item #26, the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract as amended and in consideration of certain sums specified; and

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

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

WHEREAS, the parties agree to increase the price limitation and modify the scope of services to support continued delivery of these services, and

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. Amend Form P-37, Block 1.8, to read \$956,149.
2. Amend Form P-37, Block 1.9, to read Eric Borrin, Director of Contracts and Procurement.
3. Amend Form P-37, Block 1.10 to read 603-271-9558.
4. Delete Exhibit A-2 Additional Scope of Services and Exhibit A-3 Additional Scope of Services in their entirety and replace with Exhibit A-4 Additional Scope of Services.
5. Amend Exhibit B to add to paragraph 1:
 - 1.5: The contract shall increase by \$20,000 in SFY 2017, for a total increase of \$20,000.
 - 1.6. Funding is available as follows:
 - \$20,000 - 100% federal funds from the US Centers for Disease Control and Prevention, Building Resilience Against Climate Effects in State Health Departments.
6. Amend Budget to add:
 - Exhibit B-1 Amendment #3 SFY 2017 Budget

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



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

State of New Hampshire
Department of Health and Human Services

7/18/16
Date

Marcella J. Bobinsky
Marcella J. Bobinsky, MPH
Acting Director

Mary Hitchcock Memorial Hospital f/k/a Mary Hitchcock Memorial
Hospital d/b/a Dartmouth-Hitchcock

7/12/16
Date

Robert A. Greene
Name: Robert A. Greene
Title: EVP Chief Population Management Officer

Acknowledgement:

State of New Hampshire, County of Grafton on July 12, 2016 before the undersigned officer, personally appeared the person identified above, or satisfactorily proved to be the person whose name is signed above, and acknowledged that s/he executed this document in the capacity indicated above.

Laura
Signature of Notary Public or Justice of the Peace

Notarizing as to Robert Greene's
Signature only - Laura Rogers

Laura Rogers - Notary Public
Name and Title of Notary or Justice of the Peace

My Commission Expires: May 9, 2017



New Hampshire Department of Health and Human Services



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

OFFICE OF THE ATTORNEY GENERAL

Date 8/5/14

Name: [Signature]
Title: Attorney General

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: _____



Additional Scope of Services

1. Provisions Applicable to All Services

- 1.1. The Contractor will submit a detailed description of the language assistance services they will provide to persons with limited English proficiency to ensure meaningful access to their programs and/or services within ten (10) days of the contract effective date.
- 1.2. The Contractor agrees that, to the extent future legislative action by the New Hampshire General Court or federal or state court orders may have an impact on the Services described herein, the State Agency has the right to modify Service priorities and expenditure requirements under this Agreement so as to achieve compliance therewith.

2. Covered Populations and Services

- 2.1. The Department of Health and Human Services (DHHS), Division of Public Health Services (DPHS), supports the activities of the Climate and Health Program and Regional Public Health Networks' to use the existing Climate and Health Adaption Plan (CHAP) to assess and reduce the public health effects from severe weather events and the changing climate in New Hampshire. The population to be served is the Upper Valley Region.

3. Required Services

The Contractor shall, by June 30, 2017:

- 3.1. In Phase 2, continue to implement the educational intervention on the issue of heat-stress on the elderly, which was the intervention selected in Phase 1 of the project to increase knowledge of health risks and protective behaviors. Phase 1 provided the original planning and early implementation activities, concentrating on training and written materials, targeting elder care workers and home-bound elder to reduce the impact of rising temperatures on the elderly over 65 years of age.
- 3.2. Expand the intervention to include a written evaluation plan with baseline measures, and expand the intervention to address at least one (1) additional population at-risk for health effects (i.e. outdoor athletes or workers, lower income disabled persons, etc.) identified in Phase 1.
- 3.3. Participate in at least two (2) half-day trainings provided by the DHHS in Concord, on how to implement and evaluate the Building Resilience Against Climate Effects (BRACE) framework.
- 3.4. Collaborate with the DHHS on the development of the evidence-based intervention, tracking progress, and measuring change. The DHHS will provide examples of population-level interventions (i.e. evidence based or informed, promising practices).



- 3.5. Complete a written report on the results of the intervention, which shall include sections on a literature review of evidence-based interventions known to be effective (i.e. peer-reviewed literature), methods that fit the local population needs, and an evaluation plan with performance measures to be tracked over time, any preliminary findings, and a discussion of the project results in your community.

4. Meeting, Reporting, Contract Monitoring and Performance Evaluation

The Contractor shall:

- 4.1. Participate in monthly 1-hour meetings and/or conference calls with the DHHS Climate and Health staff to coordinate activities and update progress.
- 4.2. Participate in an annual or semi-annual site visit with the DHHS/DPHS staff. Site visits will include:
 - a. Reviewing the progress made toward meeting the deliverables and requirements described in the Scope of Services based on an evaluation plan that includes performance measures.
 - b. Assessing subcontractors. Subcontractors must attend all site visits as requested by DHHS.
 - c. Reviewing/conducting a financial audit in accordance with state and federal requirements.
 - d. Assessing the Contractor's policies and procedures to determine areas to improve the ability to expedite the acceptance and expenditure of funds during public health emergencies.
 - e. Assessing the Contractor's capacity to apply for state and federal reimbursement for costs incurred during declared emergencies.
 - f. Assessing the Contractor's capacity to accept and expend new state or federal funds during the contract period for additional public health and substance use disorders continuum of care services.
- 4.3. Submit to the DHHS quarterly progress reports to the DHHS describing the fulfillment of activities conducted and planned in order to monitor program performance:
 - 4.3.1. Quarterly reports on program activities for the prior three months, in a format developed and approved by the DHHS/DPHS. Reports will be due 30 days following the end of each quarter, and shall include the following:
 - 4.3.1.1. Brief narrative of work performed during the prior quarter;
 - 4.3.1.2. Quarterly, or at intervals specified by DHHS, the Contractor will report on their Workplan progress towards meeting the performance measures, and overall program goals and objectives to demonstrate they have met the minimum required services for the proposal.
 - 4.3.1.3. Documented achievements.
- 4.4. The Contractor shall provide other programmatic updates as requested by the DHHS.



- 4.5. Final cumulative report on progress meeting deliverables and accomplishments, in a format developed and approved by DHHS/DPHS. The report will be due 45 days following the end of the contract term.

5. Staffing

- 5.1. The Contractor shall provide sufficient staff to perform tasks specified in the contract and maintain a level of staffing necessary to perform all functions, requirements, roles and duties in a timely manner.
- 5.2. The Contractor shall ensure that all staff has appropriate training, education, experience, and orientation to fulfill the requirements of the positions they hold and shall verify and document that it has met this requirement. This includes keeping up-to-date records and documentation of all individuals requiring licenses and/or certifications and such records shall be available for DHHS inspection.

6. Delegation and Subcontractors

- 6.1. DHHS recognizes that Bidders may choose to use subcontractors with specific expertise to perform certain services or functions for efficiency or convenience. However, the Contractor shall retain the responsibility and accountability for all functions of this contract, per Exhibit C, #19 Subcontractors.

7. Performance Measures

- 7.1. The Contractor shall ensure that the following performance measures are annually achieved and monitored quarterly to measure the effectiveness of the agreement:
- 7.1.1. By December 31, 2016, submit an interim report to the DHHS describing any preliminary results of the intervention project, including any process measures such as number and dates of outreach, interventions, and number of persons involved. The written format will include sections on background, methods, findings, and evaluation of impact.
- 7.1.2. By June 30, 2017, submit final report to the DHHS describing any later results of the intervention project, including successes and challenges, and any outcome measures such as changes to levels of awareness, behavior, or health impacts (i.e. counts or rates), or changes in levels of emergency preparedness and community resilience. The report format will include sections on background, methods, findings, and evaluation of impact.
- 7.2. Annually, the Contractor shall develop and submit to the DHHS, a corrective action plan for any performance measure that was not achieved.

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 MARY HITCHCOCK MEMORIAL HOSPITAL is a New Hampshire nonprofit corporation formed August 7, 1889. 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 13th day of April A.D. 2016

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

William M. Gardner
Secretary of State

CERTIFICATE OF VOTE/AUTHORITY

I, Anne-Lee Verville of Dartmouth-Hitchcock Clinic and Mary Hitchcock Memorial Hospital, do hereby certify that:

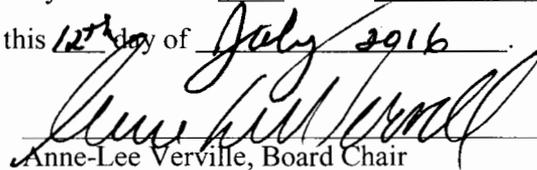
1. I am the duly elected Chair of the Board of Trustees of Dartmouth-Hitchcock Clinic and Mary Hitchcock Memorial Hospital;
2. The following is a true and accurate excerpt from the December 7th, 2012 Bylaws of Dartmouth-Hitchcock Clinic and Mary Hitchcock Memorial Hospital:

ARTICLE I – Section A. Fiduciary Duty. Stewardship over Corporate Assets

“In exercising this [fiduciary] duty, the Board may, consistent with the Corporation’s Articles of Agreement and these Bylaws, delegate authority to the Board of Governors, Board Committees and various officers the right to give input with respect to issues and strategies, incur indebtedness, make expenditures, enter into contracts and agreements and take such other binding actions on behalf of the Corporation as may be necessary or desirable.”

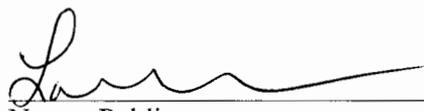
3. Article I – Section A, as referenced above, provides authority for the chief officers, including the Chief Executive Officer and Chief Population Health Officer, of Dartmouth-Hitchcock Clinic and Mary Hitchcock Memorial Hospital to sign and deliver, either individually or collectively, on behalf of Dartmouth-Hitchcock Clinic and Mary Hitchcock Memorial Hospital.
4. Robert A. Greene, MD is the Chief Population Health Officer of Dartmouth-Hitchcock Clinic and Mary Hitchcock Memorial Hospital and therefore has the authority to enter into contracts and agreements on behalf of Dartmouth-Hitchcock Clinic and Mary Hitchcock Memorial Hospital.

IN WITNESS WHEREOF, I have hereunto set my hand as the Chair of the Board of Trustees of Dartmouth-Hitchcock Clinic and Mary Hitchcock Memorial Hospital this 12th day of July 2016.



Anne-Lee Verville, Board ChairSTATE OF NHCOUNTY OF GRAFTON

The foregoing instrument was acknowledged before me this 12th day of July 2016 by Anne-Lee Verville.



Notary Public
My Commission Expires: May 9, 2017

COMPANY AFFORDING COVERAGE

Hamden Assurance Risk Retention Group, Inc.
 P.O. Box 1687
 30 Main Street, Suite 330
 Burlington, VT 05401

This certificate is issued as a matter of information only and confers no rights upon the Certificate Holder. This Certificate does not amend, extend or alter the coverage afforded by the policies below.

INSURED

Mary Hitchcock Memorial Hospital
 One Medical Center Drive
 Lebanon, NH 03756
 (603)653-6850

COVERAGES

This is to certify that the Policy listed below have been issued to the Named Insured 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. This policy issued by a risk retention group may not be subject to all insurance laws and regulations in all states. State insurance insolvency funds are not available to a risk retention group policy.

TYPE OF INSURANCE		POLICY NUMBER	POLICY EFFECTIVE DATE	POLICY EXPIRATION DATE	LIMITS	
GENERAL LIABILITY		0002016-A	07/01/2016	06/30/2017	GENERAL AGGREGATE	\$ 2,000,000
X	COMMERCIAL GENERAL LIABILITY				PRODUCTS-COMP/OP AGGREGATE	
					PERSONAL ADV INJURY	
					EACH OCCURRENCE	\$1,000,000
x	CLAIMS MADE				FIRE DAMAGE	
	OCCURRENCE	MEDICAL EXPENSES				
PROFESSIONAL LIABILITY					EACH OCCURENCE	
					ANNUAL AGGREGATE	
OTHER						

DESCRIPTION OF OPERATIONS/ LOCATIONS/ VEHICLES/ SPECIAL ITEMS (LIMITS MAY BE SUBJECT TO RETENTIONS)

Certificate of Insurance issued as evidence of insurance for activities related to Dartmouth-Hitchcock.

CERTIFICATE HOLDER

New Hampshire Medicaid
 NH Department of Health and Human Services
 129 Pleasant Street
 Concord, NH 03301-3852

CANCELLATION

Should any of the above described policies be cancelled before the expiration date thereof, the issuing company will endeavor to mail 30 DAYS written notice to the certificate holder named below, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.

AUTHORIZED REPRESENTATIVES



Client#: 317075

DARTMOUTH1

ACORD™

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 7/08/2016

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: HUB Healthcare Solutions, HUB International New England, 100 Central Street, Suite 201, Holliston, MA 01746. CONTACT NAME: Jessica Kelley, PHONE: 978-661-6233, FAX: 866-381-4798, E-MAIL: jessica.kelley@hubinternational.com. INSURER(S) AFFORDING COVERAGE: INSURER A: Safety National Casualty Corp.

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.

Table with columns: INSR LTR, TYPE OF INSURANCE, ADDL INSR, SUBR WVD, POLICY NUMBER, POLICY EFF (MM/DD/YYYY), POLICY EXP (MM/DD/YYYY), LIMITS. Includes sections for General Liability, Automobile Liability, Umbrella Liab, and Workers Compensation.

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) Evidence of Workers Compensation coverage for Mary Hitchcock Memorial Hospital.

CERTIFICATE HOLDER: NH DHHS, 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: [Signature]

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Mission, Vision, & Values

Our Mission

We advance health through research, education, clinical practice, and community partnerships, providing each person the best care, in the right place, at the right time, every time.

Our Vision

Achieve the healthiest population possible, leading the transformation of health care in our region and setting the standard for our nation.

Values

- Respect
- Integrity
- Commitment
- Transparency
- Trust
- Teamwork
- Stewardship
- Community

Dartmouth-Hitchcock Health and Subsidiaries

Consolidated Financial Statements

June 30, 2014

Dartmouth-Hitchcock Health and Subsidiaries
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June 30, 2014

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Independent Auditor's Report

To the Board of Trustees of
Dartmouth-Hitchcock Health and Subsidiaries

We have audited the accompanying consolidated financial statements of Dartmouth-Hitchcock Health and Subsidiaries ("Health System"), which comprise the consolidated balance sheet as of June 30, 2014, and the related consolidated statements of operations and changes in net assets and of cash flows for the year then ended.

Management's Responsibility for the Consolidated Financial Statements

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

Auditor's Responsibility

Our responsibility is to express an opinion on the consolidated financial statements based on our audit. We did not audit the consolidated financial statements of New London Hospital Association, Inc. and Subsidiaries, a subsidiary whose sole member is Dartmouth-Hitchcock Health, which statements reflect total assets constituting 4.4% of consolidated total assets at June 30, 2014 and total revenues of 3.0% of consolidated total revenues for the year then ended. Those statements as of June 30, 2014 and for the nine months then ended were audited by other auditors whose report thereon has been furnished to us, and our opinion expressed herein, insofar as it relates to the amounts included for New London Hospital Association, Inc. and Subsidiaries, is based solely on the report of the other auditors. We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the consolidated financial statements are free from material misstatement.

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



Opinion

In our opinion, based on our audit and the report of the other auditors, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of Dartmouth-Hitchcock Health and Subsidiaries at June 30, 2014, and the results of their operations and changes in net assets and their cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Other Matter

Our audit was conducted for the purpose of forming an opinion on the consolidated financial statements taken as a whole. The consolidating information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements. The consolidating information has been subjected to the auditing procedures applied in the audit of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves and other additional procedures, in accordance with auditing standards generally accepted in the United States of America. In our opinion, the consolidating information is fairly stated, in all material respects, in relation to the consolidated financial statements taken as a whole. The consolidating information is presented for purposes of additional analysis of the consolidated financial statements rather than to present the financial position and results of operations and changes in unrestricted net assets of the individual companies and is not a required part of the consolidated financial statements. Accordingly, we do not express an opinion on the financial position and results of operations and changes in unrestricted net assets of the individual companies.

PricewaterhouseCoopers LLP

November 26, 2014

Dartmouth-Hitchcock Health and Subsidiaries
Consolidated Balance Sheet
June 30, 2014

(in thousands of dollars)

Assets

Current assets

Cash and cash equivalents	\$ 50,927
Patient accounts receivable, net of estimated uncollectibles of \$124,404 at June 30, 2014 (Note 5)	184,606
Prepaid expenses and other current assets (Notes 3 and 14)	91,302
Total current assets	<u>326,835</u>

Assets limited as to use (Notes 6, 8, and 11)	629,185
Other investments for restricted activities (Notes 3, 6 and 8)	101,675
Property, plant, and equipment, net (Notes 3 and 7)	484,753
Other assets (Note 3)	72,508
Total assets	<u>\$ 1,614,956</u>

Liabilities and Net Assets

Current liabilities

Current portion of long-term debt (Note 11)	\$ 13,281
Current portion of liability for pension and other postretirement plan benefits (Note 12)	5,142
Accounts payable and accrued expenses (Note 14)	93,023
Accrued compensation and related benefits	78,575
Estimated third-party settlements (Note 5)	30,677
Total current liabilities	<u>220,698</u>

Long-term debt, excluding current portion (Note 11)	550,703
Insurance deposits and related liabilities (Note 13)	68,498
Interest rate swaps (Notes 3, 8 and 11)	24,413
Liability for pension and other postretirement plan benefits, excluding current portion (Note 12)	139,056
Other liabilities	47,980
Total liabilities	<u>1,051,348</u>

Net assets

Unrestricted (Note 10)	462,675
Temporarily restricted (Notes 9 and 10)	64,664
Permanently restricted (Notes 9 and 10)	36,269
Total net assets	<u>563,608</u>

Commitments and contingencies (Notes 5, 7, 8, 11, and 14)	-
Total liabilities and net assets	<u>\$ 1,614,956</u>

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

Dartmouth-Hitchcock Health and Subsidiaries
Consolidated Statement of Operations and Changes in Net Assets
Year Ended June 30, 2014

(in thousands of dollars)

Unrestricted revenue and other support

Net patient service revenue, net of provision for bad debt (\$47,606 in 2014) (Notes 4 and 5)	\$ 1,229,848
Contracted revenue (Note 2)	92,390
Other operating revenue (Notes 2 and 6)	64,804
Net assets released from restrictions	11,670
Total unrestricted revenue and other support	<u>1,398,712</u>

Operating expenses

Salaries	675,716
Employee benefits	204,152
Medical supplies and medications	196,397
Purchased services and other	163,456
Medicaid enhancement tax (Note 5)	34,488
Geisel school of medicine support	6,500
Depreciation and amortization	57,729
Interest (Note 11)	18,436
Expenditures relating to net assets released from restrictions	11,670
Total operating expenses	<u>1,368,544</u>
Operating income	<u>30,168</u>

Nonoperating gains (losses)

Investment gains (Notes 6 and 11)	53,135
Other losses	(804)
Contribution revenue from acquisition (Note 1)	33,692
Total nonoperating gains, net	<u>86,023</u>
Excess of revenue over expenses	<u>\$ 116,191</u>

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

Dartmouth-Hitchcock Health and Subsidiaries
Consolidated Statement of Operations and Changes in Net Assets, Continued
Year Ended June 30, 2014

(in thousands of dollars)

Unrestricted net assets	
Excess of revenue over expenses	\$ 116,191
Net assets released from restrictions	763
Change in funded status of pension and other postretirement benefits (Note 12)	14,769
Change in fair value of interest rate swaps (Note 11)	1,538
Increase in unrestricted net assets	<u>133,261</u>
Temporarily restricted net assets	
Gifts, bequests, sponsored activities	18,295
Investment gains	1,171
Change in net unrealized gains on investments	2,998
Net assets released from restrictions	(12,433)
Contribution of temporarily restricted net assets from acquisition	386
Increase in temporarily restricted net assets	<u>10,417</u>
Permanently restricted net assets	
Gifts and bequests	2,961
Contribution of permanently restricted net assets from acquisition	2,053
Increase in permanently restricted net assets	<u>5,014</u>
Change in net assets	148,692
Net assets	
Beginning of year	<u>414,916</u>
End of year	<u>\$ 563,608</u>

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

Dartmouth-Hitchcock Health and Subsidiaries
Consolidated Statement of Cash Flows
Year Ended June 30, 2014

Cash flows from operating activities	
Change in net assets	\$ 148,692
Adjustments to reconcile change in net assets to net cash provided by operating and nonoperating activities	
Change in fair value of interest rate swaps	(968)
Provision for bad debt	47,606
Depreciation and amortization	58,216
Contribution revenue from acquisition	(36,131)
Change in funded status of pension and other postretirement benefits	(14,769)
(Gain) loss on disposal of fixed assets	313
Net realized gains and change in net unrealized gains on investments	(58,024)
Restricted contributions	(10,637)
Proceeds from sale of securities	413
Changes in assets and liabilities	
Patient accounts receivable, net	(54,587)
Prepaid expenses and other current assets	(7,669)
Other assets, net	(10,623)
Accounts payable and accrued expenses	10,658
Accrued compensation and related benefits	757
Estimated third-party settlements	2,389
Insurance deposits and related liabilities	(23,454)
Liability for pension and other postretirement benefits	(19,880)
Other liabilities	9,489
Net cash provided by operating and nonoperating activities	<u>41,791</u>
Cash flows from investing activities	
Purchase of property, plant, and equipment	(50,043)
Proceeds from sale of property, plant, and equipment	3,155
Purchases of investments	(107,216)
Proceeds from maturities and sales of investments	111,111
Cash received through acquisition	3,431
Net cash used by investing activities	<u>(39,562)</u>
Cash flows from financing activities	
Proceeds from line of credit	100,000
Payments on line of credit	(100,000)
Repayment of long-term debt	(27,351)
Proceeds from issuance of debt	17,066
Payment of debt issuance costs	(418)
Restricted contributions	8,519
Net cash used by financing activities	<u>(2,184)</u>
Increase in cash and cash equivalents	45
Cash and cash equivalents	
Beginning of year	<u>50,882</u>
End of year	<u>\$ 50,927</u>
Supplemental cash flow information	
Interest paid	\$ 22,220
Construction in progress included in accounts payable and accrued expenses	10,550
Equipment acquired through issuance of capital lease obligations	744
Donated securities	413

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

Dartmouth-Hitchcock Health and Subsidiaries

Consolidated Notes to Financial Statements

Year Ended June 30, 2014

1. Organization and Reporting Entity

Dartmouth-Hitchcock Health (D-HH), is a New Hampshire (NH) nonprofit corporation exempt from federal income taxes under Section 501(c)(3) of the Internal Revenue Code (IRC).

D-HH is operated for the following charitable, educational and scientific purposes:

- To establish, manage, govern, and fundraise for an integrated healthcare delivery system that best serves the purposes of preventing, diagnosing, treating and curing human illness within the New England region;
- To manage a healthcare system that provides health care services to the public in a cost-effective manner;
- To establish and maintain cooperative hospital and provider relationships throughout its system;
- To achieve excellence in clinical innovations, service, quality, cost and outcomes, supported by a strong academic program; and to integrate research, training, information technology and academic medicine in the provider organizations throughout its system.

D-HH serves as the sole corporate member of Mary Hitchcock Memorial Hospital (MHMH) and Dartmouth-Hitchcock Clinic (DHC), collectively referred to as Dartmouth-Hitchcock (D-H), which provide healthcare and related services in NH and Vermont (VT). MHMH and DHC are nonprofit corporations as described in Section 501(c)(3) of the IRC and are generally exempt from income taxes on related income pursuant to Section 501(a) of the IRC, except as otherwise noted. The historical operational integration of DHC and MHMH is supported by an affiliation agreement.

D-HH and Subsidiaries (the "Health System") is comprised of the following entities:

- D-H
 - MHMH, an acute and tertiary care teaching hospital located in Lebanon, NH.
 - DHC and Subsidiaries, a multispecialty physician practice group which operates clinics throughout NH and VT, provides, among other things, medical services to patients, medical education, and research. The accompanying consolidated financial statements include the accounts of DHC's wholly owned for profit subsidiary Pompanoosuc Investment Corporation, majority-owned Hamden Assurance Company Limited (HAC), and majority owned Hamden Assurance Risk Retention Group, Inc. (RRG) (Note 13).

DHC has entered into various contractual arrangements with community hospitals located in Keene, Concord, Manchester, Nashua, NH and Bennington, VT in which DHC has existing community practice sites. These arrangements attempt to integrate and/or coordinate hospital and physician operations clinically and administratively within these communities (Note 2).

- The Hitchcock Foundation (THF), an organization established to provide financial aid to research and general health programs. DHC is the sole corporate member of THF.

Dartmouth-Hitchcock Health and Subsidiaries

Consolidated Notes to Financial Statements

Year Ended June 30, 2014

- Dartmouth-Hitchcock Medical Center (DHMC) is organized under NH law for the exploration and coordination of matters of mutual interest to D-H, Geisel School of Medicine at Dartmouth (Geisel), a component of Dartmouth College, and the Veteran's Affairs Medical and Regional Office Center (VA) of White River Junction, VT.
- Effective October 1, 2013 D-HH became the sole corporate member of New London Hospital Association, Inc. (NLH) through an affiliation agreement. NLH is a not-for-profit organization providing inpatient, outpatient and extended care services to residents of Merrimack and Sullivan counties. Kearsarge Community Services, Inc. (KCS), a taxable corporation which owns and operates a medical office building, and New London Medical Center East, Inc. (NLMCE), a taxable corporation which operates a building, are wholly-owned subsidiaries of NLH. NLH elected to change their fiscal year end from September 30th to June 30th during fiscal year 2014. The Health System's 2014 consolidated financial statements reflect nine months of activity for NLH and its subsidiaries beginning October 1, 2013.

In accordance with applicable accounting guidance on non-for-profit mergers and acquisitions, D-HH recorded contribution income of approximately \$36,131,000 reflecting the fair value of the contributed net assets of NLH and its subsidiaries on the transaction date. Of this amount, \$33,692,000 represents unrestricted net assets and is included as a nonoperating gain in the accompanying consolidated statement of operations. Restricted contribution income of \$386,000 and \$2,053,000 was recorded within temporarily and permanently restricted net assets, respectively, in the accompanying consolidated statement of changes in net assets. No consideration was exchanged for the net assets contributed and acquisition costs are expensed as incurred.

The fair value of assets, liabilities, and net assets contributed by NLH and its subsidiaries at October 1, 2013 were as follows:

(in thousands)

Cash and cash equivalents	\$	3,431
Patient accounts receivable, net		6,493
Prepaid expenses and other current assets		2,194
Assets limited as to use		12,932
Property, plant, and equipment, net		40,360
Other assets		5,907
Total assets acquired	\$	<u>71,317</u>
Accounts payable and accrued expenses	\$	4,560
Accrued compensation and related benefits		1,841
Estimated third-party settlements		6,806
Long-term debt		17,366
Interest rate swaps		3,096
Other liabilities		1,517
Total liabilities assumed		<u>35,186</u>
Unrestricted		33,692
Temporarily restricted		386
Permanently restricted		2,053
Total net assets		<u>36,131</u>
Total liabilities and net assets	\$	<u>71,317</u>

Dartmouth-Hitchcock Health and Subsidiaries
Consolidated Notes to Financial Statements
Year Ended June 30, 2014

A summary of the financial results of NLH and its subsidiaries included in the consolidated statement of operations and changes in net assets for the period from the date of acquisition, October 1, 2013 through June 30, 2014 is as follows:

(in thousands)

Total operating revenues	\$ 41,737
Total operating expenses	44,578
Operating loss	<u>(2,841)</u>
Nonoperating gains	1,431
Deficit of revenues over expenses	<u>(1,410)</u>
Net assets released from restriction used for capital purchases	15
Net assets transferred from affiliate	33,692
Increase in unrestricted net assets	<u>\$ 32,297</u>

A summary of the consolidated financial results of the Health System for the year ended June 30, 2014, as if the affiliation had occurred on July 1, 2013 is as follows (unaudited):

(in thousands)

Total operating revenues	\$ 1,411,744
Total operating expenses	1,383,675
Operating income	<u>28,069</u>
Nonoperating gains	86,388
Excess of revenues over expenses	<u>114,457</u>
Net assets released from restriction used for capital purchases	793
Change in funded status of pension and other post retirement benefits	14,769
Change in fair value on interest rate swaps	1,744
Increase in unrestricted net assets	<u>\$ 131,763</u>

2. Affiliated Entities

Affiliated entities include the following:

Northern New England Accountable Care Collaborative, LLC

D-HH has invested \$2,000,000 in the Northern New England Accountable Care Collaborative, LLC (NNEACC) as a twenty percent owner. NNEACC was formed to improve the quality and delivery of health care by supporting research, education and the implementation of clinical effectiveness tools and standards of care, identifying unnecessary resource utilization in the delivery of care, and conducting related activities to support the charitable purposes of the member organizations.

OneCare Vermont, LLC

In 2012, D-HH and Fletcher Allen Health Care, Inc. (FAHC) formed OneCare (OCV) Vermont, a state-wide accountable care organization working with Medicare. OCV comprises an extensive network of providers, including all fourteen of Vermont's hospitals, D-H, hundreds of primary care

Dartmouth-Hitchcock Health and Subsidiaries

Consolidated Notes to Financial Statements

Year Ended June 30, 2014

physicians and specialists, two federally qualified health centers, and several rural health clinics, to coordinate the health care of approximately 42,000 of Vermont's 118,000 Medicare beneficiaries.

Pioneer Accountable Care Organization (allwell)

D-HH is one of 22 health systems nationally to be selected to participate in the Pioneer Accountable Care Organization (ACO) payment model, a transformative new initiative sponsored by the Centers for Medicare and Medicaid Services (CMS) Innovation Center. Through the Pioneer ACO Model, D-HH has delegated operating function to D-H. D-H works with CMS to provide Medicare beneficiaries with higher quality care, while reducing growth in Medicare expenditures through enhanced care coordination. CMS uses robust quality measures and other criteria to reward ACOs like D-H for providing beneficiaries with a positive patient experience and better health outcomes, while also rewarding D-H for reducing growth in Medicare expenditures for the same patient population.

Everwell, Inc. (Everwell)

Effective January 1, 2014, Elliot Health Systems (EHS), a NH nonprofit organization and D-HH entered into a new affiliation in which each organization is a fifty percent member of a newly formed non-profit corporation, Everwell. The new affiliation was established to collaborate for the purpose of improving efficient and effective deployment of resources, improving the accessibility and diversity of services, improving cost effectiveness and efficiencies in the delivery of specified health care services, and increasing the value and improving the quality of health care provided.

New England Alliance for Health (NEAH)

NEAH is a NH limited liability company, which is owned and managed by MHMH. NEAH provides, on a contract basis, a range of consulting, group purchasing and other services to its members throughout NH and VT.

Other Regional Relationships – D-H

- D-H's Keene community practice and the Cheshire Medical Center, Keene's community hospital, operate collectively under a Partnership Agreement effective October 1, 1998. This agreement substantially integrates many hospital and physician operations clinically, administratively, and financially while maintaining the independent legal structure of each organization. Pursuant to this agreement, DHC recorded approximately \$6,804,000 of other operating revenue in the year ended June 30, 2014. A NH non-profit Joint Coordinating Company and Coordinating Board, consisting of 19 board members, has been delegated certain responsibilities to develop and recommend strategic plans, budgets, and community health initiatives. The purpose of the partnership is to improve the planning, delivery, and integration of healthcare services to benefit the greater Keene community.
- D-H and subsidiaries of Concord Hospital (CRHC), Catholic Medical Center (Alliance Health Services), an affiliate of St. Joseph's Hospital (D-H Family Medicine Nashua, Inc.), and Southwestern Vermont Medical Center (SVMC) entered into Professional Services Agreements (PSAs), pursuant to which these facilities purchase, with certain limited exceptions, the services of all personnel employed by D-H at its Concord, NH Division, two Bedford, NH locations, its Nashua, NH satellite locations, and at SVMC located in Bennington, VT to provide healthcare services to the related communities. The payment amount for the professional services of D-H's personnel are based on fair market value considerations and are not directly or indirectly related to the volume or value of referrals or admissions, in accordance with governing law. Through the PSAs, D-H and the parties identified above provide coordination of patient care in the community and facilitate the recruitment of new and needed physicians without unnecessary duplication of services, and serve as a platform for future discussions between the parties to

Dartmouth-Hitchcock Health and Subsidiaries

Consolidated Notes to Financial Statements

Year Ended June 30, 2014

explore additional collaborative programs. Revenue pursuant to these PSAs and certain facility and equipment leases and other professional service contracts have been classified as contracted revenue in the accompanying consolidated statement of operations and changes in net assets. The PSA with D-H Family Medicine Nashua, Inc. ended June 30, 2014 and was not renewed.

3. Summary of Significant Accounting Policies

Basis of Presentation

The consolidated financial statements are prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America, and have been prepared consistent with the Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 954 *Healthcare Entities* (ASC 954), which addresses the accounting for healthcare entities. In accordance with the provisions of ASC 954, net assets and revenue, expenses, gains, and losses are classified based on the existence or absence of donor-imposed restrictions. Accordingly, unrestricted net assets are amounts not subject to donor-imposed stipulations and are available for operations. Temporarily restricted net assets are those whose use has been limited by donors to a specific time period or purpose. Permanently restricted net assets have been restricted by donors to be maintained in perpetuity. All significant intercompany transactions have been eliminated upon consolidation.

Use of Estimates

The preparation of the consolidated financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the consolidated financial statements and the reported amounts of revenues and expenses during the reporting period. The most significant areas that are affected by the use of estimates include the allowance for estimated uncollectible accounts and contractual allowances, valuation of certain investments, estimated third-party settlements, insurance reserves, and pension obligations. Actual results could differ from those estimates.

Excess of Revenue Over Expenses

The consolidated statement of operations and changes in net assets include excess of revenue over expenses. Operating revenues consist of those items attributable to the care of patients, including contributions and investment income on unrestricted investments, which are utilized to provide charity and other operational support. Peripheral activities, including unrestricted contribution income from acquisition, realized gains/losses on sales of investment securities and changes in unrealized gains/losses in investments are reported as nonoperating gains (losses).

Changes in unrestricted net assets which are excluded from excess of revenue over expenses, consistent with industry practice, include contributions of long-lived assets (including assets acquired using contributions which by donor restriction were to be used for the purpose of acquiring such assets), change in funded status of pension and other postretirement benefit plans, and the effective portion of the change in fair value of interest rate swaps.

Charity Care and Provision for Bad Debts

D-H and NLH provide care to patients who meet certain criteria under their financial assistance policies without charge or at amounts less than their established rates. Because D-H and NLH do not anticipate collection of amounts determined to qualify as charity care, they are not reported as revenue.

Dartmouth-Hitchcock Health and Subsidiaries

Consolidated Notes to Financial Statements

Year Ended June 30, 2014

The Health System grants credit without collateral to patients. Most are local residents and are insured under third-party arrangements. Additions to the allowance for uncollectible accounts are made by means of the provision for bad debts. Accounts written off as uncollectible are deducted from the allowance and subsequent recoveries are added. The amount of the provision for bad debts is based upon management's assessment of historical and expected net collections, business and economic conditions, trends in federal and state governmental healthcare coverage, and other collection indicators (Notes 4 and 5).

Net Patient Service Revenue

Net patient service revenue is reported at the estimated net realizable amounts from patients, third party payors, and others for services rendered, including estimated retroactive adjustments under reimbursement agreements with third-party payors and bad debt. Retroactive adjustments are accrued on an estimated basis in the period the related services are rendered and adjusted in future periods as estimates change or final settlements are determined (Note 5).

Cash Equivalents

Cash equivalents include investments in highly liquid investments with maturities of three months or less when purchased, excluding amounts where use is limited by internal designation or other arrangements under trust agreements or by donors.

Investments and Investment Income

Investments in equity securities with readily determinable fair values, mutual funds and pooled/commingled funds, and all investments in debt securities are considered to be trading securities reported at fair value with changes in fair value included in the excess of revenues over expenses. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date (Note 8).

Investments in pooled/commingled investment funds that represent investments where the Health System owns shares or units of pooled funds rather than the underlying securities in that fund are valued using the equity method of accounting with changes in value recorded in excess of revenues over expenses. All investments, whether held at fair value or under the equity method of accounting, are reported at what the Health System believes to be the amount they would expect to receive if it liquidated its investments at the balance sheet date on a non-distressed basis.

D-H and THF, are partners in a NH general partnership established for the purpose of operating a master investment program of pooled investment accounts. MHMH has been designated to serve as the managing general partner and, in such capacity, has the authority to bind the partners and the partnership under the agreement. Substantially all of D-H's board-designated and restricted assets, and certain of THF's board-designated assets and restricted assets, were invested in these pooled funds by purchasing units based on the market value of the pooled funds at the end of the month prior to receipt of any new additions to the funds. Interest, dividends, and realized and unrealized gains and losses earned on pooled funds are allocated monthly based on the weighted average units outstanding at the prior month-end.

Investment income or losses (including change in unrealized and realized gains and losses on unrestricted investments, change in fair value of equity method investments, interest, and dividends) are included in excess of revenue over expenses classified as nonoperating gains and losses, unless the income or loss is restricted by donor or law (Note 10).

Dartmouth-Hitchcock Health and Subsidiaries

Consolidated Notes to Financial Statements

Year Ended June 30, 2014

Fair Value Measurement of Financial Instruments

The Health System estimates fair value based on a valuation framework that uses a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of fair value hierarchy, as defined by ASC 820, *Fair Value Measurements and Disclosures*, are described below:

- Level 1 Unadjusted quoted prices in active markets that are accessible at the measurement date for assets or liabilities.

- Level 2 Prices other than quoted prices in active markets that are either directly or indirectly observable as of the date of measurement.

- Level 3 Prices or valuation techniques that are both significant to the fair value measurement and unobservable.

The Health System applies the accounting provisions of Accounting Standards Update (ASU) 2009-12, *Investments in Certain Entities That Calculate Net Asset Value per Share (or its Equivalent)* (ASU 2009-12). ASU 2009-12 allows for the estimation of fair value of investments for which the investment does not have a readily determinable fair value, to use net asset value (NAV) per share or its equivalent as a practical expedient, subject to the Health System's ability to redeem its investment.

The carrying amount of patient accounts receivable, prepaid and other current assets, accounts payable, and accrued expenses approximates fair value due to the short maturity of these instruments.

Property, Plant, and Equipment

Property, plant, and equipment, and other real estate are stated at cost at the time of purchase or fair market value at the time of donation, less accumulated depreciation. The Health System's policy is to capitalize expenditures for major improvements and to charge expense for maintenance and repair expenditures which do not extend the lives of the related assets. The provision for depreciation has been determined using the straight-line method at rates which are intended to amortize the cost of assets over their estimated useful lives which range from 10 to 40 years for buildings and improvements, 2 to 20 years for equipment, and the shorter of the lease term, or 5 to 12 years, for leasehold improvements. Certain software development costs are amortized using the straight-line method over a period of up to ten years. Net interest cost incurred on borrowed funds during the period of construction of capital assets is capitalized as a component of the cost of acquiring those assets.

The fair value of a liability for legal obligations associated with asset retirements is recognized in the period in which it is incurred, if a reasonable estimate of the fair value of the obligation can be made. When a liability is initially recorded, the cost of the asset retirement obligation is capitalized by increasing the carrying amount of the related long-lived asset. Over time, the liability is accreted to its present value each period and the capitalized cost associated with the retirement is depreciated over the useful life of the related asset. Upon settlement of the obligation, any difference between the actual cost to settle the asset retirement obligation and the liability recorded is recognized as a gain or loss in the consolidated statement of operations and changes in net assets.

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Gifts of capital assets such as land, buildings, or equipment are reported as unrestricted support, and excluded from excess of revenue over expenses, unless explicit donor stipulations specify how the donated assets must be used. Gifts of capital assets with explicit restrictions that specify how the assets are to be used and gifts of cash or other assets that must be used to acquire capital assets are reported as restricted support. Absent explicit donor stipulations about how long those capital assets must be maintained, expirations of donor restrictions are reported when the donated or acquired capital assets are placed in service.

Bond Issuance Costs

Bond issuance costs, classified on the consolidated balance sheet as other assets, are amortized over the term of the related bonds. Amortization is recorded within depreciation and amortization in the consolidated statement of operations and changes in net assets using the straight-line method which approximates the effective interest method.

Trade Name

In connection with the affiliation of NLH, the Health System recorded an intangible asset of \$2,200,000 associated with the trade name of NLH. The intangible asset is recorded within other assets on the consolidated statement of financial position. The Health System considers this to be an indefinite-lived asset, assesses the trade name at least annually for impairment or more frequently if certain events or circumstances warrant and recognizes an impairment charge for the amount by which the carrying amount of the trade name exceeds its fair value. There was no impairment charge recorded for the year ended June 30, 2014.

Derivative Instruments and Hedging Activities

The Health System applies the provisions of ASC 815, *Derivatives and Hedging*, to its derivative instruments, which requires that all derivative instruments be recorded at their respective fair value in the consolidated balance sheet.

On the date a derivative contract is entered into, the Health System designates the derivative as a cash-flow hedge of a forecasted transaction or the variability of cash flows to be received or paid related to a recognized asset or liability. For all hedge relationships, the Health System formally documents the hedging relationship and its risk-management objective and strategy for undertaking the hedge, the hedging instrument, the nature of the risk being hedged, how the hedging instrument's effectiveness in offsetting the hedged risk will be assessed, and a description of the method of measuring ineffectiveness. This process includes linking cash-flow hedges to specific assets and liabilities on the consolidated balance sheet or to specific firm commitments or forecasted transactions. The Health System also formally assesses, both at the hedge's inception and on an ongoing basis, whether the derivatives that are used in hedging transactions are highly effective in offsetting changes in variability of cash flows of hedged items. Changes in the fair value of a derivative that is highly effective and that is designated and qualifies as a cash-flow hedge are recorded in unrestricted net assets until earnings are affected by the variability in cash flows of the designated hedged item. The ineffective portion of the change in fair value of a cash-flow hedge is reported in excess of revenue over expenses in the consolidated statement of operation and changes in net assets.

The Health System discontinues hedge accounting prospectively when it is determined: (a) the derivative is no longer effective in offsetting changes in the cash flows of the hedged item; (b) the derivative expires or is sold, terminated, or exercised; (c) the derivative is undesignated as a hedging instrument because it is unlikely that a forecasted transaction will occur; (d) a hedged firm commitment no longer meets the definition of a firm commitment; and (e) management determines that designation of the derivative as a hedging instrument is no longer appropriate.

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In all situations in which hedge accounting is discontinued, the Health System continues to carry the derivative at its fair value on the consolidated balance sheet and recognizes any subsequent changes in its fair value in excess of revenue over expenses.

NLH does not apply hedge accounting to its interest rate swap and annual changes in the fair value of its swap is recorded within excess of revenues over expenses.

Gifts and Bequests

Unrestricted gifts and bequests are recorded net of related expenses as nonoperating gains. Conditional promises to give and indications of intentions to give to the Health System are reported at fair market value at the date the gift is received. Gifts are reported as either temporarily or permanently restricted if they are received with donor stipulations that limit the use of the donated assets. When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, temporarily restricted net assets are reclassified as unrestricted net assets and reported in the consolidated statement of operations and changes in net assets as net assets released from restrictions.

4. Charity Care and Community Benefits

The mission of D-H is to advance health through research, education, clinical practice and community partnerships, providing each person the best care, in the right place, at the right time, every time.

Consistent with this mission, D-H provides high quality, cost effective, comprehensive, and integrated healthcare to individuals, families, and the communities it serves regardless of a patient's ability to pay. D-H actively supports community-based healthcare and promotes the coordination of services among healthcare providers and social services organizations. In addition, D-H also seeks to work collaboratively with other area healthcare providers to improve the health status of the region. As a component of an integrated academic medical center, D-H provides significant support for academic and research programs.

The mission of NLH is to provide safe quality care for every patient, every time in partnership with patients, families, and healthcare providers.

NLH provides acute and primary health care from emergency services to family medical practice to neurosurgical care and essential wellness and prevention services for the 34,000 residents in their service area, a significant proportion of whom are uninsured and/or dependent on Medicaid/Medicare benefits. This population includes a large elderly population and a significant number of rural, low-income families. D-H and NLH file separate annual Community Benefits Reports with the State of NH which outline the community and charitable benefits they provide. The broad categories used in the Community Benefit Reports to summarize these benefits are as follows:

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- *Community health services* include activities carried out to improve community health and could include community health education (such as lectures, programs, support groups, and materials that promote wellness and prevent illness), community-based clinical services (such as free clinics and health screenings), and healthcare support services (enrollment assistance in public programs, assistance in obtaining free or reduced costs medications, telephone information services, or transportation programs to enhance access to care, etc.).
- *Health Professional education*, including both financial and nonfinancial support in the form of undergraduate training, internships (clinical and nonclinical), residency education programs, scholarships, and continuing health professional education.
- *Subsidized health services* are services provided even though there is a financial loss because they meet the needs of the community and would not otherwise be available unless the responsibility was assumed by the government.
- *Research support and other grants* representing costs in excess of awards for numerous health research and service initiatives awarded to the organizations.
- *Community health-related initiatives* outside of the organization(s) through various financial contributions of cash, in-kind, and grants to local organizations.
- *Community-building activities* include cash, in-kind donations, and budgeted expenditures for the development of programs and partnerships intended to address social and economic determinants of health. Examples include physical improvements and housing, economic development, support system enhancements, environmental improvements, leadership development and training for community members, community health improvement advocacy, and workforce enhancement. Community benefit operations includes costs associated with staff dedicated to administering benefit programs, community health needs assessment costs, and other costs associated with community benefit planning and operations.
- *Charity care (financial assistance)* represents services provided to patients who cannot afford healthcare services due to inadequate financial resources which result from being uninsured or underinsured. For the year ended June 30, 2014, D-H and NLH provided financial assistance to patients in the amount of approximately \$56,372,000 as measured by gross charges. The estimated cost of providing this care for the year ended June 30, 2014 was approximately \$22,477,000. The estimated costs of providing charity care services are determined using a ratio of costs to charges to the gross uncompensated charges associated with providing care to charity patients. The ratio of costs to charges is calculated using total expenses, less bad debt, divided by gross revenue.
- *Government-sponsored healthcare services*, provided to Medicaid and Medicare patients at reimbursement levels that are significantly below the cost of the care provided.
- The *uncompensated cost of care for Medicaid* patients reported in the unaudited Community Benefits Reports for 2013 was approximately \$119,356,953. The 2014 Community Benefits Reports are expected to be filed in February 2015.

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The following table summarizes the value of the community benefit initiatives outlined in D-H and NLH's most recently filed Community Benefit Reports for the year ended June 30, 2013:

(Unaudited, in thousands of dollars)

Community health services	\$ 4,005
Health professional education	31,743
Subsidized health services	12,524
Research	5,930
Financial contributions	8,028
Community building activities	871
Community benefit operations	62
Charity care	20,482
Government-sponsored health care services	181,174
Total community benefit value	<u>\$ 264,819</u>

The Health System also provides a significant amount of uncompensated care to its patients that are reported as provision for bad debts, which is not included in the amounts reported above. During the year ended June 30, 2014, the Health System reported a provision for bad debts of approximately \$47,606,000. The Health System also routinely provides services to Medicare patients at reimbursement levels that are below the costs of the care provided.

5. Patient Service Revenue and Accounts Receivable

Patient service revenue is reported net of contractual allowances and the provision for bad debt as follows for the year ended June 30, 2014:

(in thousands of dollars)

Gross patient service revenue	\$ 3,246,221
Less: Contractual allowances	1,968,767
Less: Provision for bad debt	47,606
Net patient service revenue	<u>\$ 1,229,848</u>

Accounts receivable are reduced by an allowance for doubtful accounts. In evaluating the collectability of accounts receivable, the Health System analyzes past collection history and identifies trends for several categories of self-pay accounts (uninsured, residual balances, pre-collection accounts and charity) to estimate the appropriate allowance percentages in establishing the allowance for bad debts. Management performs collection rate look-back analyses on a quarterly basis to evaluate the sufficiency of the allowance for doubtful accounts. Throughout the year, after all reasonable collection efforts have been exhausted, the difference between the standard rates and the amounts actually collected, including contractual adjustments and uninsured discounts, will be written off against the allowance for doubtful accounts. In addition to the review of the categories of revenue, management monitors the write offs against established allowances as of a point in time to determine the appropriateness of the underlying assumptions used in estimating the allowance for doubtful accounts.

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Accounts receivable, prior to adjustment for doubtful accounts, are summarized as follows at June 30, 2014:

(in thousands of dollars)

Receivables

Patients	\$ 169,766
Third-party payors	137,371
Nonpatient	1,873
	<u>\$ 309,010</u>

The allowance for doubtful accounts of \$124,404,000 as of June 30, 2014 is established to reserve for uncollectible amounts due primarily from patients.

The following table categorizes payors into five groups and their respective percentages of gross patient service revenue for the year ended June 30, 2014:

Medicare	39 %
Anthem/Blue Cross	20
Commercial insurance	21
Medicaid	13
Self-pay/Other	7
	<u>100 %</u>

D-H and NLH have agreements with third-party payors that provide for payments at amounts different from their established rates. A summary of the acute care payment arrangements in effect during the year ended June 30, 2014 with major third-party payors follows:

Medicare:

D-H inpatient acute care services provided to Medicare program beneficiaries are paid at prospectively determined rates-per-discharge. These rates vary according to a patient classification system that is based on diagnostic, clinical and other factors. In addition, inpatient capital costs (depreciation and interest) are reimbursed by Medicare on the basis of a prospectively determined rate per discharge. Medicare outpatient services are paid on a prospective payment system. Under the system, outpatient services are reimbursed based on a pre-determined amount for each outpatient procedure, subject to various mandated modifications. D-H is reimbursed during the year for services to Medicare beneficiaries based on varying interim payment methodologies. Final settlement is determined after the submission of an annual cost report and subsequent audit of this report by the Medicare fiscal intermediary.

As a Critical Access Hospital (CAH), NLH is reimbursed by Medicare at 101% of reasonable costs for its inpatient acute, swing bed, and outpatient services, excluding ambulance services and inpatient hospice care. NLH is reimbursed at an interim rate for cost based services with a final settlement determined by the Medicare Cost Report filing. The nursing home is not impacted by CAH designation. Medicare reimburses nursing home care based on an acuity driven prospective payment system with no retrospective settlement.

Medicaid:

D-H payment for inpatient services rendered to NH Medicaid beneficiaries are based on a prospective payment system, while outpatient services are reimbursed on a retrospective cost basis

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or fee schedules. NH Medicaid Outpatient Direct Medical Education costs are reimbursed, as a pass-through, based on the filing of the Medicare cost report. Payment for inpatient and outpatient services rendered to VT Medicaid beneficiaries are based on prospective payment systems.

NLH inpatient services are reimbursed at prospectively determined per diem rates which are not subject to retroactive adjustment. Outpatient services are reimbursed under a cost based reimbursement methodology. NLH receives an interim payment with final settlement determined after the filing and audit of the annual cost report. The skilled nursing facility is reimbursed on a prospectively determined per diem rate.

During the year ended June 30, 2014, the Health System recorded State of NH Medicaid Enhancement Tax (MET) expense of \$34,488,000. The tax is calculated at 5.5% of certain gross patient revenues in accordance with instructions received from the State of NH. The MET expense is included in operating expenses in the consolidated statement of operations and changes in net assets.

On June 30, 2014, the NH Governor signed into law a bi-partisan legislation reflecting an agreement between the State of NH and 25 NH hospitals on the Medicaid Enhancement Tax "SB 369". As part of the agreement the parties have agreed to resolve all pending litigation related to MET and Medicaid Rates, including the Catholic Medical Center Litigation, the Northeast Rehabilitation Litigation, 2014 DRA Refund Requests, the State Rate Litigation. As part of the Medicaid Enhancement Tax Agreement Effective July 1, 2014, a "Trust / Lock Box" dedicated fund mechanism will be established for receipt and distribution of all MET proceeds with all monies used exclusively to support Medicaid services. During the year ended June 30, 2014, the Health System received disproportionate share hospital (DSH) payments of \$12,631,782.

The Health Information Technology for Economic and Clinical Health (HITECH) Act included in the American Recovery and Reinvestment Act (ARRA) provides incentives for the adoption and use of health information technology by Medicare and Medicaid providers and eligible professionals over the next several years with an anticipated end date of December 31, 2016, depending on the program. CMS has published a final rule to define Stage 1 meaningful use of certified Electronic Health Record (EHR) technology and establish criteria for the incentive program. MHMH and DHC are currently in the CMS defined measurement period for Year 3 meaningful use which will also be measured using the same Stage 1 criteria. On September 4, 2012, CMS published a final rule to define Stage 2 meaningful use criteria with an implementation date of October 1, 2013 for the hospital and January 1, 2014 for the physicians. D-H has recognized \$6,833,075 in meaningful use incentives for both the Medicare and Vermont Medicaid programs during the year ended June 30, 2014. NLH recorded no meaningful use revenue from the Medicare EHR programs for the nine month period ending June 30, 2014.

Laws and regulations governing the Medicare and Medicaid programs are complex and subject to interpretation. Compliance with laws and regulations can be subject to future government review and interpretation as well as significant regulatory action; failure to comply with such laws and regulations can result in fines, penalties and exclusion from the Medicare and Medicaid programs.

Other:

For services provided to patients with commercial insurance the Health System receives payment for inpatient services at prospectively determined rates-per-discharge, prospectively determined per diem rates or a percentage of established charges. Outpatient services are reimbursed on a fee schedule or at a discount from established charges.

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Nonacute and physician services are paid at various rates under different arrangements with governmental payors, commercial insurance carriers and health maintenance organizations. The basis for payments under these arrangements includes prospectively determined per visit rates, discounts from established charges, fee schedules, and reasonable cost subject to limitations.

The Health System has provided for their estimated final settlements with all payors based upon applicable contracts and reimbursement legislation and timing in effect for all open years (2007 - 2014). The differences between the amounts provided and the actual final settlement, if any, is recorded as an adjustment to net patient service revenue as amounts become known or as years are no longer subject to audits, reviews and investigations. During 2014, changes in estimates related to D-H settlements with third-party payors resulted in increases in net patient service revenue of approximately \$4,076,601 in the consolidated statement of operations and changes in net assets.

6. Investments

The composition of investments at June 30, 2014 is set forth in the following table

(in thousands of dollars)

Assets limited as to use

Internally designated by board

Cash and short-term investments	\$ 7,463
U.S. government securities	36,930
Domestic corporate debt securities	83,224
Global debt securities	126,451
Domestic equities	111,970
International equities	54,778
Emerging markets equities	40,344
Private equity funds	25,146
Hedge funds	50,370
	<u>536,676</u>

Investments held by captive insurance companies (Note 13)

U.S. government securities	45,897
Domestic corporate debt securities	22,005
Global debt securities	3,770
Domestic equities	7,286
International equities	13,058
	<u>92,016</u>

Held by trustee under indenture agreement (Note 11)

Cash and short-term investments	493
Total assets limited as to use	<u>\$ 629,185</u>

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(in thousands of dollars)

Other investments for restricted activities

Cash and short-term investments	\$	4,215
U.S. government securities		13,872
Domestic corporate debt securities		26,689
Global debt securities		19,034
Domestic equities		15,901
International equities		7,461
Emerging markets equities		5,162
Private equity funds		3,101
Hedge funds		6,212
Other		28
Total other investments for restricted activities	\$	<u>101,675</u>

Investments are accounted for using either the fair value method or equity method of accounting, as appropriate on a case by case basis. The fair value method is used when debt securities or equity securities that are traded on active markets and are valued at prices that are readily available in those markets. The equity method is used when investments are made in pooled/commingled investment funds that represent investments where shares or units are owned of pooled funds rather than the underlying securities in that fund. These pooled/commingled funds make underlying investments in securities from the asset classes listed above. All investments, whether the fair value or equity method of accounting is used, are reported at what the Health System believes to be the amount that the Health System would expect to receive if it liquidated its investments at the balance sheet date on a non-distressed basis.

The following tables summarize the investments by the accounting method utilized, as of June 30, 2014. Accounting standards require disclosure of additional information for those securities accounted for using the fair value method, as shown in Note 8.

<i>(in thousands of dollars)</i>	2014		
	Fair Value	Equity	Total
Cash and short-term investments	\$ 12,171	\$ -	\$ 12,171
U.S. government securities	96,699	-	\$ 96,699
Domestic corporate debt securities	101,467	30,451	\$ 131,918
Global debt securities	67,544	81,711	\$ 149,255
Domestic equities	123,620	11,537	\$ 135,157
International equities	13,763	61,534	\$ 75,297
Emerging markets equities	185	45,321	\$ 45,506
Private equity funds	-	28,247	\$ 28,247
Hedge funds	-	56,582	\$ 56,582
Other	28	-	\$ 28
	<u>\$ 415,477</u>	<u>\$ 315,383</u>	<u>\$ 730,860</u>

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Investment income (losses) is comprised of the following for the year ended June 30, 2014:

(in thousands of dollars)

Unrestricted

Interest and dividend income, and other	\$ 5,241
Net realized gains on sales of securities	15,464
Change in net unrealized gains on investments	38,685
Interest expense (Note 11)	<u>(3,669)</u>
	<u>55,721</u>

Temporarily restricted

Interest and dividend income, net	294
Net realized gains on sales of securities	877
Change in net unrealized gains on investments	<u>2,998</u>
	<u>4,169</u>
	<u>\$ 59,890</u>

For the year ended June 30, 2014 unrestricted investment income (losses) is reflected in the accompanying consolidated statement of operations and changes in net assets as operating revenue of approximately \$2,586,000 and as non-operating gains (losses) of approximately \$53,135,000.

Private equity limited partnership shares are not eligible for redemption from the fund or general partner, but can be sold to third party buyers in private transactions that typically can be completed in approximately 90 days. It is the intent of the Health System to hold these investments until the fund has fully distributed all proceeds to the limited partners and the term of the partnership agreements expire. Under the terms of these agreements, the Health System has committed to contribute a specified level of capital over a defined period of time. Through June 30, 2014, the Health System has committed to contribute approximately \$101,285,000 to such funds, of which the Health System has contributed approximately \$67,206,000 and has outstanding commitments of \$34,079,000.

7. Property, Plant, and Equipment

Property, plant, and equipment are summarized as follows at June 30, 2014:

(in thousands of dollars)

Land	\$ 25,839
Land improvements	30,450
Buildings and improvements	619,243
Equipment	507,077
Equipment under capital leases	<u>16,128</u>
	1,198,737
Less: Accumulated depreciation and amortization	<u>729,757</u>
Total depreciable assets, net	468,980
Construction in progress	<u>15,773</u>
	<u>\$ 484,753</u>

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As of June 30, 2014 construction in progress primarily consists of the construction of the Williamson Research building in Lebanon, NH. The estimated cost to complete this project is \$13,250,000 at June 30, 2014.

Depreciation and amortization expense included in operating and non-operating activities was approximately \$58,073,000 for 2014.

8. Fair Value Measurements

The following is a description of the valuation methodologies for assets and liabilities measured at fair value on a recurring basis:

Cash and short-term investments: Consists of money market funds and are valued at NAV reported by the financial institution.

Domestic, emerging markets and international equities: Consists of actively traded equity securities and mutual funds which are valued at the closing price reported on an active market on which the individual securities are traded (Level 1 measurements).

U.S. government securities, domestic corporate and global debt securities: Consists of U.S. government securities, domestic corporate and global debt securities, mutual funds and pooled/commingled funds that invest in U.S. government securities, domestic corporate and global debt securities. Securities are valued based on quoted market prices or dealer quotes where available (Level 1 measurement). If quoted market prices are not available, fair values are based on quoted market prices of comparable instruments or, if necessary, matrix pricing from a third party pricing vendor to determine fair value (Level 2 measurements). Matrix prices are based on quoted prices for securities with similar coupons, ratings and maturities, rather than on specific bids and offers for a designated security. Investments in mutual funds are measured based on the quoted NAV as of the close of business in the respective active market (Level 1 measurements).

Interest rate swaps: The fair value of interest rate swaps, are determined using the present value of the fixed and floating legs of the swaps. Each series of cash flows are discounted by observable market interest rate curves and credit risk.

The preceding methods may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although management believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

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Investments are classified in their entirety based on the lowest level of input that is significant to the fair value measurement. The following tables set forth the consolidated financial assets and liabilities that were accounted for at fair value on a recurring basis as of June 30, 2014:

<i>(in thousands of dollars)</i>	Level 1	Level 2	Level 3	Total	Redemption or Liquidation	Days' Notice
Assets:						
Investments						
Cash and short term investments	\$ 11,144	\$ 1,027	-	\$ 12,171	Daily	1
U.S. government securities	96,699	-	-	96,699	Daily	1
Domestic corporate debt securities	33,201	68,266	-	101,467	Daily-Monthly	1-15
Global debt securities	57,911	9,633	-	67,544	Daily-Monthly	1-15
Domestic equities	123,620	-	-	123,620	Daily-Monthly	1-10
International equities	13,763	-	-	13,763	Daily-Monthly	1-11
Emerging market equities	185	-	-	185	Daily-Monthly	1-7
Other	-	28	-	28	Not applicable	Not applicable
Total investments	336,523	78,954	-	415,477		
Deferred compensation plan assets						
Cash and short-term investments	2,753	26	-	2,779		
U.S. government securities	80	-	-	80		
Domestic corporate debt securities	4,798	-	-	4,798		
Global debt securities	835	-	-	835		
Domestic equities	19,318	-	-	19,318		
International equities	8,735	-	-	8,735		
Emerging market equities	2,198	-	-	2,198		
Real Estate	1,665	-	-	1,665		
Multi Strategy Fund	6,079	-	-	6,079		
Guaranteed Contract	-	-	75	75		
Total deferred compensation plan assets	46,461	26	75	46,562	Not applicable	Not applicable
Beneficial interest in perpetual trust	-	-	1,909	1,909	Not applicable	Not applicable
Contribution receivable from charitable Remainder trust						
	-	-	2,118	2,118	Not applicable	Not applicable
Total assets	\$382,984	\$78,980	\$4,102	\$466,066		
Liabilities:						
Interest rate swaps	\$ -	\$24,413	\$ -	\$ 24,413	Not applicable	Not applicable
Total liabilities	\$ -	\$24,413	\$ -	\$ 24,413		

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The following table is a rollforward of the statement of financial instruments classified by the Health System within Level 3 of the fair value hierarchy defined above.

(in thousands of dollars)

	<u>Beneficial interest in perpetual trust</u>	<u>Contribution receivable from charitable remainder trust</u>	<u>Guaranteed Contract</u>	<u>Total</u>
Balance at beginning of year	\$ 1,823	\$ -	\$ 72	\$ 1,895
Purchases:	-	2,118	-	2,118
Net unrealized gains/ (losses)	86	-	3	89
Balance at end of year	<u>\$ 1,909</u>	<u>\$ 2,118</u>	<u>\$ 75</u>	<u>\$ 4,102</u>

There were no transfers into and out of Level 1 and Level 2 measurements due to changes in valuation methodologies during the year ended June 30, 2014.

9. Temporarily and Permanently Restricted Net Assets

Temporarily restricted net assets are available for the following purposes at June 30, 2014:

(in thousands of dollars)

Healthcare services	\$ 28,210
Research	22,699
Purchase of equipment	2,681
Charity care	1,511
Health education	7,688
Other	1,875
	<u>\$ 64,664</u>

Permanently restricted net assets consist of the following at June 30, 2014:

(in thousands of dollars)

Healthcare services	\$ 16,016
Research	7,634
Purchase of equipment	4,675
Charity care	2,820
Health education	5,124
	<u>\$ 36,269</u>

Income earned on permanently restricted net assets is available for these purposes.

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10. Board Designated and Endowment Funds

Net assets include approximately 50 individual funds established for a variety of purposes including both donor-restricted endowment funds and funds designated by the Board of Trustees to function as endowments. Net assets associated with endowment funds, including funds designated by the Board of Trustees to function as endowments, are classified and reported based on the existence or absence of donor-imposed restrictions.

The Board of Trustees has interpreted the NH Uniform Prudent Management of Institutional Funds Act (UPMIFA or Act) for donor-restricted endowment funds as requiring the preservation of the original value of gifts, as of the gift date, to donor-restricted endowment funds, absent explicit donor stipulations to the contrary. The Health System classifies as permanently restricted net assets (a) the original value of gifts donated to the permanent endowment, (b) the original value of subsequent gifts to the permanent endowment, and (c) accumulations to the permanent endowment made in accordance with the direction of the applicable donor gift instrument at the time the accumulation is added to the fund, if any. Collectively these amounts are referred to as the historic dollar value of the fund.

Unrestricted net assets include funds designated by the Board of Trustees to function as endowments and the income from certain donor-restricted endowment funds, and any accumulated investment return thereon, which pursuant to donor intent may be expended based on trustee or management designation. Temporarily restricted net assets include funds appropriated for expenditure pursuant to endowment and investment spending policies, certain expendable endowment gifts from donors, and any retained income and appreciation on donor-restricted endowment funds, which are restricted by the donor to a specific purpose or by law. When the temporary restrictions on these funds have been met, the funds are reclassified to unrestricted net assets.

In accordance with the Act, The Health System considers the following factors in making a determination to appropriate or accumulate donor-restricted endowment funds: the duration and preservation of the fund; the purposes of the donor-restricted endowment fund; general economic conditions; the possible effect of inflation and deflation; the expected total return from income and the appreciation of investments; other resources available; and investment policies.

The Health System has endowment investment and spending policies that attempt to provide a predictable stream of funding for programs supported by its endowment while ensuring that the purchasing power does not decline over time. The Health System targets a diversified asset allocation that places emphasis on investments in domestic and international equities, fixed income, private equity, and hedge fund strategies to achieve its long-term return objectives within prudent risk constraints. The Health System's Investment Committee reviews the policy portfolio asset allocations, exposures, and risk profile on an ongoing basis.

The Health System, as a policy, may appropriate for expenditure or accumulate so much of an endowment fund as the institution determines is prudent for the uses, benefits, purposes, and duration for which the endowment is established, subject to donor intent expressed in the gift instrument and the standard of prudence prescribed by the Act.

From time to time, the fair value of assets associated with individual donor-restricted endowment funds may fall below their original contributed value. Such market losses were not material as of June 30, 2014.

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Endowment net asset composition by type of fund consists of the following at June 30, 2014:

<i>(in thousands of dollars)</i>	2014			
	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
Donor-restricted endowment funds	\$ -	\$ 13,738	\$ 36,269	\$ 50,007
Board-designated endowment funds	19,834	-	-	19,834
Total endowed net assets	<u>\$ 19,834</u>	<u>\$ 13,738</u>	<u>\$ 36,269</u>	<u>\$ 69,841</u>

Changes in endowment net assets for the year ended June 30, 2014:

<i>(in thousands of dollars)</i>	2014			
	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
Balances at beginning of year	\$ 19,304	\$ 11,672	\$ 31,255	\$ 62,231
Net investment return	341	3,457	-	3,798
Contributions	-	42	2,718	2,760
Transfers	450	(280)	243	413
Release of appropriated funds	(261)	(1,539)	-	(1,800)
Net asset transfer from affiliate	-	386	2,053	2,439
Balances at end of year	<u>\$ 19,834</u>	<u>\$ 13,738</u>	<u>\$ 36,269</u>	<u>\$ 69,841</u>

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11. Indebtedness

Long-Term Debt

A summary of long-term debt at June 30, 2014 follows:

(in thousands of dollars)

Variable rate issues

New Hampshire Health and Education Facilities
 Authority Revenue Bonds

Series 2013, principal maturing in varying annual amounts, through August 2043 (1)	\$ 17,923
Series 2011, principal maturing in varying annual amounts, through August 2031 (4)	93,395

Fixed rate issues

New Hampshire Health and Education Facilities
 Authority Revenue Bonds

Series 2012A, principal maturing in varying annual amounts, through August 2031 (2)	74,695
Series 2012B, principal maturing in varying annual amounts, through August 2031 (2)	40,990
Series 2010, principal maturing in varying annual amounts, through August 2040 (5)	75,000
Series 2009, principal maturing in varying annual amounts, through August 2038 (6)	115,225

Other

Series 2012, principal maturing in varying annual amounts, through July 2019 (3)	146,000
Obligations under capital leases	2,086
Note payable to a financial institution payable in interest free monthly installments of \$4,211, through September 2015; collateralized by associated equipment	56

565,370

Less

Original issue discount, net	1,386
Current portion	13,281

\$ 550,703

Aggregate annual principal payments required under revenue bond agreements and capital lease obligations for the next five years and thereafter ending June 30 are as follows:

(in thousands of dollars)

2015	\$ 13,281
2016	15,671
2017	16,014
2018	16,497
2019	16,830
Thereafter	487,077
	<u>\$ 565,370</u>

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Outstanding revenue bonds as of June 30, 2014 include:

NLH Bonds:

(1) Series 2013 Revenue Bonds

In October 2013, NLH refunded its Series 2007 Revenue Bonds through the issuance of New Hampshire Health and Education Facilities Authority (NHHEFA) Series 2013 Revenue Bonds of \$15,520,000. Additional borrowings were obtained (up to \$9,480,000 Revenue Bonds, Series 2013B) for the construction of a new health center building in Newport, NH. The bonds mature in variable amounts through 2043, the maturity date of the bonds, but are subject to mandatory tender in ten years. Interest is payable monthly and is equal to the sum of .72 times the Adjusted LIBOR Rate plus .72 times the credit spread rate. The bonds are collateralized by the gross receipts and property of New London Hospital Association, Inc. (NLHA). As part of the bond refinancing, the swap arrangement was effectively terminated for federal tax purposes with respect to the Series 2007 Revenue Bonds but remains in effect.

As of March 31, 2014, NLH's debt service coverage ratio was .69 which is below the covenant minimum of 1.1 to 1.0; therefore NLH was in violation of its covenant. NLH received a waiver of compliance from its lenders as of the date of this report.

Dartmouth-Hitchcock Obligated Group (DHOG) Bonds:

MHMH established the DHOG in 1993 for the original purpose of issuing bonds financed through NHHEFA or the "Authority". The remaining members of the obligated group consist of MHMH and DHC. Effective August 1, 2013, Cooley Dickinson Hospital, Inc. (CDH) formally withdrew from the DHOG.

Revenue Bonds issued by members of the DHOG are administered through notes registered in the name of the Bond Trustee and in accordance with the terms of a Master Trust Indenture. The Master Trust Indenture contains provisions permitting the addition, withdrawal, or consolidation of members of the DHOG under certain conditions. The notes constitute a joint and several obligation of the members of the DHOG (and any other future members of the DHOG) and are equally and ratably collateralized by a pledge of the members' gross receipts. The DHOG is also subject to certain annual covenants under the Master Trust Indenture, the most restrictive of which are the Maximum Annual Debt Service Coverage Ratio (1.10x) and the Days Cash on Hand Ratio (> 75 days).

(2) Series 2012A and 2012B Revenue Bonds

MHMH, through the DHOG, issued NHHEFA Revenue Bonds, Series 2012A and Series 2012B in November 2012. The proceeds from the Series 2012A and 2012B were used to advance refund the Series 2002 Revenue Bonds and to cover cost of issuance. Interest on the 2012A Revenue Bonds is fixed with an interest rate of 2.29% and matures at various dates through 2031. Interest on the Series 2012B Revenue Bonds is fixed with an interest rate of 2.33% and matures at various dates through 2031.

(3) Series 2012 Bank Loan

MHMH and DHC, through the DHOG, issued the Bank of America, N.A. Series 2012 note, in July 2012. The proceeds from the Series 2012 note were used to prefund the D-H defined benefit pension plan. Interest on the Series 2012 note accrues at a fixed rate of 2.47% and matures at various dates through 2019.

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(4) Series 2011 Revenue Bonds

MHMH, through the DHOG, issued NHHEFA Revenue Bonds, Series 2011 in August 2011. The proceeds from the Series 2011 Revenue Bonds were primarily used to advance refund the Series 2001A Revenue Bonds. The Series 2011 Revenue Bonds accrue interest variably and mature at various dates through 2031 based on the one-month London Interbank Offered Rate (LIBOR). The variable rate as of June 30, 2014 was 1.04%. The Series 2011 Bonds are callable by the bank upon the end of seven years or may be renegotiated at that time.

(5) Series 2010 Revenue Bonds

MHMH, through the DHOG, issued NHHEFA Revenue Bonds, Series 2010, in June 2010. The proceeds from the Series 2010 Revenue Bonds were primarily used to construct a 140,000 square foot ambulatory care facility in Nashua, NH as well as various equipment. Interest on the bonds accrue at a fixed rate of 5.00% and mature at various dates through August 2040.

(6) Series 2009 Revenue Bonds

MHMH, through the DHOG, issued NHHEFA Revenue Bonds, Series 2009, in August 2009. The proceeds from the Series 2009 Revenue Bonds were primarily used to advance refund the Series 2008 Revenue Bonds. Interest on the Series 2009 Revenue Bonds accrue at varying fixed rates between 3.00% and 6.00% and mature at various dates through August 2038.

Outstanding joint and several indebtedness of the DHOG at June 30, 2014 approximates \$545,305,000.

The Master Trust Indenture requires that members of the DHOG establish certain debt service funds with the proceeds of the bonds, including the maintenance of debt service reserves and other trustee held funds. Trustee held funds of approximately \$493,000 at June 30, 2014 are classified as assets limited as to use in the accompanying consolidated balance sheet. For the year ended June 30, 2014 interest expense on the Health System's long term debt is reflected in the accompanying consolidated statement of operations and changes in net assets as operating expense of approximately \$18,436,000 and as a reduction of investment income of \$3,669,000.

The estimated fair value of D-HH's long-term debt as of June 30, 2014 was approximately \$555,500,000 which was determined by discounting the future cash flows of each instrument at rates that reflect rates currently observed in publicly traded debt markets for debt of similar terms to organizations with comparable credit risk. The inputs to the assumptions used to determine the estimated fair value are based on observable inputs and are classified as level 2. For variable rate debt, the carrying value is equal to the fair value.

Swap Agreements

D-H is subject to market risks such as changes in interest rates that arise from normal business operation. D-H regularly assesses these risks and has established business strategies to provide natural offsets, supplemented by the use of derivative financial instruments to protect against the adverse effect of these and other market risks. D-H has established clear policies, procedures, and internal controls governing the use of derivatives and does not use them for trading, investment, or other speculative purposes.

In connection with the issuance of the Series 2001A Bonds, D-H entered into an interest rate swap agreement (Fixed Payor Swap), with a notional amount of \$118,780,000, as a hedge against the variability of cash flows associated with its variable rate Series 2001A Bonds. The interest rate swap agreement matures August 31, 2031. The interest rate swap agreement effectively fixed the interest rate on the Series 2001A Bonds at 4.56%. As a result of the credit market disruptions in the

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autumn of 2008, the counterparty to the Fixed Payor Swap exercised its option to apply the Securities Industry and Financial Markets Association (SIFMA) rate index through August 1, 2011 for purposes of calculating the interest to be received under the Fixed Payor Swap. The SIFMA rate index replaced the previous method of using the rate of interest on the Series 2001A Bonds. Effective August 1, 2011 and through the maturity of the agreement, the interest to be received under the Fixed Payor Swap is based on the LIBOR index.

In connection with the advance refunding of the Series 2001A Revenue Bonds through the issuance of the Series 2011 Revenue Bonds, D-H also amended the Fixed Payor Swap resulting in a partial redemption of approximately \$4,068,000 and a re-designation as a cash flow hedge of the Series 2011 Revenue Bonds, effective September 1, 2011. The notional amount of the amended Fixed Payor Swap is \$91,040,000. The amended Fixed Payor Swap effectively fixes the interest rate on the Series 2011 Revenue Bonds at 4.56%.

The obligation of D-H to make payments on its bonds with respect to interest is in no way conditional upon D-H's receipt of payments from the interest rate swap agreement counterparty.

NLH retained its interest rate swap agreement on \$15,000,000 of its outstanding bond obligation to hedge the interest rate risk associated with the Series 2013 bond. The interest rate swap agreement requires the NLH to pay the swap counterparty, a fixed rate of 3.9354% in exchange for the counterparty's payment to NLH of a variable rate based on 67% of the USD-LIBOR-BBA. NLH retains the sole right to terminate the swap agreement should the need arise.

At June 30, 2014 the fair value of the Health System's interest rate swaps was a liability of \$24,413,000. The change in fair value during the year ended June 30, 2014 was recorded as a \$1,538,000 increase to unrestricted net assets and a \$570,000 nonoperating loss. There was no material impact on operations due to hedge ineffectiveness.

12. Employee Benefits

Defined Benefit Plan

Employees of D-H who were employed or offered employment prior to February 9, 2006, and who met certain age and service requirements were covered by one of two defined benefit pension plans. The benefits are based on years of service and the employee's average compensation. Contributions are intended to provide not only for benefits attributed to service to date, but also for those expected to be earned in the future.

On March 14, 2013, the D-H Board of Trustees approved the enactment of a five-year delayed freeze of the defined benefit plan. After December 31, 2017 participants will no longer earn benefits under the defined benefit plan, and will transition to the defined contribution plan. The Board also approved the elimination of the transition payments associated with the 2006 choice program after December 31, 2017.

In addition, D-H began a process to settle the obligations of the defined benefit pension plan through a bulk lump sum distribution and purchase of annuity contracts to settle a portion of the benefit obligations due to retirees. The annuity purchase process will follow broad guidelines established by the Department of Labor ("DOL") and plan to continue over the next five years.

In addition to the defined benefit pension plans, D-H established the Dartmouth-Hitchcock Retirement Program in 2006. The Dartmouth-Hitchcock Retirement Program consists of three components, all defined contribution in nature: an employer-sponsored 403(b) pre-tax program, an

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employer-sponsored 401(a) plan, and a nonqualified supplemental retirement program. Under the Dartmouth-Hitchcock Retirement Program, D-H has allowed certain employees of DHC and MHMH to continue to earn benefit service in the defined benefit pension plan, provided that they met certain criteria. Other employees, comprised of employees (1) who received an offer of employment on or after February 9, 2006, (2) who have not been eligible to participate in or accrue benefits under the defined benefit pension plans, and (3) who have made the choice to irrevocably elect to participate in the new retirement program, are not eligible to earn benefit service in the defined benefit pension plans after December 31, 2006.

D-H also sponsors postretirement healthcare plans for retired employees, and DHC provides postretirement life insurance benefits for retired employees.

Net periodic pension expense included in employee benefits in the consolidated statement of operations and changes in net assets is comprised of the components listed below for the year ended June 30, 2014:

(in thousands of dollars)

Service cost for benefits earned during the year	\$ 12,122
Interest cost on projected benefit obligation	41,821
Expected return on plan assets	(55,177)
Net prior service cost	380
Net loss amortization	17,285
	<u>\$ 16,431</u>

The following assumptions were used to determine net periodic pension expense as of June 30, 2014:

Weighted average discount rate	5.50 %
Rate of increase in compensation	Age Graded
Expected long-term rate of return on plan assets	7.75 %

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The following table sets forth the funded status and amounts recognized in D-H's consolidated financial statements for the above referenced defined benefit pension plans at June 30, 2014:

(in thousands of dollars)

Change in benefit obligation	
Benefit obligation at beginning of year	\$ 812,374
Service cost	12,122
Interest cost	41,821
Benefits paid	(31,467)
Actuarial (gain) loss	94,207
Settlements	(51,975)
Benefit obligation at end of year	<u>877,082</u>
Change in plan assets	
Fair value of plan assets at beginning of year	718,064
Actual return on plan assets	112,218
Benefits paid	(31,467)
Employer contributions	37,050
Settlements	(51,975)
Fair value of plan assets at end of year	<u>783,890</u>
Funded status of the plans	<u>(93,192)</u>
Current portion of liability for pension	(5,142)
Long term portion of liability for pension	(88,050)
Liability for pension	<u>\$ (93,192)</u>

For the year ended June 30, 2014 the liability for pension is included in the liability for pension and other postretirement plan benefits in the accompanying consolidated balance sheet.

Amounts not yet reflected in net periodic pension expense and included in the change in unrestricted net assets are as follows as of June 30, 2014:

(in thousands of dollars)

Net actuarial loss	\$ 311,084
Prior service cost	989
	<u>\$ 312,073</u>

The estimated amounts that will be amortized from unrestricted net assets into net periodic pension expense in 2015 are as follows:

(in thousands of dollars)

Unrecognized prior service cost	\$ 380
Net actuarial loss	24,050
	<u>\$ 24,430</u>

The accumulated benefit obligation for the defined benefit pension plans was approximately \$856,673,000 at June 30, 2014.

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The following table sets forth the assumptions used to determine the benefit obligation at June 30, 2014:

Weighted average discount rate	4.90 %
Rate of increase in compensation	Age Graded
Expected long-term rate of return on plan assets	7.75

The primary investment objective for the Plan assets is to support the Pension liabilities of the Pension Plan for Employees of D-H, by providing long-term capital appreciation and by also using a Liability Driven Investing (“LDI”) strategy to partially hedge the impact fluctuating interest rates have on the value of plan liabilities. As of June 30, 2014, it is expected that the LDI strategy will hedge approximately 70% of the interest rate risk associated with the pension liabilities. To achieve these appreciation and hedging objectives, plan assets utilize a diversified structure of asset classes designed to achieve stated performance objectives measured on a total return basis, which includes income plus realized and unrealized gains and losses.

The range of target allocation percentages and the target allocations for the various investments are as follows:

	Range of Target Allocations	Target Allocations
Cash and short-term investments	0–5%	3%
Domestic debt securities (non-Governmental)	20–58	42
International debt securities	6–26	10
Domestic equities	5–35	18
International equities	5–15	10
Emerging market equities	3–13	5
Private equity funds	0–5	-
Hedge funds	5–18	12

To the extent an asset class falls outside of its target range on a quarterly basis, D-H shall determine appropriate steps, as it deems necessary, to rebalance the asset class.

The Boards of Trustees of D-H, as Plan Sponsors, oversee the design, structure, and prudent professional management of the D-H Plans’ assets, in accordance with Board approved investment policies, roles, responsibilities and authorities and more specifically the following:

- Establishing and modifying asset class targets with Board approved policy ranges,
- Approving the asset class rebalancing procedures,
- Hiring and terminating investment managers, and
- Monitoring performance of the investment managers, custodians and investment consultants.

The hierarchy and inputs to valuation techniques to measure fair value of the Plan’s assets are the same as outlined in Note 8. In addition, the estimation of fair value of investments in private equity and hedge funds for which the underlying securities do not have a readily determinable value is made using the NAV per share or its equivalent as a practical expedient. D-H Plans own interests in

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these funds rather than in securities underlying each fund and, therefore, are generally required to consider such investments as Level 2 or Level 3, even though the underlying securities may not be difficult to value or may be readily marketable.

The following table sets forth D-H Plans' investments and deferred compensation plan assets that were accounted for at fair value as of June 30, 2014:

<i>(in thousands of dollars)</i>	Level 1	Level 2	Level 3	Total	Redemption or Liquidation	Days' Notice
Investments						
Cash and short-term investments	\$ 7,205	\$ 51,347	\$ -	\$ 58,552	Daily	1
Domestic debt securities	74,388	241,679	-	316,067	Daily-Monthly	1-15
Global debt securities	39,591	46,151	-	85,742	Daily-Monthly	1-15
Domestic equities	131,761	10,390	-	142,151	Daily-Monthly	1-10
International equities	-	77,262	-	77,262	Daily-Monthly	1-11
Emerging market equities	-	41,537	-	41,537	Daily-Monthly	1-17
Private equity funds	-	-	3,944	3,944	See Note 6	See Note 6
Hedge funds	-	30,169	28,466	58,635	Quarterly-Annual	60-96
Total investments	<u>\$ 252,945</u>	<u>\$ 498,535</u>	<u>\$ 32,410</u>	<u>\$ 783,890</u>		

The following table presents additional information about the changes in Level 3 assets measured at fair value for the year ended June 30, 2014:

<i>(in thousands of dollars)</i>	Hedge Funds	Private Equity Funds	Total
Balances at beginning of year	\$ 26,449	\$ 12,761	\$ 39,210
Purchases	-	6	6
Sales	(709)	(9,220)	(9,929)
Net realized (losses) gains	(59)	1,470	1,411
Net unrealized gains	2,785	(1,073)	1,712
Balances at end of year	<u>\$ 28,466</u>	<u>\$ 3,944</u>	<u>\$ 32,410</u>

The total aggregate net unrealized gains (losses) included in the fair value of the Level 3 investments as of June 30, 2014 were approximately \$7,187,000. There were no transfers into and out of Level 3 measurements during the year ended June 30, 2014.

There were no transfers into and out of Level 1 and Level 2 measurements due to changes in valuation methodologies during the year ended June 30, 2014.

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The weighted average asset allocation for the D-H Plans at June 30, 2014 by asset category is as follows:

Cash and short-term investments	7 %
Domestic debt securities (non-Governmental)	40
Global debt securities	11
Domestic equities	18
International equities	10
Emerging market equities	5
Private equity funds	1
Hedge funds	8
	100 %

The expected long-term rate of return on plan assets is reviewed annually, taking into consideration the asset allocation, historical returns on the types of assets held, and the current economic environment. Based on these factors, it is expected that the pension assets will earn an average of 7.75% per annum.

D-H is expected to contribute approximately \$37,000,000 to the Plans in 2015.

The following benefit payments, which reflect expected future service, as appropriate, are expected to be paid for the year ending June 30, 2015 and thereafter:

<i>(in thousands of dollars)</i>	Pension Plans
2015	\$ 30,664
2016	30,979
2017	33,735
2018	36,867
2019	40,192
2020-2024	252,092

Defined Contribution Plans

The Dartmouth-Hitchcock Retirement Plan is an employer-sponsored 401(a) plan, under which D-H makes base, transition, and match contributions based on specified percentages of compensation and employee deferrals. The 401(a) plan includes a discretionary match provision. The discretionary match contributions paid during the year ended June 30, 2014 were \$3,419,000. Total employer contributions to the plan of \$33,068,000 in 2014 are included in employee benefits in the accompanying consolidated statement of operations and changes in net assets.

NLH has a tax-sheltered annuity plan under which contributions can be made into the plans by all employees. NLH makes contributions to the plan computed at a percentage of yearly earnings, for employees who meet certain annual and consecutive service requirements, as defined by the plan documents. NLH has temporarily suspended further contributions on behalf of its employees for 2014.

Postretirement Medical and Life Benefits

D-H has postretirement medical and life benefit plans covering certain of its active and former employees. The plans generally provide medical and life insurance benefits to certain retired employees of D-H who meet age and years of service requirements. The plans are not funded.

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Net periodic postretirement medical and life benefit cost is comprised of the components listed below for the year ended June 30, 2014:

(in thousands of dollars)

Service cost	\$ 1,803
Interest cost	4,411
Amortization of net transition asset	<u>7</u>
	<u>\$ 6,221</u>

The following table sets forth the accumulated postretirement medical and life benefit obligation and amounts recognized in D-H's consolidated financial statements at June 30, 2014:

(in thousands of dollars)

Change in benefit obligation	
Benefit obligation at beginning of year	\$ 84,538
Service cost	1,803
Interest cost	4,411
Benefits paid	(5,770)
Actuarial loss	5,450
Plan amendments	<u>(39,426)</u>
Benefit obligation at end of year	<u>51,006</u>
Funded status of the plans	<u>(51,006)</u>
Liability for postretirement medical and life benefits	<u>\$ (51,006)</u>

The plan amendments are primarily related to the Board's decision to offer retiree health care benefits to post-65 retirees and covered post-65 dependents through a private Medicare exchange beginning in April 2015.

For the year ended June 30, 2014 the liability for postretirement medical and life benefits is included in the liability for pension and other postretirement plan benefits in the accompanying consolidated balance sheet.

Amounts not yet reflected in net periodic postretirement medical and life benefit cost and included in the change in unrestricted net assets are as follows:

(in thousands of dollars)

Net prior service credit	\$ (39,426)
Net actuarial loss	<u>9,559</u>
	<u>\$ (29,867)</u>

The estimated amounts that will be amortized from unrestricted net assets into net periodic postretirement expense in 2014 are as follows:

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(in thousands of dollars)

Net prior service credit	\$ (5,974)
Net loss	513
	<u>\$ (5,461)</u>

In determining the accumulated postretirement medical and life benefit obligation, D-H used a discount rate of 4.7% in 2014 and an assumed healthcare cost trend rate of 7.25%, trending down to 4.75% in 2019 and thereafter. Increasing the assumed healthcare cost trend rates by one percentage point in each year would increase the accumulated postretirement medical benefit obligation as of June 30, 2014 by \$4,411,000 and the net periodic postretirement medical benefit cost for the year then ended by \$576,000. Decreasing the assumed healthcare cost trend rates by one percentage point in each year would decrease the accumulated postretirement medical benefit obligation as of June 30, 2014 by \$3,759,000 and the net periodic postretirement medical benefit cost for the year then ended by \$649,000.

13. Professional and General Liability Insurance Coverage

D-H, along with Dartmouth College and The Cheshire Health Foundation are provided professional and general liability insurance on a claims-made basis through Hamden Assurance Risk Retention Group, Inc. (RRG), a Vermont captive insurance company. RRG reinsures the majority of this risk to Hamden Assurance Company Limited (HAC), a captive insurance company domiciled in Bermuda and to a variety of commercial reinsurers. D-H and Dartmouth College have ownership interests in both HAC and RRG. The insurance program provides coverage to the covered institutions and named insureds on a modified claims-made basis which means coverage is triggered when claims are made. Premiums and related insurance deposits are actuarially determined based on asserted liability claims adjusted for future development. The reserves for outstanding losses are recorded on an undiscounted basis.

NLH is covered for malpractice claims under a modified claims-made policy purchased through NEAH. While NLH remains in the current insurance program under this policy, the coverage year is based on the date the claim is filed subject to a medical incident arising after the retroactive date (includes prior acts). The policy provides modified claims-made coverage for former insured providers for claims that relate to the employee's period of employment at NLH and for services that were provided within the scope of the employee's duties. Therefore, when the employee leaves the organization, tail coverage is not required.

Selected financial data of HAC and RRG, taken from the latest available audited and unaudited financial statements, respectively at June 30, 2014 are summarized as follows:

(in thousands of dollars)

	HAC <i>(audited)</i>	RRG <i>(unaudited)</i>	Total
Assets	\$ 104,644	\$ 1,880	\$ 106,524
Shareholders' equity	13,620	569	14,189
Net income	-	26	26

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14. Commitments and Contingencies

Litigation

The Health System is involved in various malpractice claims and legal proceedings of a nature considered normal to its business. The claims are in various stages and some may ultimately be brought to trial. While it is not feasible to predict or determine the outcome of any of these claims, it is the opinion of management that the final outcome of these claims will not have a material effect on the consolidated financial position of the Health System.

Operating Leases and Other Commitments

The Health System leases certain facilities and equipment under operating leases with varying expiration dates. The Health System's rental expense totaled approximately \$9,925,000 for the year ended June 30, 2014. Minimum future lease payments under non-cancelable operating leases at June 30, 2014 were as follows:

(in thousands of dollars)

2015	\$ 6,854
2016	5,638
2017	2,525
2018	1,343
2019	913
Thereafter	1,767
	<u>\$ 19,040</u>

Line of Credit

On July 28, 2011 D-H entered into a Loan Agreement with a financial institution establishing access to revolving loans of up to \$60,000,000. Interest is variable and determined using LIBOR. The Loan Agreement was due to expire on February 28, 2014, and an extension was negotiated through February 28, 2015 with the provision that the maximum revolving amount from May 1, 2014 through September 30, 2014 shall be temporarily reduced to \$30,000,000. As of and for the twelve months ended June 30, 2014, there was no outstanding balance and interest expense was approximately \$185,000 and is included in the consolidated statement of operations and changes in net assets.

NLH had a \$2,000,000 available line of credit with a local bank, collateralized by a second security interest in the NLH gross receipts and accounts receivable. Interest on borrowings was charged at the Wall Street Journal Prime plus .5%. The line of credit expired in October 2013 as part of the NLH's refunding of its 2007 Series Revenue Bonds.

15. Functional Expenses

Approximate operating expenses of the Health System by function are as follows for the year ended June 30, 2014:

(in thousands of dollars)

Program services	\$ 1,188,407
Management and general	172,026
Fundraising	8,111
	<u>\$ 1,368,544</u>

Dartmouth-Hitchcock Health and Subsidiaries

Consolidated Notes to Financial Statements

Year Ended June 30, 2014

16. Subsequent Events

The Health System has assessed the impact of subsequent events through November 26, 2014, the date the audited consolidated financial statements were issued, and has concluded that there were no such events that require adjustment to the audited consolidated financial statements or disclosure in the notes to the audited consolidated financial statements other than as noted below.

Effective July 1, 2014, D-HH became the sole corporate member of Mt. Ascutney Hospital and Health Center (MAHHC) through an affiliation agreement. The new affiliation is intended to strengthen the clinical services offered by MAHHC, continue to improve population health in the region and reduce overall healthcare spending.

D-HH's board of trustees has elected to cease operations of ivy MD effective October 3, 2014.

MHMH, through the DHOG, issued NHHEFA Revenue Bonds, Series 2014A and 2014B in August 2014 through a private placement with two financial institutions. The Series 2014A and 2014B Revenue Bonds were primarily used to refinance a portion of the Series 2009 Revenue Bonds. The Series 2014A and 2014B Revenue Bonds accrue interest variably and mature at various dates through 2033.

Consolidating Supplemental Information

Dartmouth-Hitchcock Health and Subsidiaries
Consolidating Balance Sheet
June 30, 2014

<i>(in thousands of dollars)</i>	Dartmouth– Hitchcock Obligated Group	Dartmouth– Hitchcock Health	New London Hospital	The Hitchcock Foundation	Dartmouth– Hitchcock Medical Center
Assets					
Current assets					
Cash and cash equivalents	\$ 45,438	377	4,179	213	72
Patient accounts receivable, net	178,066	-	6,540	-	-
Prepaid expenses and other current assets	92,372	4,503	2,907	171	49
Total current assets	<u>315,876</u>	<u>4,880</u>	<u>13,626</u>	<u>384</u>	<u>1,21</u>
Assets limited as to use	618,393	-	10,792	-	-
Other investments for restricted activities	77,622	-	-	24,053	-
Property, plant, and equipment, net	442,441	534	39,101	2	2,67
Other assets	62,791	3,213	7,870	10	15
Total assets	<u>\$ 1,517,123</u>	<u>8,627</u>	<u>71,389</u>	<u>24,449</u>	<u>4,05</u>
Liabilities and Net Assets					
Current liabilities					
Current portion of long-term debt	\$ 12,487	-	794	-	-
Current portion of liability for pension and other postretirement plan benefits	5,142	-	-	-	-
Accounts payable and accrued expenses	87,663	9,623	2,907	1,304	67
Accrued compensation and related benefits	76,407	-	2,168	-	-
Estimated third-party settlements	25,103	-	5,574	-	-
Total current liabilities	<u>206,802</u>	<u>9,623</u>	<u>11,443</u>	<u>1,304</u>	<u>67</u>
Long-term debt, excluding current portion	532,336	-	18,367	-	-
Insurance deposits and related liabilities	68,498	-	-	-	-
Interest rate swaps	21,103	-	3,310	-	-
Liability for pension and other postretirement plan benefits, excluding current portion	139,056	-	-	-	-
Other liabilities	46,568	-	1,412	-	-
Total liabilities	<u>1,014,363</u>	<u>9,623</u>	<u>34,532</u>	<u>1,304</u>	<u>67</u>
Net assets					
Unrestricted	415,333	(996)	32,297	14,358	3,21
Temporarily restricted	57,518	-	318	6,669	15
Permanently restricted	29,909	-	4,242	2,118	-
Total net assets	<u>502,760</u>	<u>(996)</u>	<u>36,857</u>	<u>23,145</u>	<u>3,37</u>
Commitments and contingencies	-	-	-	-	-
Total liabilities and net assets	<u>\$ 1,517,123</u>	<u>8,627</u>	<u>71,389</u>	<u>24,449</u>	<u>4,05</u>

Dartmouth-Hitchcock Health and Subsidiaries
Consolidating Statement of Operations and Changes in Unrestricted Net Assets
Year Ended June 30, 2014

<i>(in thousands of dollars)</i>	Dartmouth– Hitchcock Obligated Group	Dartmouth– Hitchcock Health	New London Hospital	The Hitchcock Foundation	Dartmouth– Hitchcock Medical Center
Unrestricted revenue and other support					
Net patient service revenue	\$ 1,190,366	-	39,482	-	-
Contracted revenue	91,034	1,004	-	710	-
Other operating revenue	57,306	2,435	2,161	1,704	-
Net assets released from restrictions	10,274	-	94	1,302	-
Total unrestricted revenue and other support	1,348,980	3,439	41,737	3,716	-
Operating expenses					
Salaries	649,981	1,071	21,070	-	-
Employee Benefits	198,359	311	4,783	-	-
Medical supplies and medications	188,905	-	7,512	-	-
Purchased services and other	150,033	6,077	5,897	2,816	-
Medicaid enhancement tax	32,636	-	1,852	-	-
Geisel school of medicine support	4,875	1,625	-	-	-
Depreciation and amortization	54,894	103	2,711	-	-
Interest	17,777	-	659	-	-
Expenditures relating to net assets released from restrictions	10,274	-	94	1,302	-
Total operating expenses	1,307,734	9,187	44,578	4,118	-
Operating margin	41,246	(5,748)	(2,841)	(402)	-
Nonoperating gains (losses)					
Investment gains	49,729	(267)	1,144	2,529	-
Other, net	(3,489)	333	287	-	-
Contribution revenue from acquisition	-	33,692	-	-	-
Total nonoperating gains, net	46,240	33,758	1,431	2,529	-
Excess (deficiency) of revenue over expenses	87,486	28,010	(1,410)	2,127	-
Unrestricted net assets:					
Net assets released from restrictions (Note 8)	485	-	15	263	-
Change in funded status of pension and other postretirement benefits	14,769	-	-	-	-
Net assets transferred to affiliate	(4,435)	(29,257)	33,692	-	-
Additional paid in capital	-	1,348	-	-	-
Change in fair value on interest rate swaps	1,538	-	-	-	-
Increase (decrease) in unrestricted net assets	\$ 99,843	101	32,297	2,390	-

DARTMOUTH-HITCHCOCK (D-H)
DARTMOUTH-HITCHCOCK HEALTH (D-HH)

BOARDS OF TRUSTEES AND OFFICERS

(19 Total Trustees)

Effective: January 1, 2016

<p>Troyen A. Brennan, MD, MPH (Wendy Warring) MHHM/DHC/D-HH Trustee <i>Executive Vice President and Chief Medical Officer of CVS Health</i></p>		<p>MHHM/DHC: Elected on 3/20/2015. Term began 4/1/2015. Full term expires 12/31/2023.</p> <p>D-HH: Elected on 3/20/2015 as a DHC rep.</p>
<p>R. William Burgess, Jr. (Barbara) MHHM/DHC/D-HH Trustee <i>Managing Partner, ABS Ventures</i></p>		<p>MHHM/DHC: Elected on 12/5/2014. Term began 1/1/2015. Full term expires 12/31/2023.</p> <p>D-HH: Elected on 9/19/2014 to complete Bill Helman's term as DC rep through 12/31/2014 and to begin his own 4 yr term on 1/1/2015 (ending 12/31/2018).</p>
<p>Jeffrey A. Cohen, MD (Renee Vebell) MHHM/DHC Trustee <i>Chair, Dept. of Neurology</i></p>		<p>MHHM/DHC: Elected on 12/4/2015. Term began 1/1/2016. Full term expires 12/31/2018.</p>
<p>Duane A. Compton, PhD MHHM/DHC/D-HH Trustee <i>Ex-Officio: Interim Dean, Geisel School of Medicine at Dartmouth</i></p>		

<p>William J. Conaty (Sue) MHHM/DHC/D-HH Trustee <i>President, Conaty Consulting, LLC</i></p>		<p>MHHM/DHC: Term began 6/1/2011. Full term expires 5/31/2020.</p> <p>D-HH: Elected DHC rep. trustee (on 12/9/11) effective 1/1/2012.</p>
<p>Vincent S. Conti (Meredith) MHHM/DHC/D-HH Trustee <i>Retired President & CEO, Maine Medical Center</i></p>		<p>MHHM/DHC: President appointed to MHHM Aug-Dec 2009. Nominated to both MHHM/DHC on 8/13/09 for a term to start 1/1/2010. Current & full terms expire 12/31/2018.</p> <p>D-HH: Elected 12/2/09 as an MHHM rep.</p>
<p>Denis A. Cortese, MD (Donna) MHHM/DHC/D-HH Trustee <i>Foundation Professor at Arizona State University (ASU) and Director of ASU's Healthcare Delivery and Policy Program</i></p>		
<p>Barbara J. Couch (Richard) MHHM/DHC/D-HH Board's Secretary President of Hypertherm's HOPE Foundation</p>		<p>MHHM/DHC: Nominated on 3/25/09; completed D. Weaver's term through 12/31/09. Full term began 1/1/2010. Current & full terms expire 12/31/2018.</p> <p>D-HH: Elected DHC rep.</p>

<p>Paul P. Danos, PhD (Mary Ellen) MHHM/DHC/D-HH Trustee <i>Dean Emeritus; Laurence F. Whittemore Professor of Business Administration, Tuck School of Business at Dartmouth</i></p>		<p>MHHM/DHC: Elected 2/5/2014 for a term beginning immediately. Term expires 12/31/2016. Full term expires 5/31/2022.</p> <p>D-HH: Elected DHC rep. trustee (on 2/5/2014) effective immediately.</p>
<p>Senator Judd A. Gregg (Kathleen) MHHM/DHC Trustee <i>Senior Advisor to SIFMA</i></p>		<p>MHHM/DHC: Term began 1/1/2013. Full term expires 12/31/2021.</p>
<p>M. Brooke Herndon, MD (Eric Miller) MHHM/DHC (Lebanon Physician) Trustee <i>Staff Physician, Primary Care, DHMC (Heater Road)</i></p>		<p>D-H: Elected on 3/20/2015 for a 3 year term that began 1/1/2015 and end 12/31/2017.</p>
<p>Barbara C. Jobst, MD (Markus) MHHM/DHC (Lebanon Physician) Trustee <i>Section Chief of Adult Neurology at DHMC and Director of the Dartmouth-Hitchcock Epilepsy Center</i></p>		<p>D-H: Elected on 12/6/2013 for a 3 year term to begin 1/1/2014 and end 12/31/2016.</p>
<p>Laura K. Landy (Robert Corman) MHHM/DHC/D-HH Trustee <i>President and CEO of the Fannie E. Rippel Foundation</i></p>		<p>MHHM: President appointed to MHHM effective 9/1/2012 (approved by the BoT 6/15/12). Nominated to both MHHM/DHC on 12/7/12 for a term to start 1/1/2013. Full term expires 12/31/2021.</p> <p>D-HH: Elected on 3/15/13 as an MHHM rep.</p>

<p>Robert A. Oden, Jr., PhD (Teresa) MHHM/DHC/D-HH Boards' Vice Chair <i>Retired President, Carleton College</i></p>		<p>MHHM/DHC: President appointee to MHHM (1/27/11 - 12/31/11). Elected to MHHM/DHC Boards on 12/9/11 for a term 1/1/2012 - 12/31/2014. Full term expires 12/31/2020. Became Board Chair 1/1/2013. Term expired 12/31/15. Vice-Chair: 1/1/16</p> <p>D-HH: Elected DHC rep. trustee (on 12/9/11) effective 1/1/2012.</p>
<p>Charles G. Plimpton (Barbara Nyholm) MHHM/DHC/D-HH Boards' Treasurer <i>Retired Investment Banker</i></p>		<p>MHHM/DHC: Elected on 3/20/2015. Term began 4/1/2015. Full term expires 12/31/2023. Board Treasurer: 1/1/16</p> <p>D-HH: Elected on 3/20/2015 as an MHHM rep.</p>
<p>Timothy D. Scherer, MD MHHM/DHC Trustee <i>Associate Medical Director of Specialty Services, D-H Nashua</i></p>		<p>MHHM/DHC: Elected on 12/4/2015. Term began 1/1/2016. Full term expires 12/31/2018.</p>
<p>Brian C. Spence, MD, MHCDS (Kirsten Glass, VMD) MHHM/DHC Trustee <i>Associate Professor of Anesthesiology</i></p>		<p>MHHM/DHC: Elected on 12/4/2015. Term began 1/1/2016. Full term expires 12/31/2018.</p>

<p>Anne-Lee Verville MHMH/DHC/D-HH Boards' Chair <i>Retired senior executive, IBM</i></p>		<p>MHMH/DHC: Completed Fuehrer's term through 12/31/08. Nominated on 12/17/08. Term began 1/1/2009. Full term expires 12/31/2017.</p> <p>D-HH: Elected 9/3/10 as an MHMH rep. trustee. Re-elected on 12/6/2013 as a DHC rep for a term to end on 12/31/2015. Re-elected as MHMH rep on 12/4/15.</p> <p>Vice-Chair effective 10/1/2014. Board Chair eff: 1/1/16</p>
<p>James N. Weinstein, DO, MS (Mimi) MHMH/DHC/D-HH Trustee <i>Ex-officio: CEO, Dartmouth-Hitchcock; President, D-HH</i></p>		<p>MHMH/DHC/D-HH: Ex-officio as DHC President effective 1/14/2010. Ex-officio as CEO of D-H began 11/1/2011. Voted by the D-HH Board as President on 9/1/2012 or upon vacancy. Became President on 11/14/2011 when Dr. Colacchio resigned.</p>

Member of D-HH, not a member of D-H:

<p>Steven "Steve" A. Paris, MD (Susan) D-HH Trustee</p>		<p>D-HH: elected to the Board on 6/28/13 for a term to begin immediately and end on 12/31/2015. Elected on 12/4/2015 for a term effective as of 1/1/2016 as a Physician Rep.</p> <p>(NOTE: Term expired on D-H Board 12/31/2015)</p>
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MARGARET J. BROWN

- EXPERIENCE DARTMOUTH-HITCHCOCK MEDICAL CENTER, Dartmouth-Hitchcock (D-H) Administration, Lebanon, NH.
Manager, Community Health Benefits and Improvement, August 2015-Present.
- Responsible for implementation of community health improvement initiatives in the region (1.9 million patient population in northern New England) as well as Community Benefits reporting for the D-H system.
 - Manages activities needed to complete compliant federal, state, and local Community Benefits reports.
 - Manages compliant, local D-H Community Health Needs Assessment efforts in partnership with other D-H sites and affiliates.
 - Collaborates with community partners and D-H leaders to identify local community health needs, create aligned community health improvement plans, and implement initiatives to address identified needs.
 - Works with the D-H Community Health leadership to evaluate effectiveness of Community Benefit and Community Health strategies.
 - Supports resource development needed to implement community health strategies, including advocacy for D-H funds; community funds; and assistance with grant development.
 - Manages local community health budget; leads local budget planning, and oversees fiscal management of grants obtained for local projects.
 - Works with D-H Communications to tell the D-H Community Benefit story.
 - Alerts leadership to significant community events.
 - Supervises community health coordinators to implement and evaluate programs and build effective community partnerships.
- DARTMOUTH COLLEGE, The Dartmouth Institute for Health Policy and Clinical Practice, ReThink Health Upper Connecticut River Valley, Lebanon NH.
Manager, Community Engagement, February 2014-August 2015.
- Responsible for leading community health initiatives in the Upper Connecticut River Valley, a region comprised of 69 Vermont and New Hampshire communities.
 - Build and maintain productive relationships with key stakeholders and individuals; employ techniques of public narrative to organize and mobilize community members; support research projects to collect quantitative and qualitative health data; provide opportunities for cross-sector collaboration.
- DARTMOUTH COLLEGE, Geisel School of Medicine, Dartmouth Center for Health Equity, Hanover, NH.
Program Coordinator (part-time), April 2013-February 2014.
- A member of the management team, develops, administers, assesses and promotes a significant portfolio of curricular and co-curricular programs.
 - Working closely with the Associate Dean for Global Health, center director, and executive advisory board to develop and administer student programs in underserved urban, rural, and global health populations.
- CARE HOUSE, INC., subsidiary of HopeHealth, Inc., Florence, SC.
Executive Director (Interim), July 2011-February 2012. Returned to previous position thru Nov2012.
- Lead CARE (Child Abuse Resource and Evaluation) House of the Pee Dee, a child advocacy center established to provide a comprehensive, multidisciplinary team response to suspected or reported cases of child abuse.
 - Provide leadership, direction and administration to all aspects of CARE House and responsible for day to day management including staff supervision, program management, advocacy, fundraising, grant management, and community relations.
- HOPE HEALTH, INC., federally-qualified community health center, Florence, SC.
Community Relations and Development Coordinator, November 2009-November 2012.
- Plan and execute fundraising and community events.
 - Educate state and federal legislators about HopeHealth's impact and needs.
 - Maintain close relations with the media to ensure coverage in newspapers, radio and television and ensure strong presence on the web and in all social media.
 - Increase patient recruitment (particularly from vulnerable populations); help rectify access to care barriers.

GREATER FLORENCE HABITAT FOR HUMANITY, INC., Florence SC.

Director of Development, July 2008–October 2009

- Secure individual donations, organize annual fundraising events and activities, implement direct mail campaign, promote corporate giving programs, and write proposals.
- Perform community relations activities and promote the ReStore, a retail income source for the organization.

DOCUSYSTEMS, Florence, SC. **Sales Professional**, December 2007– July 2008.

WHITE DIRECTORY PUBLISHERS, Florence, SC. **Sales Professional**, March 2007– December 2007.

DOVE DATA PRODUCTS, Florence, SC. **Sales Support and Purchasing Agent**, May 2005 - March 2007.

BOOKSURGE PUBLISHING/CREATESPACE, Charleston, SC. **Independent Publish. Consultant**, Feb 04–May 06.

EDUCATION DARTMOUTH COLLEGE, Geisel School of Medicine at Dartmouth, Hanover, NH. Graduated June 12, 2016.
Master of Science. Concentration: Health Care Leadership.

FRANCIS MARION UNIVERSITY, Florence, SC. Graduated 2004.

Bachelor of Arts. GPA 3.67/4.0 *Cum Laude*. Major: English Literature. Minor: Spanish. *Honors* in Lit and Math.

UNIVERSIDAD INTERNACIONAL, Cuernavaca Morelos, Mexico. Completed coursework June 2003.

Spanish Immersion Program. Center for Linguistic and Multicultural Studies. Academic credits: 6 hours

SPECIAL TRAINING INSTITUTE FOR HEALTHCARE IMPROVEMENT, Open School, Boston, MA.
Leadership and Organizing to Improve Population Health, Certificate program. Completed May 2015.

NATIONAL ASSOCIATION OF COMMUNITY HEALTH CENTERS, Washington, DC.

Grassroots Advocacy Leadership Program. Policymaker engagement training. Completed November 2010.

GREATER FLORENCE CHAMBER OF COMMERCE, Florence, SC.

Leadership Florence. Completed April 2011.

FRANCIS MARION UNIVERSITY, Florence SC.

The Non-Profit Leadership Institute, Certificate program. Completed May 2010.

SELECTED AWARDS *Class Marshal*, Dartmouth Commencement, Master of Science/Master of Public Health Investiture (2016)
Awardee, Thinking Outside the Box Award, The Dartmouth Institute, Critical Issues in Health & Healthcare (2016)
Honoree, Tribute to Women of Influence, National YWCA Award Program (2011)
Advocate of the Year, South Carolina Primary Health Care Association (2011)

COMMUNITY ACTIVITIES *Board of Directors*, Hartford Community Coalition (2015– present)
Chair, Hunger Council of the Upper Valley Region (2015–present)
Executive Team, Public Health Council of the Upper Valley Region (2015–present)
Founding Director, Board of Directors Healthy Vibrant Claremont (2014–present)

KEY ADMINISTRATIVE PERSONNEL

NH Department of Health and Human Services

Contractor Name: Mary Hitchcock Memorial Hospital f/k/a Mary Hitchcock Memorial Hospital
d/b/a Dartmouth Hitchcock

Name of Program: Regional Public Health Network Services

BUDGET PERIOD: SFY 17				
NAME	JOB TITLE	SALARY	PERCENT PAID FROM THIS CONTRACT	AMOUNT PAID FROM THIS CONTRACT
Margaret J. Brown	Improvement	\$80,000	0.00%	\$0.00
		\$0	0.00%	\$0.00
		\$0	0.00%	\$0.00
		\$0	0.00%	\$0.00
		\$0	0.00%	\$0.00
		\$0	0.00%	\$0.00
TOTAL SALARIES (Not to exceed Total/Salary Wages, Line Item 1 of Budget request)				\$0.00

There are no salaries or benefits included in the grant budget.



STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES

29 HAZEN DRIVE, CONCORD, NH 03301-6527
603-271-4535 1-800-852-3345 Ext. 4535
Fax: 603-271-4506 TDD Access: 1-800-735-2964



Nicholas A. Toumpas
Commissioner

José Thier Montero
Director

G&C APPROVED
Date: 5/27/15
Item #: 26

April 27, 2015

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

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division of Public Health Services and the Division of Community Based Care Services, to amend existing agreements with the five (5) vendors listed below in bold, for the provision of public health initiatives, and to exercise a renewal option with the same vendors for the continuation of regional public health emergency preparedness, substance misuse prevention and related health promotion capacity, and implement school-based influenza clinics, by increasing the total price limitation by \$2,957,486 from \$5,366,864 to \$8,324,350, to be effective the date of Governor and Council approval through June 30, 2017. These agreements were originally approved by Governor and Council on June 19, 2013, Item #95, #98, #100, #102, and September 4, 2013, Item #54, and amended on February 11, 2015, Item #9. Funds are 96.24% Federal and 3.76% General.

Summary of contracted amounts by vendor:

Vendor	Location of Vendor	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
Carroll County Coalition for Public Health	Ctr. Ossipee, NH	\$328,032	\$574,431	\$902,463
Cheshire County	Keene, NH	\$342,236	\$0	\$342,236
City of Nashua, Division of Public Health and Community Services	Nashua, NH	\$639,960	\$0	\$639,960
Goodwin Community Health	Somersworth, NH	\$352,092	\$0	\$352,092
Granite United Way	Concord, NH	\$346,138	\$596,738	\$942,876
Lakes Region Partnership for Public Health	Laconia, NH	\$334,486	\$622,010	\$956,496
Manchester Health Department	Manchester, NH	\$940,560	\$0	\$940,560
Mary Hitchcock Memorial Hospital dba Dartmouth Hitchcock	Lebanon, NH	\$321,602	\$614,547	\$936,149
Mid-State Health Center	Plymouth, NH	\$326,760	\$549,760	\$876,520
North County Health Consortium	Littleton, NH	\$477,760	\$0	\$477,760
Sullivan County	Newport, NH	\$327,010	\$0	\$327,010
Town of Derry	Derry, NH	\$327,326	\$0	\$327,326
Town of Exeter	Exeter, NH	\$302,902	\$0	\$302,902
TOTAL		\$5,366,864	\$2,957,486	\$8,324,350

Funds are available in State Fiscal Year 2015, and are anticipated to be available in State Fiscal Years 2016 and 2017, upon the availability and continued appropriation of funds in the future operating budget, with

authority to adjust amounts within the price limitation and adjust encumbrances between State Fiscal Years through the Budget Office if needed and justified, without approval from Governor and Executive Council.

See attachment for financial details.

EXPLANATION

This requested action seeks approval of 5 of 13 agreements that represent \$2,957,486 to be spent statewide to provide two distinct elements that affect all five of the attached contracts. The first is for public health initiatives in five distinct priority areas: physical activity, preventing falls, suicide prevention, motor vehicle crash prevention, and addressing the health effects of severe weather and climate. The second element exercises existing renewal language within the contracts to extend the completion dates of the contracts so that the vendors may continue to provide regional public health emergency preparedness, substance misuse prevention and related health promotion efforts, implement school-based influenza clinics and also coordinate other public health services in a specific geographic area. A similar request for seven of the vendors whose names are not in bold will be presented at an upcoming Governor and Executive Council meeting. Because the Town of Exeter has elected not to continue to participate as a Public Health Network site, a contract with Lamprey Health Care is being developed to provide Regional Public Health Network services in the Exeter and surrounding area. Each Public Health Network site serves a defined Public Health Region, with every municipality in the state assigned to a region.

The Regional Public Health Advisory Council will engage senior-level leaders from throughout this region to serve in an advisory capacity over the services funded through this agreement. Over time, the Division of Public Health Services and the Bureau of Drug and Alcohol Services expect that the Regional Public Health Advisory Councils will expand this function to other public health and substance misuse prevention and related health promotion services funded by the Department. The long-term goal is for the Regional Public Health Advisory Councils to set regional priorities that are data-driven, evidence-based, responsive to the needs of the region, and to serve in this advisory role over all public health and substance misuse and related health promotion activities occurring in the regions.

The vendors will lead a coordinated effort with regional public health, health care and emergency management partners to develop and exercise regional public health emergency response plans to improve the region's ability to respond to public health emergencies. These regional activities are integral to the State's capacity to respond to public health emergencies.

The vendors will also implement seasonal influenza vaccination clinics in select schools. This initiative represents their ability to expand the range of public health services they offer that are data-driven, known to be effective, and respond to regional needs. Seasonal influenza vaccination rates lag behind the rates for all other recommended childhood immunizations. In order to increase the percent of children six months through 18 years of age who are vaccinated against influenza, New Hampshire must increase access to vaccination services in the school-aged population. New Hampshire's efforts to vaccinate infants and young children against influenza have been more successful than efforts to vaccinate school children, as demonstrated by Medicaid data. The Division of Public Health Services' goal is to increase the percent of children ages 5-12 from 75% in the 2014-2015 influenza season, and from 23% for children age 13-17 years in that same period to the national Healthy People 2020 goal of 80% for all children.

Achieving higher rates of immunization in a school community is known to lower absenteeism among children and school staff. Schools will be targeted in order to access children who may experience the greatest barriers to vaccination including, but not limited to: a lack of local medical providers; lack of transportation; socioeconomic status; or who live in communities in Medically Underserved Areas.

According to the 2012-2013 National Survey on Drug Use and Health¹, the most recent data available demonstrates that 49% of NH's 18-25 year olds reported binge drinking in the past 30 days. This rate is the third highest in the country and much higher than the national average of 38.7%. For pain reliever abuse, 10.5% of NH

¹ Source: http://www.new-futures.org/sites/default/files/Summary%20Report_0.pdf

young adults reported this behavior in the past year, and 10% of young adults reported illicit drug use other than marijuana. This last prevalence indicator is important for several reasons. First, it is the most accessible data point relative to young adult opioid use because the illicit drug use indicator includes opioids. Secondly, NH's rate of 10% for 18-25 year olds reporting regular illicit drug use is the highest in the country and is 1.5 percentage points higher than the next closest state (Rhode Island, 8.6%) and higher than the national average of 6.9%. Furthermore, there were five times greater the number of heroin-related deaths in NH in 2014 than there were in 2008. Heroin-related Emergency Department visits and administrations of naloxone to prevent death from an overdose have also multiplied exponentially in the last two years. Consequently, alcohol and drug misuse cost NH more than \$1.84 billion in 2012 in lost productivity and earnings, increased expenditures for healthcare, and public safety costs. In addition to economic costs, substance misuse impacts and is influenced by poor mental health. From 2007 to 2011, suicide among those aged 10-24 was the second leading cause of death for NH compared to the third leading cause nationally.

In NH, youth have rates of substance use significantly higher than the national average and the other northeast (NE) states as demonstrated in Table 2.

18-25 year olds	NH	NE	US	Significant differences
Binge Drinking	49.0%	43.0%	38.7%	NH Higher than NE and US
Marijuana Use	27.8%	21.0%	18.9%	NH Higher than NE and US
Nonmedical use of pain relievers	10.5%	8.6%	9.5%	No significant difference
Dependent/abusing alcohol or illicit drugs	23.7%	19.1%	18.1%	NH Higher than NE and US

Youth and families across NH describe having little access to services and supports for Substance Use Disorder in NH. In fact, according to the National Survey on Drug Use and Health², NH ranks worst among the states in percentage of 18-25 year olds "needing but not receiving treatment" for alcohol or illicit drug use and is also among the bottom states for 12-17 year olds. Additionally, among 12-20 year olds, NH ranks highest and above the overall national average in both underage alcohol use in past month (NH: 35.72%, US: 23.52%) and underage binge alcohol use in past month (NH: 23.21%, US: 14.75%).

Should Governor and Executive Council not authorize this Request, both public health and substance misuse services will be less coordinated and comprehensive in the thirteen public health regions. Developing a strong, regionally-based infrastructure to convene, coordinate, and facilitate an improved systems-based approach to addressing these health issues will, over time, reduce costs, improve health outcomes, and reduce health disparities.

The original contracts were awarded through a competitive bid. The bid summary is attached.

A second Request for Proposals was posted on the Department of Health and Human Services' website from December 19, 2014 through February 12, 2015, for the provision of the new public health initiatives for five distinct priority areas:

1. Community Readiness Assessments to Increase Access to Safe and Affordable Physical Activity
2. Preventing Older Adult Falls
3. Preventing Suicide
4. Preventing Motor Vehicle Crashes Involving Adolescent Drivers and Passengers
5. Preventing Health Effects from Severe Weather and Climate

Fifteen proposals were received from five vendors in response to the Request for Proposals. Eight reviewers who work internal to the Department reviewed the proposals. The reviewers represent seasoned public health administrators and managers who have between eight to 32 years' experience managing agreements with

² Source: <http://www.dhhs.nh.gov/dphs/suicide/documents/annual-report-2013.pdf>

vendors for various public health programs. Each reviewer was selected for the specific skill set they possess and their experience. The 13 of 15 proposals that scored actual points of 98 or more were selected by the evaluation team for funding. Their decision followed a thorough discussion of the strengths and weaknesses of the proposals. The final decision was made through consensus scoring. The bid summary is attached.

As referenced in the Request for Proposals and in the Exhibit C-1 of the contracts, the Department of Health and Human Services in its sole discretion may decide to offer a two (2) year extension of this competitively procured agreement, contingent upon satisfactory delivery of services, available funding, agreement of the parties and approval of the Governor and Executive Council. The Department is exercising this option.

The attached performance measures will be used to measure the effectiveness of these agreements.

Area served: Statewide.

Source of Funds: 96.24% Federal Funds from US Centers for Disease Control and Prevention and the Substance Abuse and Mental Health Services Administration, and 3.76% General Funds.

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

Respectfully submitted,

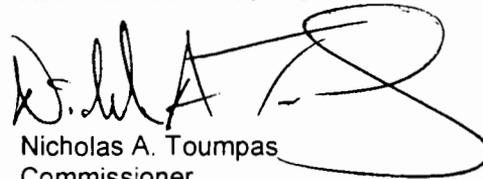


José Thier Montero, MD, MHCDS
Director
Division of Public Health Services



Kathleen A. Dunn, MPH
Associate Commissioner

Approved by:



Nicholas A. Toumpas
Commissioner

**FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)**

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

Carroll County Coalition for Public Health, Vendor # 175290-R001

PO # 1032193

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90077021	76,000	-	76,000
SFY 2015	102-500731	Contracts for Prog Svc	90077021	76,000	-	76,000
SFY 2016	102-500731	Contracts for Prog Svc	90077021	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90077021	-	-	-
			Sub-Total	152,000	-	152,000

Cheshire County, Vendor # 177372-B001

PO # 1032189

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90077021	61,738	-	61,738
SFY 2015	102-500731	Contracts for Prog Svc	90077021	61,738	-	61,738
SFY 2016	102-500731	Contracts for Prog Svc	90077021	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90077021	-	-	-
			Sub-Total	123,476	-	123,476

City of Nashua, Div of Public Health & Community Svcs, Vendor # 177447-B011

PO # 1032021

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90077021	190,100	-	190,100
SFY 2015	102-500731	Contracts for Prog Svc	90077021	190,100	-	190,100
SFY 2016	102-500731	Contracts for Prog Svc	90077021	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90077021	-	-	-
			Sub-Total	380,200	-	380,200

Goodwin Community Health, Vendor # 154703-B001

PO # 1032193

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90077021	50,366	-	50,366
SFY 2015	102-500731	Contracts for Prog Svc	90077021	50,366	-	50,366
SFY 2016	102-500731	Contracts for Prog Svc	90077021	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90077021	-	-	-
			Sub-Total	100,732	-	100,732

Granite United Way, Vendor # 160015-B001

PO # 1031488

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90077021	74,939	-	74,939
SFY 2015	102-500731	Contracts for Prog Svc	90077021	74,939	-	74,939
SFY 2016	102-500731	Contracts for Prog Svc	90077021	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90077021	-	-	-
			Sub-Total	149,878	-	149,878

Lakes Region Partnership for Public Health, Vendor # 165635-B001

PO # 1031728

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90077021	78,863	-	78,863
SFY 2015	102-500731	Contracts for Prog Svc	90077021	78,863	-	78,863
SFY 2016	102-500731	Contracts for Prog Svc	90077021	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90077021	-	-	-
			Sub-Total	157,726	-	157,726

**FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)**

Manchester Health Department, Vendor # 177433-B009

PO #

1031457

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90077021	332,755	-	332,755
SFY 2015	102-500731	Contracts for Prog Svc	90077021	332,755	-	332,755
SFY 2016	102-500731	Contracts for Prog Svc	90077021	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90077021	-	-	-
			Sub-Total	665,510	-	665,510

Mary Hitchcock Memorial Hsp dba Dartmouth Hitchcock, Vendor # 177160-B003

PO #

1033195

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90077021	76,000	-	76,000
SFY 2015	102-500731	Contracts for Prog Svc	90077021	76,000	-	76,000
SFY 2016	102-500731	Contracts for Prog Svc	90077021	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90077021	-	-	-
			Sub-Total	152,000	-	152,000

Mid-State Health Center, Vendor # 158055-B001

PO #

1031525

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90077021	76,000	-	76,000
SFY 2015	102-500731	Contracts for Prog Svc	90077021	76,000	-	76,000
SFY 2016	102-500731	Contracts for Prog Svc	90077021	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90077021	-	-	-
			Sub-Total	152,000	-	152,000

North County Health Consortium, Vendor # 158557-B001

PO #

1032167

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90077021	150,500	-	150,500
SFY 2015	102-500731	Contracts for Prog Svc	90077021	150,500	-	150,500
SFY 2016	102-500731	Contracts for Prog Svc	90077021	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90077021	-	-	-
			Sub-Total	301,000	-	301,000

Sullivan County, Vendor # 177482-B004

PO #

1032408

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90077021	76,000	-	76,000
SFY 2015	102-500731	Contracts for Prog Svc	90077021	76,000	-	76,000
SFY 2016	102-500731	Contracts for Prog Svc	90077021	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90077021	-	-	-
			Sub-Total	152,000	-	152,000

Town of Derry, Vendor # 177379-B003

PO #

1032192

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90077021	51,983	-	51,983
SFY 2015	102-500731	Contracts for Prog Svc	90077021	51,983	-	51,983
SFY 2016	102-500731	Contracts for Prog Svc	90077021	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90077021	-	-	-
			Sub-Total	103,966	-	103,966

**FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)**

Town of Exeter, Vendor # 177386-B001

PO #

1031468

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90077021	52,271	-	52,271
SFY 2015	102-500731	Contracts for Prog Svc	90077021	52,271	-	52,271
SFY 2016	102-500731	Contracts for Prog Svc	90077021	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90077021	-	-	-
			Sub-Total	104,542	-	104,542
			SUB TOTAL	2,695,030	-	2,695,030

**05-95-90-902510-5171 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF INFECTIOUS DISEASE CONTROL, EMERGENCY PREPAREDNESS
100% Federal Funds**

Cheshire County, Vendor # 177372-B001

PO #

1032189

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90077026	20,000	-	20,000
SFY 2015	102-500731	Contracts for Prog Svc	90077026	20,000	-	20,000
SFY 2016	102-500731	Contracts for Prog Svc	90077026	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90077026	-	-	-
			Sub-Total	40,000	-	40,000

City of Nashua, Div of Public Health & Community Svcs, Vendor # 177447-B011

PO #

1032021

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90077026	52,000	-	52,000
SFY 2015	102-500731	Contracts for Prog Svc	90077026	52,000	-	52,000
SFY 2016	102-500731	Contracts for Prog Svc	90077026	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90077026	-	-	-
			Sub-Total	104,000	-	104,000

Goodwin Community Health, Vendor # 154703-B001

PO #

1032193

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90077026	33,800	-	33,800
SFY 2015	102-500731	Contracts for Prog Svc	90077026	33,800	-	33,800
SFY 2016	102-500731	Contracts for Prog Svc	90077026	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90077026	-	-	-
			Sub-Total	67,600	-	67,600

Granite United Way, Vendor # 160015-B001

PO #

1031488

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90077026	10,000	-	10,000
SFY 2015	102-500731	Contracts for Prog Svc	90077026	10,000	-	10,000
SFY 2016	102-500731	Contracts for Prog Svc	90077026	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90077026	-	-	-
			Sub-Total	20,000	-	20,000

Manchester Health Department, Vendor # 177433-B009

PO #

1031457

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90077026	59,645	-	59,645
SFY 2015	102-500731	Contracts for Prog Svc	90077026	59,645	-	59,645
SFY 2016	102-500731	Contracts for Prog Svc	90077026	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90077026	-	-	-
			Sub-Total	119,290	-	119,290

**FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)**

Town of Derry, Vendor # 177379-B003

PO #

1032192

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90077026	33,800	-	33,800
SFY 2015	102-500731	Contracts for Prog Svc	90077026	33,800	-	33,800
SFY 2016	102-500731	Contracts for Prog Svc	90077026	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90077026	-	-	-
			Sub-Total	67,600	-	67,600

Town of Exeter, Vendor # 177386-B001

PO #

1031468

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90077026	33,800	-	33,800
SFY 2015	102-500731	Contracts for Prog Svc	90077026	33,800	-	33,800
SFY 2016	102-500731	Contracts for Prog Svc	90077026	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90077026	-	-	-
			Sub-Total	67,600	-	67,600
			SUB TOTAL	486,090	-	486,090

**05-95-90-901510-5398 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF PUBLIC HEALTH PROTECTION, EMERGENCY RESPONSE
100% Other Funds (Transfer from Emergency Management)**

Cheshire County, Vendor # 177372-B001

PO #

1032189

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90030000	13,000	-	13,000
SFY 2015	102-500731	Contracts for Prog Svc	90030000	10,000	-	10,000
SFY 2016	102-500731	Contracts for Prog Svc	90030000	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90030000	-	-	-
			Sub-Total	23,000	-	23,000

Goodwin Community Health, Vendor # 154703-B001

PO #

1032193

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90030000	7,000	-	7,000
SFY 2015	102-500731	Contracts for Prog Svc	90030000	-	-	-
SFY 2016	102-500731	Contracts for Prog Svc	90030000	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90030000	-	-	-
			Sub-Total	7,000	-	7,000
			SUB TOTAL	30,000	-	30,000

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

Carroll County Coalition for Public Health, Vendor # 175290-R001

PO #

1032193

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90023010	10,136	-	10,136
SFY 2015	102-500731	Contracts for Prog Svc	90023010	10,136	-	10,136
SFY 2016	102-500731	Contracts for Prog Svc	90023010	-	11,000	11,000
SFY 2017	102-500731	Contracts for Prog Svc	90023010	-	11,000	11,000
			Sub-Total	20,272	22,000	42,272

**FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)**

Goodwin Community Health, Vendor # 154703-B001

PO #

1032193

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90023010	10,500	-	10,500
SFY 2015	102-500731	Contracts for Prog Svc	90023010	10,500	-	10,500
SFY 2016	102-500731	Contracts for Prog Svc	90023010	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90023010	-	-	-
			Sub-Total	21,000	-	21,000

Granite United Way, Vendor # 160015-B001

PO #

1031488

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90023010	10,250	-	10,250
SFY 2015	102-500731	Contracts for Prog Svc	90023010	10,250	-	10,250
SFY 2016	102-500731	Contracts for Prog Svc	90023010	-	11,000	11,000
SFY 2017	102-500731	Contracts for Prog Svc	90023010	-	11,000	11,000
			Sub-Total	20,500	22,000	42,500

Lakes Region Partnership for Public Health, Vendor # 165635-B001

PO #

1031728

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90023010	10,500	-	10,500
SFY 2015	102-500731	Contracts for Prog Svc	90023010	10,500	-	10,500
SFY 2016	102-500731	Contracts for Prog Svc	90023010	-	11,000	11,000
SFY 2017	102-500731	Contracts for Prog Svc	90023010	-	11,000	11,000
			Sub-Total	21,000	22,000	43,000

Mary Hitchcock Memorial Hsp dba Dartmouth Hitchcock, Vendor # 177160-B003

PO #

1033195

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90023010	6,921	-	6,921
SFY 2015	102-500731	Contracts for Prog Svc	90023010	6,921	-	6,921
SFY 2016	102-500731	Contracts for Prog Svc	90023010	-	11,000	11,000
SFY 2017	102-500731	Contracts for Prog Svc	90023010	-	11,000	11,000
			Sub-Total	13,842	22,000	35,842

Mid-State Health Center, Vendor # 158055-B001

PO #

1031525

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90023010	10,500	-	10,500
SFY 2015	102-500731	Contracts for Prog Svc	90023010	10,500	-	10,500
SFY 2016	102-500731	Contracts for Prog Svc	90023010	-	11,000	11,000
SFY 2017	102-500731	Contracts for Prog Svc	90023010	-	11,000	11,000
			Sub-Total	21,000	22,000	43,000

North County Health Consortium, Vendor # 158557-B001

PO #

1032167

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90023010	10,500	-	10,500
SFY 2015	102-500731	Contracts for Prog Svc	90023010	10,500	-	10,500
SFY 2016	102-500731	Contracts for Prog Svc	90023010	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90023010	-	-	-
			Sub-Total	21,000	-	21,000

**FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)**

Sullivan County, Vendor # 177482-B004

PO #

1032408

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90023010	9,625	-	9,625
SFY 2015	102-500731	Contracts for Prog Svc	90023010	9,625	-	9,625
SFY 2016	102-500731	Contracts for Prog Svc	90023010	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90023010	-	-	-
			Sub-Total	19,250	-	19,250
			SUB TOTAL	157,864	110,000	267,864

**05-95-49-491510-2988 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF COMMUNITY BASED CARE SERVICES, BUREAU OF DRUG AND ALCOHOL SERVICES, PREVENTION SERVICES
100% Federal Funds**

Carroll County Coalition for Public Health, Vendor # 175290-R001

PO #

1032193

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	95846502	65,380	-	65,380
SFY 2015	102-500731	Contracts for Prog Svc	95846502	65,380	-	65,380
SFY 2016	102-500731	Contracts for Prog Svc	49156502	-	165,380	165,380
SFY 2017	102-500731	Contracts for Prog Svc	49156502	-	165,380	165,380
			Sub-Total	130,760	330,760	461,520

Cheshire County, Vendor # 177372-B001

PO #

1032189

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	95846502	65,380	-	65,380
SFY 2015	102-500731	Contracts for Prog Svc	95846502	65,380	-	65,380
SFY 2016	102-500731	Contracts for Prog Svc	49156502	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	49156502	-	-	-
			Sub-Total	130,760	-	130,760

City of Nashua, Div of Public Health & Community Svcs, Vendor # 177447-B011

PO #

1032021

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	95846502	65,380	-	65,380
SFY 2015	102-500731	Contracts for Prog Svc	95846502	65,380	-	65,380
SFY 2016	102-500731	Contracts for Prog Svc	49156502	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	49156502	-	-	-
			Sub-Total	130,760	-	130,760

Goodwin Community Health, Vendor # 154703-B001

PO #

1032193

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	95846502	65,380	-	65,380
SFY 2015	102-500731	Contracts for Prog Svc	95846502	65,380	-	65,380
SFY 2016	102-500731	Contracts for Prog Svc	49156502	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	49156502	-	-	-
			Sub-Total	130,760	-	130,760

Granite United Way, Vendor # 160015-B001

PO #

1031488

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	95846502	65,380	-	65,380
SFY 2015	102-500731	Contracts for Prog Svc	95846502	65,380	-	65,380
SFY 2016	102-500731	Contracts for Prog Svc	49156502	-	165,380	165,380
SFY 2017	102-500731	Contracts for Prog Svc	49156502	-	165,380	165,380
			Sub-Total	130,760	330,760	461,520

**FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)**

Lakes Region Partnership for Public Health, Vendor # 165635-B001

PO #

1031728

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	95846502	65,380	-	65,380
SFY 2015	102-500731	Contracts for Prog Svc	95846502	65,380	-	65,380
SFY 2016	102-500731	Contracts for Prog Svc	49156502	-	165,380	165,380
SFY 2017	102-500731	Contracts for Prog Svc	49156502	-	165,380	165,380
			Sub-Total	130,760	330,760	461,520

Manchester Health Department, Vendor # 177433-B009

PO #

1031457

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	95846502	65,380	-	65,380
SFY 2015	102-500731	Contracts for Prog Svc	95846502	65,380	-	65,380
SFY 2016	102-500731	Contracts for Prog Svc	49156502	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	49156502	-	-	-
			Sub-Total	130,760	-	130,760

Mary Hitchcock Memorial Hsp dba Dartmouth Hitchcock, Vendor # 177160-B003

PO #

1033195

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	95846502	65,380	-	65,380
SFY 2015	102-500731	Contracts for Prog Svc	95846502	65,380	-	65,380
SFY 2016	102-500731	Contracts for Prog Svc	49156502	-	165,380	165,380
SFY 2017	102-500731	Contracts for Prog Svc	49156502	-	165,380	165,380
			Sub-Total	130,760	330,760	461,520

Mid-State Health Center, Vendor # 158055-B001

PO #

1031525

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	95846502	65,380	-	65,380
SFY 2015	102-500731	Contracts for Prog Svc	95846502	65,380	-	65,380
SFY 2016	102-500731	Contracts for Prog Svc	49156502	-	165,380	165,380
SFY 2017	102-500731	Contracts for Prog Svc	49156502	-	165,380	165,380
			Sub-Total	130,760	330,760	461,520

North County Health Consortium, Vendor # 158557-B001

PO #

1032167

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	95846502	65,380	-	65,380
SFY 2015	102-500731	Contracts for Prog Svc	95846502	65,380	-	65,380
SFY 2016	102-500731	Contracts for Prog Svc	49156502	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	49156502	-	-	-
			Sub-Total	130,760	-	130,760

Sullivan County, Vendor # 177482-B004

PO #

1032408

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	95846502	65,380	-	65,380
SFY 2015	102-500731	Contracts for Prog Svc	95846502	65,380	-	65,380
SFY 2016	102-500731	Contracts for Prog Svc	49156502	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	49156502	-	-	-
			Sub-Total	130,760	-	130,760

**FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)**

Town of Derry, Vendor # 177379-B003

PO # 1032192

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	95846502	65,380	-	65,380
SFY 2015	102-500731	Contracts for Prog Svc	95846502	65,380	-	65,380
SFY 2016	102-500731	Contracts for Prog Svc	49156502	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	49156502	-	-	-
			Sub-Total	130,760	-	130,760

Town of Exeter, Vendor # 177386-B001

PO # 1031468

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	95846502	65,380	-	65,380
SFY 2015	102-500731	Contracts for Prog Svc	95846502	65,380	-	65,380
SFY 2016	102-500731	Contracts for Prog Svc		-	-	-
SFY 2017	102-500731	Contracts for Prog Svc		-	-	-
			Sub-Total	130,760	-	130,760
			SUB TOTAL	1,699,880	1,653,800	3,353,680

05-95-90-903010-7966 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF LABORATORY SERVICES, PUBLIC HEALTH LABORATORIES

100% Federal Funds

Carroll County Coalition for Public Health, Vendor # 175290-R001

PO # 1032193

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90001022	-	-	-
SFY 2015	102-500731	Contracts for Prog Svc	90001022	10,000	-	10,000
SFY 2016	102-500731	Contracts for Prog Svc	90001022	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90001022	-	-	-
			Sub-Total	10,000	-	10,000

Goodwin Community Health, Vendor # 154703-B001

PO # 1032193

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90001022	-	-	-
SFY 2015	102-500731	Contracts for Prog Svc	90001022	10,000	-	10,000
SFY 2016	102-500731	Contracts for Prog Svc	90001022	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90001022	-	-	-
			Sub-Total	10,000	-	10,000

Granite United Way, Vendor # 160015-B001

PO # 1031488

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90001022	-	-	-
SFY 2015	102-500731	Contracts for Prog Svc	90001022	10,000	-	10,000
SFY 2016	102-500731	Contracts for Prog Svc	90001022	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90001022	-	-	-
			Sub-Total	10,000	-	10,000

Lakes Region Partnership for Public Health, Vendor # 165635-B001

PO # 1031728

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90001022	-	-	-
SFY 2015	102-500731	Contracts for Prog Svc	90001022	10,000	-	10,000
SFY 2016	102-500731	Contracts for Prog Svc	90001022	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90001022	-	-	-
			Sub-Total	10,000	-	10,000

**FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)**

North County Health Consortium, Vendor # 158557-B001

PO # 1032167

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90001022	-	-	-
SFY 2015	102-500731	Contracts for Prog Svc	90001022	10,000	-	10,000
SFY 2016	102-500731	Contracts for Prog Svc	90001022	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90001022	-	-	-
			Sub-Total	10,000	-	10,000

Sullivan County, Vendor # 177482-B004

PO # 1032408

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90001022	-	-	-
SFY 2015	102-500731	Contracts for Prog Svc	90001022	10,000	-	10,000
SFY 2016	102-500731	Contracts for Prog Svc	90001022	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90001022	-	-	-
			Sub-Total	10,000	-	10,000
			SUB TOTAL	60,000	-	60,000

**05-95-90-901010-5362 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF PUBLIC HEALTH SYSTEMS, POLICY & PERFORMANCE, POLICY & PERFORMANCE
100% Federal Funds**

Carroll County Coalition for Public Health, Vendor # 175290-R001

PO # 1032193

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90001022	-	-	-
SFY 2015	102-500731	Contracts for Prog Svc	90001022	-	-	-
SFY 2016	102-500731	Contracts for Prog Svc	90001022	-	15,000	15,000
SFY 2017	102-500731	Contracts for Prog Svc	90001022	-	15,000	15,000
			Sub-Total	-	30,000	30,000

Cheshire County, Vendor # 177372-B001

PO # 1032189

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90001022	-	-	-
SFY 2015	102-500731	Contracts for Prog Svc	90001022	10,000	-	10,000
SFY 2016	102-500731	Contracts for Prog Svc	90001022	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90001022	-	-	-
			Sub-Total	10,000	-	10,000

City of Nashua, Div of Public Health & Community Svcs, Vendor # 177447-B011

PO # 1032021

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90001022	-	-	-
SFY 2015	102-500731	Contracts for Prog Svc	90001022	10,000	-	10,000
SFY 2016	102-500731	Contracts for Prog Svc	90001022	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90001022	-	-	-
			Sub-Total	10,000	-	10,000

Goodwin Community Health, Vendor # 154703-B001

PO # 1032193

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90001022	-	-	-
SFY 2015	102-500731	Contracts for Prog Svc	90001022	-	-	-
SFY 2016	102-500731	Contracts for Prog Svc	90001022	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90001022	-	-	-
			Sub-Total	-	-	-

**FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)**

Granite United Way, Vendor # 160015-B001

PO #

1031488

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90001022	-	-	-
SFY 2015	102-500731	Contracts for Prog Svc	90001022	-	-	-
SFY 2016	102-500731	Contracts for Prog Svc	90001022	-	15,000	15,000
SFY 2017	102-500731	Contracts for Prog Svc	90001022	-	15,000	15,000
			Sub-Total	-	30,000	30,000

Lakes Region Partnership for Public Health, Vendor # 165635-B001

PO #

1031728

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90001022	-	-	-
SFY 2015	102-500731	Contracts for Prog Svc	90001022	-	-	-
SFY 2016	102-500731	Contracts for Prog Svc	90001022	-	15,000	15,000
SFY 2017	102-500731	Contracts for Prog Svc	90001022	-	15,000	15,000
			Sub-Total	-	30,000	30,000

Manchester Health Department, Vendor # 177433-B009

PO #

1031457

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90001022	-	-	-
SFY 2015	102-500731	Contracts for Prog Svc	90001022	10,000	-	10,000
SFY 2016	102-500731	Contracts for Prog Svc	90001022	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90001022	-	-	-
			Sub-Total	10,000	-	10,000

Mary Hitchcock Memorial Hsp dba Dartmouth Hitchcock, Vendor # 177160-B003

PO #

1033195

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90001022	-	-	-
SFY 2015	102-500731	Contracts for Prog Svc	90001022	10,000	-	10,000
SFY 2016	102-500731	Contracts for Prog Svc	90001022	-	15,000	15,000
SFY 2017	102-500731	Contracts for Prog Svc	90001022	-	15,000	15,000
			Sub-Total	10,000	30,000	40,000

Mid-State Health Center, Vendor # 158055-B001

PO #

1031525

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90001022	-	-	-
SFY 2015	102-500731	Contracts for Prog Svc	90001022	8,000	-	8,000
SFY 2016	102-500731	Contracts for Prog Svc	90001022	-	15,000	15,000
SFY 2017	102-500731	Contracts for Prog Svc	90001022	-	15,000	15,000
			Sub-Total	8,000	30,000	38,000

North County Health Consortium, Vendor # 158557-B001

PO #

1032167

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90001022	-	-	-
SFY 2015	102-500731	Contracts for Prog Svc	90001022	-	-	-
SFY 2016	102-500731	Contracts for Prog Svc	90001022	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90001022	-	-	-
			Sub-Total	-	-	-

**FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)**

Sullivan County, Vendor # 177482-B004

PO #

1032408

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90001022	-	-	-
SFY 2015	102-500731	Contracts for Prog Svc	90001022	-	-	-
SFY 2016	102-500731	Contracts for Prog Svc	90001022	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90001022	-	-	-
			Sub-Total	-	-	-

Town of Derry, Vendor # 177379-B003

PO #

1032192

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90001022	-	-	-
SFY 2015	102-500731	Contracts for Prog Svc	90001022	10,000	-	10,000
SFY 2016	102-500731	Contracts for Prog Svc	90001022	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90001022	-	-	-
			Sub-Total	10,000	-	10,000
			SUB TOTAL	58,000	150,000	208,000

**05-95-49-491510-2990 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF COMMUNITY BASED CARE SERVICES, BUREAU OF DRUG AND ALCOHOL SERVICES, CLINICAL SERVICES
100% Federal Funds**

Carroll County Coalition for Public Health, Vendor # 175290-R001

PO #

1032193

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	95846502	-	-	-
SFY 2015	102-500731	Contracts for Prog Svc	95846502	15,000	-	15,000
SFY 2016	102-500731	Contracts for Prog Svc	95846502	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	95846502	-	-	-
			Sub-Total	15,000	-	15,000

Cheshire County, Vendor # 177372-B001

PO #

1032189

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	95846502	-	-	-
SFY 2015	102-500731	Contracts for Prog Svc	95846502	15,000	-	15,000
SFY 2016	102-500731	Contracts for Prog Svc	95846502	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	95846502	-	-	-
			Sub-Total	15,000	-	15,000

City of Nashua, Div of Public Health & Community Svcs, Vendor # 177447-B011

PO #

1032021

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	95846502	-	-	-
SFY 2015	102-500731	Contracts for Prog Svc	95846502	15,000	-	15,000
SFY 2016	102-500731	Contracts for Prog Svc	95846502	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	95846502	-	-	-
			Sub-Total	15,000	-	15,000

Goodwin Community Health, Vendor # 154703-B001

PO #

1032193

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	95846502	-	-	-
SFY 2015	102-500731	Contracts for Prog Svc	95846502	15,000	-	15,000
SFY 2016	102-500731	Contracts for Prog Svc	95846502	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	95846502	-	-	-
			Sub-Total	15,000	-	15,000

**FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)**

Granite United Way, Vendor # 160015-B001

PO #

1031488

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	95846502	-	-	-
SFY 2015	102-500731	Contracts for Prog Svc	95846502	15,000	-	15,000
SFY 2016	102-500731	Contracts for Prog Svc	95846502	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	95846502	-	-	-
			Sub-Total	15,000	-	15,000

Lakes Region Partnership for Public Health, Vendor # 165635-B001

PO #

1031728

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	95846502	-	-	-
SFY 2015	102-500731	Contracts for Prog Svc	95846502	15,000	-	15,000
SFY 2016	102-500731	Contracts for Prog Svc	95846502	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	95846502	-	-	-
			Sub-Total	15,000	-	15,000

Manchester Health Department, Vendor # 177433-B009

PO #

1031457

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	95846502	-	-	-
SFY 2015	102-500731	Contracts for Prog Svc	95846502	15,000	-	15,000
SFY 2016	102-500731	Contracts for Prog Svc	95846502	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	95846502	-	-	-
			Sub-Total	15,000	-	15,000

Mary Hitchcock Memorial Hsp dba Dartmouth Hitchcock, Vendor # 177160-B003

PO #

1033195

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	95846502	-	-	-
SFY 2015	102-500731	Contracts for Prog Svc	95846502	15,000	-	15,000
SFY 2016	102-500731	Contracts for Prog Svc	95846502	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	95846502	-	-	-
			Sub-Total	15,000	-	15,000

Mid-State Health Center, Vendor # 158055-B001

PO #

1031525

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	95846502	-	-	-
SFY 2015	102-500731	Contracts for Prog Svc	95846502	15,000	-	15,000
SFY 2016	102-500731	Contracts for Prog Svc	95846502	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	95846502	-	-	-
			Sub-Total	15,000	-	15,000

North County Health Consortium, Vendor # 158557-B001

PO #

1032167

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	95846502	-	-	-
SFY 2015	102-500731	Contracts for Prog Svc	95846502	15,000	-	15,000
SFY 2016	102-500731	Contracts for Prog Svc	95846502	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	95846502	-	-	-
			Sub-Total	15,000	-	15,000

**FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)**

Sullivan County, Vendor # 177482-B004

PO #

1032408

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	95846502	-	-	-
SFY 2015	102-500731	Contracts for Prog Svc	95846502	15,000	-	15,000
SFY 2016	102-500731	Contracts for Prog Svc	95846502	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	95846502	-	-	-
			Sub-Total	15,000	-	15,000

Town of Derry, Vendor # 177379-B003

PO #

1032192

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	95846502	-	-	-
SFY 2015	102-500731	Contracts for Prog Svc	95846502	15,000	-	15,000
SFY 2016	102-500731	Contracts for Prog Svc	95846502	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	95846502	-	-	-
			Sub-Total	15,000	-	15,000
			SUB TOTAL	180,000	-	180,000

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

Carroll County Coalition for Public Health, Vendor # 175290-R001

PO #

1032193

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2015	102-500731	Contracts for Prog Svc	90001023	-	17,322	17,322
SFY 2016	102-500731	Contracts for Prog Svc	90001023	-	22,349	22,349
			Sub-Total	-	39,671	39,671

Granite United Way, Vendor # 160015-B001

PO #

1031488

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2015	102-500731	Contracts for Prog Svc	90001023	-	23,225	23,225
SFY 2016	102-500731	Contracts for Prog Svc	90001023	-	20,875	20,875
			Sub-Total	-	44,100	44,100

Lakes Region Partnership for Public Health, Vendor # 165635-B001

PO #

1031728

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2015	102-500731	Contracts for Prog Svc	90001023	-	21,082	21,082
SFY 2016	102-500731	Contracts for Prog Svc	90001023	-	20,442	20,442
			Sub-Total	-	41,524	41,524

Mary Hitchcock Memorial Hsp dba Dartmouth Hitchcock, Vendor # 177160-B003

PO #

1033195

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2015	102-500731	Contracts for Prog Svc	90001023	-	20,677	20,677
SFY 2016	102-500731	Contracts for Prog Svc	90001023	-	19,110	19,110
			Sub-Total	-	39,787	39,787

Mid-State Health Center, Vendor # 158055-B001

PO #

1031525

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2015	102-500731	Contracts for Prog Svc	90001023	-	8,289	8,289
SFY 2016	102-500731	Contracts for Prog Svc	90001023	-	6,711	6,711
			Sub-Total	-	15,000	15,000
			SUB TOTAL	-	180,082	180,082

FINANCIAL DETAIL ATTACHMENT SHEET

Regional Public Health Networks (RPHN)

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

Lakes Region Partnership for Public Health, Vendor # 165635-B001

PO #

1031728

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2015	102-500731	Contracts for Prog Svc	90007936	-	8,060	8,060
SFY 2016	102-500731	Contracts for Prog Svc	90007936	-	31,940	31,940
			Sub-Total	-	40,000	40,000

Mary Hitchcock Memorial Hsp dba Dartmouth Hitchcock, Vendor # 177160-B003

PO #

1033195

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2015	102-500731	Contracts for Prog Svc	90007936	-	13,000	13,000
SFY 2016	102-500731	Contracts for Prog Svc	90007936	-	27,000	27,000
			Sub-Total	-	40,000	40,000
			SUB TOTAL	-	80,000	80,000

**05-95-90-902510-7545 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF INFECTIOUS DISEASE CONTROL, EMERGENCY PREPAREDNESS
85.45% Federal Funds and 14.55% General Funds**

Carroll County Coalition for Public Health, Vendor # 175290-R001

PO #

1032193

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2016	102-500731	Contracts for Prog Svc	90077021	-	76,000	76,000
SFY 2017	102-500731	Contracts for Prog Svc	90077021	-	76,000	76,000
			Sub-Total	-	152,000	152,000

Cheshire County, Vendor # 177372-B001

PO #

1032189

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2016	102-500731	Contracts for Prog Svc	90077021	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90077021	-	-	-
			Sub-Total	-	-	-

City of Nashua, Div of Public Health & Community Svcs, Vendor # 177447-B011

PO #

1032021

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2016	102-500731	Contracts for Prog Svc	90077021	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90077021	-	-	-
			Sub-Total	-	-	-

Goodwin Community Health, Vendor # 154703-B001

PO #

1032193

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2016	102-500731	Contracts for Prog Svc	90077021	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90077021	-	-	-
			Sub-Total	-	-	-

Granite United Way, Vendor # 160015-B001

PO #

1031488

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2016	102-500731	Contracts for Prog Svc	90077021	-	74,939	74,939
SFY 2017	102-500731	Contracts for Prog Svc	90077021	-	74,939	74,939
			Sub-Total	-	149,878	149,878

**FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)**

Lakes Region Partnership for Public Health, Vendor # 165635-B001

PO #

1031728

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2016	102-500731	Contracts for Prog Svc	90077021	-	78,863	78,863
SFY 2017	102-500731	Contracts for Prog Svc	90077021	-	78,863	78,863
			Sub-Total	-	157,726	157,726

Manchester Health Department, Vendor # 177433-B009

PO #

1031457

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2016	102-500731	Contracts for Prog Svc	90077021	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90077021	-	-	-
			Sub-Total	-	-	-

Mary Hitchcock Memorial Hsp dba Dartmouth Hitchcock, Vendor # 177160-B003

PO #

1033195

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2016	102-500731	Contracts for Prog Svc	90077021	-	76,000	76,000
SFY 2017	102-500731	Contracts for Prog Svc	90077021	-	76,000	76,000
			Sub-Total	-	152,000	152,000

Mid-State Health Center, Vendor # 158055-B001

PO #

1031525

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2016	102-500731	Contracts for Prog Svc	90077021	-	76,000	76,000
SFY 2017	102-500731	Contracts for Prog Svc	90077021	-	76,000	76,000
			Sub-Total	-	152,000	152,000

North County Health Consortium, Vendor # 158557-B001

PO #

1032167

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2016	102-500731	Contracts for Prog Svc	90077021	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90077021	-	-	-
			Sub-Total	-	-	-

Sullivan County, Vendor # 177482-B004

PO #

1032408

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2016	102-500731	Contracts for Prog Svc	90077021	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90077021	-	-	-
			Sub-Total	-	-	-

Town of Derry, Vendor # 177379-B003

PO #

1032192

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2016	102-500731	Contracts for Prog Svc	90077021	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90077021	-	-	-
			Sub-Total	-	-	-
			SUB TOTAL	-	763,604	763,604

**FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)**

**05-95-90-902510-7545 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF INFECTIOUS DISEASE CONTROL, EMERGENCY PREPAREDNESS
100% Federal Funds**

Cheshire County, Vendor # 177372-B001

PO # 1032189

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2016	102-500731	Contracts for Prog Svc	90077026	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90077026	-	-	-
		Sub-Total		-	-	-

City of Nashua, Div of Public Health & Community Svcs, Vendor # 177447-B011

PO # 1032021

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2016	102-500731	Contracts for Prog Svc	90077026	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90077026	-	-	-
		Sub-Total		-	-	-

Goodwin Community Health, Vendor # 154703-B001

PO # 1032193

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2016	102-500731	Contracts for Prog Svc	90077026	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90077026	-	-	-
		Sub-Total		-	-	-

Granite United Way, Vendor # 160015-B001

PO # 1031488

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2016	102-500731	Contracts for Prog Svc	90077026	-	10,000	10,000
SFY 2017	102-500731	Contracts for Prog Svc	90077026	-	10,000	10,000
		Sub-Total		-	20,000	20,000

Manchester Health Department, Vendor # 177433-B009

PO # 1031457

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2016	102-500731	Contracts for Prog Svc	90077026	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90077026	-	-	-
		Sub-Total		-	-	-

Town of Derry, Vendor # 177379-B003

PO # 1032192

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2016	102-500731	Contracts for Prog Svc	90077026	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90077026	-	-	-
		Sub-Total		-	-	-
		SUB TOTAL		-	20,000	20,000
		TOTAL		5,366,864	2,957,486	8,324,350



**New Hampshire Department of Health and Human Services
Office of Business Operations
Contracts & Procurement Unit
Summary Scoring Sheet**

NH Regional Public Health Network Initiatives

#15-DHHS-DPHS-RPHN-08

RFP Name

RFP Number

Priority Area Initiatives Numbers 1-5

- #1 Community Readiness Assessments to Increase Access to Safe and Affordable Physical Activity**
- #2 Preventing Older Adult Falls**
- #3 Preventing Suicide**
- #4 Preventing Motor Vehicle Crashes Involving Adolescent Drivers and Passengers**
- #5 Preventing Health Effects from Severe Weather and Climate**

Proposals	Bidder Name	Maximum Points	Actual Points	Proposal Selected
1. Community Readiness	Carroll County Coalition for Public Health	140	117	Yes
2. Community Readiness	Granite United Way	140	91	NO
3. Community Readiness	Lakes Region Partnership for Public Health	140	91	NO
4. Community Readiness	Mary Hitchcock Memorial Hospital	140	119	Yes
5. Preventing Falls	Granite United Way	140	129	Yes
6. Preventing Falls	Lakes Region Partnership for Public Health	140	99	Yes
7. Preventing Falls	Mary Hitchcock Memorial Hospital	140	125	Yes
8. Preventing Falls	Mid State Health Center	140	118	Yes
9. Preventing Suicide	Carroll County Coalition for Public Health	140	113	Yes
10. Preventing Suicide	Granite United Way	140	122	Yes
11. Preventing Suicide	Lakes Region Partnership for Public Health	140	106	Yes
12. Preventing Suicide	Mary Hitchcock Memorial Hospital	140	122	Yes
13. Preventing MV Crashes	Lakes Region Partnership for Public Health	140	107	Yes
14. Climate	Mary Hitchcock Memorial Hospital	140	127	Yes
15. Climate	Lakes Region Partnership for Public Health	140	105	Yes

Reviewer Names

- | | |
|---|-----------------------------------|
| 1 Neil Twitchell, Administrator | 5 Albert Willis, Program Manager |
| 2 Rhonda Siegel, Administrator | 6 Mary Holliday, Administrator |
| 3 Scot Foster, Health Promotion Advisor | 7 Shelley Swanson, Administrator |
| 4 Matt Cahillene, Program Manager | 8 Philip J. Nadeau, Administrator |

Regional Public Health Network Services Performance Measures

Community Readiness Assessments to Increase Access to Safe and Affordable Physical Activity

- 100% of the selected towns/cities will have:
 - a completed Community Readiness Assessment tool that includes a final readiness score by June 30, 2015;
 - a written action plan detailing at least one strategy for improving access to safe and affordable physical activity opportunities for city and town residents by July 31, 2015; and
 - the implementation of the selected strategy to improve access to safe and affordable physical activity opportunities for city and town residents by September 30, 2015.

Preventing Older Adult Falls

- A minimum of at least 60% of participants will have improved their functional ability between initiation and completion of the TJQMBB training as recorded on both functional tests (Timed Up and Go; and Five Times Sit and Stand).
- MOB: At least a 60% overall increase from baseline to post class in the Matter Of Balance (MOB) Falls Management Scale among participants.

Preventing Suicide

- 100% of participants in the "Connect" training will have increased their perceived effectiveness in recognizing suicidal risk.

Preventing Motor Vehicle Crashes Involving Adolescent Drivers and Passengers

- 5% aggregate increase in seatbelt usage among identified schools during the project period.

Preventing Health Effects from Severe Weather and Climate

- By June 30, 2015, submit a draft adaptation plan that documents at least three (3) vulnerable populations and three (3) health burdens relevant to the existing climate vulnerabilities. The draft plan can be hard copy or web-based.
- By September 30, 2015, submit a final adaptation plan that includes at least two (2) viable interventions that address regional weather or climate vulnerabilities.

School-Based Vaccinations

- Number of schools hosting a seasonal influenza clinic
- Percent of total student enrollment receiving seasonal influenza vaccination
- Percent of students receiving seasonal influenza vaccination who are enrolled in Medicaid or report being uninsured.

Regional Public Health Advisory Committee

- Representation of at least 70% of the 11 community sectors identified in the CDC Capabilities Standards that participate in the Regional Public Health Advisory Committee.
- Representation of 65% of the 6 community sectors identified in the Governor's Commission plan that participate in the Regional Public Health Advisory Committee.
- Documented organizational structure for the Regional Public Health Advisory Committee (e.g. vision or mission statements, organizational charts, MOUs, minutes, etc.).
- Establish and increase over time regional connectivity among stakeholders and improved trust among partners via the biennial PARTNER Survey.

Substance Use Disorders, Resiliency and Recovery – Orientated Systems of Care

- Number of subject matter experts from across the Continuum of Care Services recruited and serving on the workgroup.
- Number of educational resources developed to educate the PHAC.
- Number of educational events identified by the delivery modality (face to face meeting, webinars, etc.) to educate the PHAC.
- Number of PHAC members educated.

Regional Public Health Network Services Performance Measures

- Submission of PHAC endorsed statement/vision on what constitutes a substance use disorder comprehensive approach for your region's system of care.

Substance Misuse Prevention (SMP) and Related Health Promotion

- Completion of 3 year substance misuse prevention plan and endorsed by Regional Public Health Advisory Committee and approved by BDAS due September 30, 2015.
- Completed an approved annual work plan reflective of new strategic plan due October 31, 2015.
- Completed monthly PWITS data entries due by the 20th business day of the following month (e.g. September data due by October 30).
- Data entry needs to align with the 3 year strategic plan for substance misuse prevention and health promotion and adhere to the PWITS Policy Guidance document
- Host at minimum 4 SMP expert team meetings annually
- Meet all Federal regulatory reporting requirements of the Substance Abuse Prevention and Treatment Block Grant.
- Participates and coordinates evaluation surveys: SMP stakeholder survey and other surveys as required.
- Participates and coordinates attendees and prepare for BDAS or DPHS site visits. At request of the state you may be asked to convene: SMP coordinator, Contract administrator, financial agent, expert team chair and others as requested.
- Attendance at SMP bi monthly meetings jointly convened by BDAS and NH Charitable Foundation.
- Maintain a SMP website with links to drugfreenh.org and Bureau of Drug and Alcohol Services.
- Provides additional information to BDAS when requested.

Comprehensive Approach to Addressing Substance Misuse through the Continued Development of a Regional Resiliency and Recovery Oriented Systems of Care

- One full time dedicated Continuum of Care (CC) facilitator hired and completed all required trainings.
- CC facilitator establishes and convenes the Continuum of Care (CC) workgroup from across the continuum of care that includes participants from prevention, intervention, treatment and recovery. Includes Healthcare and primary care providers and behavioral health.
- Submission of meeting minutes including detailed conversations and action items, CC workgroup attendance,
- Submission of an assessment of regional continuum CC assets, gaps and barriers to service within nine (9) months of the approved contract to include:
 - Identification of gaps in CC components and services that need to be developed or enhanced.
 - Identification of barriers to cooperation between CC components.
 - Identification of barriers to community/client access to component services.
- Submission of a plan within one (1) year of the approved contract that identifies actions to address issues in the assessment of regional continuum assets, gaps and barriers to services. workplan outlining the activities to be implemented to resolve any barriers and increase capacity of services within the region

Regional Public Health Preparedness

- Score assigned to the region's capacity to dispense medications to the population based on the CDC MCM ORR.
- Number of outreach events with entities that employ health care personnel.
- Submission of the RPHEA annually



New Hampshire Department of Health and Human Services

**State of New Hampshire
Department of Health and Human Services
Amendment #2 to the
Regional Public Health Network Services**

This 2nd Amendment to the Regional Public Health Network Services contract (hereinafter referred to as "Amendment Two") dated this 2nd day of April, 2015, is by and between the State of New Hampshire, Department of Health and Human Services (hereinafter referred to as the "State" or "Department") and Mary Hitchcock Memorial Hospital d/b/a Dartmouth Hitchcock (hereinafter referred to as "the Contractor"), a corporation with a place of business at 1 Medical Center Drive, Lebanon, NH 03756.

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on September 4, 2013, Item #54 and amended on February 11, 2015, Item #9, the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract as amended and in consideration of certain sums specified; and

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

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

WHEREAS, the parties agree to extend the term of the agreement, increase the price limitation, and modify the scope of services to support continued delivery of these services, and

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

To amend as follows:

1. Form P-37, General Provisions, Item 1.7, Completion Date, to read: June 30, 2017.
2. Form P-37, General Provisions, Item 1.8, Price Limitation, to read: \$936,149.
3. Form P-37, General Provisions, Item 1.9, Contracting Officer for State Agency, to read: Brook Dupee.
4. Delete Exhibit A Scope of Services and Exhibit A-1 Additional Scope of Services in their entirety and replace with Exhibit A Amendment #1 Scope of Services to be effective July 1, 2015 through June 30, 2017.
5. Add Exhibit A-2 Additional Scope of Services to be effective the date of Governor and Council approval through September 30, 2015.
6. Add Exhibit A-3 Additional Scope of Services to be effective the date of Governor and Council approval through June 30, 2016.
7. Modify Exhibit B to add to paragraph 1:
 - 1.3. The contract shall increase by \$33,677 for SFY 2015, \$313,490 for SFY 2016, and \$267,380 for SFY 2017, for a total increase of \$614,547.



1.4. Funding is available as follows:

- \$22,000 = 100% federal funds from the US Department of Health and Human Services, Centers for Disease Control and Prevention, CFDA #93.268, Federal Award Identification Number (FAIN) H23IP000757. Account # 05-95-90-902510-5178-102-500731, \$11,000 in SFY 2016, and \$11,000 in SFY 2017.
 - \$330,760 = 100% federal funds from the US Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, CFDA #93.959, Federal Award Identification Number (FAIN) T1010035-14. Account # 05-95-49-491510-2988-102-500731, \$165,380 in SFY 2016, and \$165,380 in SFY 2017.
 - \$30,000 = 100% federal funds from the US Department of Health and Human Services, Centers for Disease Control and Prevention, CFDA #93.758, Federal Award Identification Number (FAIN) B01OT009037. Account # 05-95-90-901010-5362-102-500731, \$15,000 in SFY 2016, and \$15,000 in SFY 2017.
 - \$152,000 = 85.45% federal funds from the US Department of Health and Human Services, Centers for Disease Control and Prevention, CFDA #93.074, Federal Award Identification Number (FAIN) U90TP000535, and 14.55% general funds. Account # 05-95-90-902510-7545-102-500731, \$76,000 in SFY 2016, and \$76,000 in SFY 2017.
 - \$39,787 = 100% federal funds from the US Department of Health and Human Services, Centers for Disease Control and Prevention, CFDA #93.758, Federal Award Identification Number (FAIN) B01OT009037, Account # 05-95-90-902010-5190-102-500731, \$20,677 in SFY 2015, and \$19,110 in SFY 2016.
 - \$40,000 = 100% federal funds from the US Department of Health and Human Services, Environmental Public Health and Emergency Response, CFDA #93.070, Federal Award Identification Number (FAIN) UE1EH001046, Account # 05-95-90-901510-7936-102-500731, \$13,000 in SFY 2015, and \$27,000 in SFY 2016.
8. Modify existing Exhibit B-1 and Exhibit B -1 Amendment #1 budgets by adding Exhibit B-1 Amendment #2 budgets for SFY 2015, 2016 and 2017. Within 10 business days of the effective date of this contract amendment, the vendor shall submit to the Department of Health and Human Services and receive departmental approval, detailed line item budgets, on budget forms approved by the State.

New Hampshire Department of Health and Human 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

4/28/15
Date

[Signature]
Brook Dupee
Bureau Chief

Mary Hitchcock Memorial Hospital d/b/a Dartmouth
Hitchcock

4/15/15
Date

[Signature]
Name: Robin Kilfeather-Mackey
Title: CFO

Acknowledgement:

State of New Hampshire, County of Grafton on 4/15/15, before the undersigned officer, personally appeared the person identified above, or satisfactorily proven to be the person whose name is signed above, and acknowledged that s/he executed this document in the capacity indicated above.

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

FAITH JOHNSTON, Notary
Name and Title of Notary or Justice of the Peace



My Commission Expires: 10/26/16

Contractor Initials: [Signature]
Date: 4/15/15

New Hampshire Department of Health and Human Services



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

OFFICE OF THE ATTORNEY GENERAL

5/11/15
Date

[Signature]
Name: Megan A. Kelly
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:

Contractor Initials: [Signature]
Date: 4/15/15



Exhibit A Amendment #1

SCOPE OF SERVICES

1. Required Services

Contract Period: July 1, 2015 through June 30, 2017

The Contractor shall:

- 1.1. Implement the 2015 Regional Strategic Plan for Prevention pertaining to communities in their region addressing substance misuse prevention and related health promotion as it aligns with the existing three-year outcome-based strategic prevention plan completed September 2015, located at: <http://www.dhhs.nh.gov/dcbcs/bdas/prevention.htm>.
- 1.2. Develop regional public health emergency response capabilities in accordance with the Centers for Disease Control and Prevention's (CDC's) Public Health Preparedness Capabilities: National Standards for State and Local Planning (Capabilities Standards) and as appropriate to the region.
- 1.3. Ensure the administrative and fiscal capacity to accept and expend funds provided by the Department of Health and Human Services' (DHHS), Division of Public Health Services (DPHS) and Bureau of Drug and Alcohol Services (BDAS) for other services as such funding may become available.
- 1.4. School-Based Seasonal Influenza Vaccination Services
 - 1.4.1. Implement vaccination programs against seasonal influenza in primary, middle, and high schools based on guidance and protocols from the NH Immunization Program (NHIP).
 - 1.4.2. Recruit public and non-residential private schools to participate in school-based clinics based on priorities established by the DPHS. Priorities may be based on socioeconomic status, prior year vaccination rates, or other indicators of need.
 - 1.4.3. School influenza vaccination clinics must be held during the school day (approximately 8 A.M. to 4 P.M.) and on school grounds.
 - 1.4.4. As requested by the DPHS, use the IRMS to manage vaccine provided under the auspices of the DPHS NHIP.
 - 1.4.5. Submit all required documentation for immunized individuals to the NHIP within 10 business days after each clinic.
 - 1.4.6. Report all known adverse reactions according to protocols established by the NHIP.
 - 1.4.7. Dispose of all biological waste materials in accordance with regulations established by the State of New Hampshire.
 - 1.4.8. Conduct debriefings after each clinic to identify opportunities for improvements.

[Handwritten Signature]
Date 4/15/15



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1.5. Regional Public Health Advisory Committee

- 1.5.1. Continue a regional Public Health Advisory Committee (PHAC) comprised of representatives from the community sectors identified in the table below. At a minimum, this PHAC shall provide an advisory role to the contractor and, where applicable, all subcontractors to assure the delivery of the services funded through this agreement.
- 1.5.2. The PHAC membership should be inclusive of all local agencies that provide public health services in the region beyond those funded under this agreement. The purpose is to facilitate improvements in the delivery of the 10 Essential Public Health Services including preparedness-related services and oversight of substance misuse through the continuum of care (prevention, intervention, treatment and recovery) as appropriate to the region. This is accomplished by establishing regional public health priorities that are based on assessments of community health; advocating for the implementation of programs, practices and policies that are evidence-informed to meet improved health outcomes; and advance the coordination of services among partners.
- 1.5.3. As federal funders, both the Centers for Disease Control and Prevention and the Substance Abuse and Mental Health Services Administration have developed lists of key community sectors. While described in different ways, the two lists encompass the same community sectors as evident in this table.

Substance Misuse Prevention and Related Health Promotion	Public Health Preparedness
Community Leadership*	
Local Government Safety and Enforcement	Emergency Management
Health and Medical	Health Care Mental / Behavioral Health
Community and Family Support	Cultural and Faith-based Organizations Housing and Sheltering Senior Services Social Services
Business	Business Media
Education	Education and Child Care

*This CDC sector is defined as leaders with policy and decision-making roles, including elected and appointed public officials, leaders of non-governmental organizations and other community-based organizations. Thus, this sector includes leaders from all of the other sectors in this table.

1.6. Membership

- 1.6.1. At a minimum, the following entities within the region being served shall be invited to participate in the PHAC in order to achieve a broad-based advisory committee comprised of senior leaders from across sectors and communities. It is expected that



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the larger PHAC will be supported by committees/workgroups, etc. comprised of professionals with more specific topical and/or function-based expertise.

1.6.2. PHAC General Membership

1. Each municipal and county government
2. Each community hospital
3. Each School Administrative Unit (SAU)
4. Each DPHS-designated community health center
5. Each NH Department of Health and Human Services (DHHS)-designated community mental health center
6. The contractor
7. Representative from each of the following community sectors shall also be invited to participate: business, cultural and faith-based organizations, social services, housing and sheltering, media, and senior services.
8. Representatives from other sectors or individual entities should be included as determined by the Regional Public Health Advisory Committee.

1.5.5.1. PHAC Executive/Steering Committee Membership

1.5.5.2. For PHACs that include an executive or steering committee, the Contractor shall strive to ensure representation from the following entities.

1. One municipal and county government
2. One community hospital
3. One School Administrative Unit (SAU)
4. One DPHS-designated community health center
5. One NH Department of Health and Human Services (DHHS)-designated community mental health center
6. The contractor
7. Other business, cultural and faith-based organizations, social services, housing and sheltering, media, and senior services.

1.5.5.3. Representatives from other sectors or individual entities should be included as determined by the Regional Public Health Advisory Committee.

1.6. Perform an advisory function to include:

1.6.1. Collaborate with partners to establish annual priorities to strengthen the capabilities within the region to deliver public health services, including public health emergencies and substance misuse through the continuum of care.

1.6.2. Collaborate with regional partners to collect, analyze and disseminate data about the health of the region.

1.6.2.1. Monitor and disseminate data products and reports to public health system partners in the region in order to inform partners about the health status of the region. Disseminate other reports (ex. Weekly Early Event Detection Report) issued by DHHS as appropriate.

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- 1.6.2.2. Educate partners on the NH WISDOM data repository, in order to build capacity to utilize this system to generate and analyze regional data.
- 1.6.2.3. Participate in local community health assessments convened by other agencies.
- 1.6.3. Designate representatives of the PHAC to other local or regional initiatives that are providing public health services, including public health emergencies and substance misuse through the continuum of care.
- 1.6.4. By September 30, publish the Community Health Improvement Plan (CHIP) started in SFY 15.
 - 1.6.4.1. Disseminate the CHIP to regional partners and seek opportunities to educate the community about CHIP priorities, strategies, and activities.
- 1.6.5. Implement priorities included in the 2015 CHIP.
 - 1.6.5.1. Provide leadership to implement the priorities and strategies included in the CHIP.
 - 1.6.5.2. Implement specific activities for at least one CHIP priority in addition to public health emergency preparedness and substance misuse prevention.
 - 1.6.5.3. Monitor progress of CHIP implementation and provide an annual report describing programs and activities implemented that address CHIP priorities to regional partners and DHHS.
- 1.6.6. Maintain a set of operating guidelines/principles or by-laws related to the Regional Public Health Advisory Committee that include:
 - a) Organizational structure
 - b) Membership
 - c) Leadership roles and structure
 - d) Committee roles and responsibilities
 - e) Decision-making process
 - f) Subcommittees or workgroups
 - g) Documentation and record-keeping
 - h) Process for reviewing and revising the policies and procedures
- 1.6.7. Assist in the implementation of the biennial PARTNER survey of the PHAC membership.
- 1.6.8. Implement the PARTNER survey in SFY 2016.
 - 1.6.8.1. Host at least one meeting to share results from the PARTNER survey with regional partners.
- 1.6.9. Maintain a webpage related to the PHAC.

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- 1.6.10. Attend semi-annual meetings of PHAC leaders convened by the DHHS. Attendees should include a representative of the Contractor and at least one PHAC member.
- 1.6.11. The chair of the PHAC or their designee should be present at site visits conducted by the NH DPHS and BDAS and, to the extent possible, be available for other meetings as requested.
- 1.7. Substance Use Disorders, Resiliency and Recovery-Oriented Systems of Care
 - 1.7.1. Development of organizational structures needed within each of the Regional Public Health Networks to study and develop capacity for a seamless substance misuse continuum of care approach that includes: environmental strategies, prevention, early intervention, treatment and recovery support services. Activities will include training, education, and orientation for Public Health Advisory Councils in substance misuse and the progression of substance use disorders and its effect on individuals, families, and communities, including financial impact. This work will include outlining a comprehensive approach to address the misuse of alcohol and drugs within a Resiliency and Recovery Oriented System of Care context.
 - 1.7.2. Building on information from the Regional Continuum of Care Roundtables, and using local expertise as much as possible, the Contractor will develop and implement a work plan to:
 - 1.7.2.1. Recruit and convene subject matter experts, consisting of local healthcare providers and other professionals within the continuum of services to form a workgroup who will help plan, implement and facilitate these deliverables within Resiliency and Recovery Oriented Systems to educate the Public Health Advisory Council about an integrated/collaborative continuum of care Substance Use Disorder strategies and services.
 - 1.7.2.2. Provide education, training and information to Public Health Advisory Council on the impact of the misuse of alcohol and drugs to help members:
 - 1.7.2.2.1. Understand the nature of substance use disorders;
 - 1.7.2.2.2. Learn about the impact of substance use disorders on individuals, families and communities;
 - 1.7.2.2.3. Increase their knowledge of the financial impact of substance use disorders – at the state level, community level, and community sector level;
 - 1.7.2.2.4. Understand the relationship between, and integration of, healthcare and behavioral health, and its relationship to misuse of substances and substance use disorders;
 - 1.7.2.2.5. Learn about the components of Resiliency and Recovery Oriented Systems of Care what they do, and the interrelationship with:

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Environmental strategies, Prevention services, Intervention services, Treatment services, Recovery support services

- 1.7.2.3. Discover, understand and envision a comprehensive approach to preventing, treating and recovering from substance use disorders.
 - 1.7.2.4. Connect with and recruit representatives from Community Health Centers, hospital networks and local primary care so that they can provide information to the Public Health Advisory Council on the integration of healthcare and behavioral health, e.g. Screening and Brief Intervention and Referral to Treatment and other evidenced informed practices.
 - 1.7.2.5. Work with Substance Misuse Prevention Coordinator and local prevention coalitions to present information on prevention to the Public Health Advisory Council and the role prevention plays in the continuum of services and Resiliency and Recovery Oriented Systems of Care.
 - 1.7.2.6. Connect with and recruit representatives from intervention/treatment providers to provide information on treatment to the Public Health Advisory Council, and the role intervention/treatment plays in the continuum of services and Resiliency and Recovery Oriented Systems of Care.
 - 1.7.2.7. Connect with and recruit representatives from the recovery community to provide information on recovery and recovery supports to the Public Health Advisory Councils, and the role recovery supports play in the continuum of services and Resiliency and Recovery Oriented Systems of Care.
 - 1.7.2.8. Familiarize the Public Health Advisory Council with the "Misuse of Alcohol and Drugs" section of the State Health Improvement Plan to prepare them for the development of the Community Health Improvement Plan described in the section above.
 - 1.7.2.9. The Center for Excellence, a technical assistance contractor to the Bureau of Drug and Alcohol Services, will provide materials and host a webinar on elements of a comprehensive system in environmental strategies, prevention, intervention, treatment, and recovery from substance use disorders.
- 1.8. Substance Misuse Prevention (SMP) and Related Health Promotion
- 1.8.1. Maintain and/or hire a full-time-equivalent coordinator(s) to manage the project with one person serving as the primary point of contact and management of the scope of work.
 - 1.8.1.1. The Prevention Coordinator(s) is required to be a Certified Prevention Specialist (CPS) or pending certification within one year of start of contract and a graduate from a four year university.
 - 1.8.1.2. Provide or facilitate appropriate professional office space, meeting space, and access to office equipment to conduct the business of the Regional Public Health Network (RPHN).



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- 1.8.1.3. Ensure proper and regular supervision to the Coordinator(s) in meeting the deliverables of this contract.
- 1.8.2. Ensure the continuance of a committee to serve as the content experts for Substance Misuse Prevention and Related Health Promotion and associated consequences for the region that is under the guidance of and informs the Regional Public Health Advisory Council.
 - 1.8.2.1. The expert committee shall consist of the six sectors, Drug Free Coalitions, Student Assistance Counselors and other grass roots coalitions' representation of the region with a shared focus on substance misuse prevention, the associated consequences and health promotion.
 - 1.8.2.2. The committee will inform and guide regional efforts to ensure priorities and programs are not duplicative but rather build local capacity that is data-driven, evidence-informed, and culturally appropriate to achieve positive outcomes.
 - 1.8.2.3. Ensure the expert committee provides unbiased input into regional activities and development, guidance in the implementation of the strategic plan.
 - 1.8.2.4. Portion of the committee or a member serves as the liaison to the Regional Public Health Advisory Committee.
- 1.8.3. Attend, assist and participate with the Continuum of Care facilitator and the Continuum of Care work group in the regions' capacity development in continuum of care services.
- 1.8.4. Develop and implement substance misuse prevention three-year regional strategic plan.
 - 1.8.4.1. Current one-year work plan is good through to Sept 29, 2015 and is available at: <http://www.dhhs.nh.gov/dcbcs/bdas/prevention.htm>.
 - 1.8.4.2. Three-year strategic plan due by September 30, 2015 that is aligned with the Collective Action and Collective Impact Plan <http://www.dhhs.nh.gov/dcbcs/bdas/documents/collectiveaction.pdf>, and the State Health Improvement Plan (SHIP) <http://www.dhhs.nh.gov/dphs/documents/nhship2013-2020.pdf> and the region's Community Health Improvement Plan (CHIP).
 - 1.8.4.3. Regional strategic plan needs to be endorsed by expert committee and approved by the PHAC prior to submission to BDAS for approval. PHAC letter of approval is due at the time of submission.
 - 1.8.4.4. Three-year plan needs to be approved by BDAS prior to implementation.
- 1.8.5. All programs and practices need to be evidenced-informed approaches for substance misuse prevention as outlined in the following document: <http://www.dhhs.nh.gov/dcbcs/bdas/documents/evidenceinformedpx.pdf>.



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- 1.8.6. Maintain effective training and on-going communication within the Regional Public Health Network, expert committee, PHAC, broader membership, and all subcommittees. Promote the regions substance misuse prevention strategic plans' goals, objectives, activities and outcomes promoted through media and other community information channels and other prevention entities as appropriate.
- 1.8.7. Utilization of the Strategic Prevention Framework (SPF) five-step planning process to guide regions/communities in the data driven planning process planning, implementation, and evaluation of effective, culturally appropriate, and sustainable prevention activities <http://www.samhsa.gov/spf>.
- 1.8.8. Substance misuse prevention plans and regional efforts need to adhere to the Federal Substance Abuse Prevention and Treatment Block Grant requirements:
 - 1.8.8.1. Prevention approaches must target primary prevention strategies. These strategies are directed at individuals not identified to be in need of treatment.
 - 1.8.8.2. Comprehensive primary prevention program shall include activities and services provided in a variety of settings. The program must target both the general population and sub-groups that are at high risk for substance abuse. The program must include, but is not limited to the Center for Substance Abuse Prevention categories: Information Dissemination, Education, Alternatives, Problem Identification and Referral, Community-based Process, and Environmental.
 - 1.8.8.3. A comprehensive approach using the above categories targeting populations with different levels of risk classified by the Institute of Medicine Model: Universal, Selective, and Indicated.
 - 1.8.8.4. All the above information in more detail is outlined under the heading Primary Prevention: <http://www.samhsa.gov/grants/block-grants/sabg>.
 - 1.8.8.5. Assist the state in meeting the Substance Abuse and Mental Health Services Administration's (SAMHSA) National Outcome Measures (NOMS) through data collection, evaluation and process measures via the PWITS online data system. These regulatory requirements are described and posted on the BDAS website: <http://www.dhhs.nh.gov/dcbcs/bdas/documents/bg-px-noms.pdf>
- 1.8.9. Cooperate with and coordinate all evaluation efforts as required by BDAS and DPHS as conducted by the Center for Excellence (e.g. PARTNER Survey, SMP stakeholder survey and all other surveys as directed by BDAS).
- 1.8.10. Attend all State required trainings, workshops, and bi-monthly meetings and ongoing quality improvement as required demonstrated by attendance and participation with Center for Excellence technical assistance events and learning collaborative(s).



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- 1.8.11. Must respond to BDAS and DPHS emails and inquiry's within 3 to 5 business days or time stated.
 - 1.8.12. Must cooperate with all BDAS site visits as required; at minimum one annually.
 - 1.8.13. Work with BDAS and the Bureau of Liquor Enforcement to institute Comprehensive Synar Plan activities (merchant and community education efforts, youth involvement, policy and advocacy efforts, and other activities).
<http://www.samhsa.gov/synar>.
 - 1.8.14. Coordinate with your RPHN contract administrator in the development and the ongoing maintenance of a Substance Misuse Prevention and Health Promotion website with links to drugfreeh.org and Bureau of Drug and Alcohol Services.
 - 1.8.15. Assist with other State activities as required by BDAS or DPHS.
- 1.9. Comprehensive Approach to Addressing Substance Misuse through the Continued Development of a Regional Resiliency and Recovery Oriented Systems of Care
- 1.9.1. The Public Health Advisory Council (PHAC) will provide support for the development of regional capacity for a comprehensive, accessible continuum of care for substance use disorder that supports the state plan recommendations, best practice and Department of Health and Human Services priorities. A comprehensive service array will include developing needed capacity for environmental strategies, prevention, early intervention, treatment and recovery support services. The PHAC will promote the utilization of a Resiliency and Recovery-Oriented System of Care – RROSC (whole person) construct in an effort to minimize the prevalence and consequence of substance misuse in each region. RROSC is a coordinated effort that supports person-centered approach that builds on the strengths and resiliencies of individuals, families, and communities (<http://www.dhhs.nh.gov/dcbcs/bdas/index.htm>). The work will include:
 - 1.9.1.1. Participation in ongoing education on comprehensive approaches to addressing substance misuse through the development of a regional continuum of care.
 - 1.9.2. Hiring and providing support for one (1) dedicated full-time Continuum of Care (CC) Facilitator to:
 - 1.9.2.1. Be trained in the evidence-based Strategic Planning Model (five steps: Assessment, capacity, develop a plan, Implement the plan, evaluation), Resiliency and Recovery-Oriented System of Care tenants, and NH Comprehensive Systems of Care
 - 1.9.2.2. Ongoing attendance and participation in Regional PHAC meetings and planning.



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- 1.9.2.3. Use the Strategic Planning Model to assess services availability within the continuum of care: prevention, intervention, treatment and recovery support services, including the regions' current assets and capacity for regional level services.
- 1.9.2.4. Assessment of substance use disorder service within the NH Health Improvement Plan benefits.
- 1.9.2.5. Work with partners to establish a plan, based on the assessment, to address the gaps and build the capacity to increase substance use disorder services across the continuum.
- 1.9.2.6. Develop mechanism to coordinate efforts between key Prevention, Intervention, Treatment and Recovery stakeholders.
- 1.9.2.7. Reconvene or recruit subject matter experts consisting of local (when possible) healthcare providers and other professionals within the continuum of services to form the CC workgroup to assist, coordinate efforts.
- 1.9.2.8. Develop a plan for communication and for respective roles and responsibilities of the continuum of care workgroup.
- 1.9.2.9. Work with BDAS and its technical assistance partners to address education, training and technical assistance needs.
- 1.9.2.10. Recruiting representatives from community health centers, community mental centers, hospitals, primary care, and other health and social service providers to help further efforts in the integration of healthcare and behavioral health by:
 1. Promoting substance use screenings at sites at appropriate locations;
 2. Providing information on substance misuse trainings available for healthcare and other behavioral health providers;
 3. Communicating resources available to address substance misuse issues.
- 1.9.2.11. Assisting in the continuation or development of a Continuum of Care work group that includes local expertise in:
 1. Prevention: Work with the Substance Misuse Coordinator and prevention providers to identify assets, address areas of need and increase access to prevention services; Coordinates this work with the regional three-year strategic prevention plan (available at: <https://www.dhhs.nh.gov.bdas/prevention.htm>).
 2. Intervention/Treatment: Work with Intervention and treatment providers to identify assets, address areas of need and increase capacity and to improved access to services; To develop and maintain established quality standards.



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3. Recovery: Work with recovery service providers, including peer led organizations, to identify assets, address areas of need and increase access to services. Work with recovery service providers to enhance or increase services, and/or develop new services.
4. Primary Healthcare/Behavioral Health: Work with primary healthcare providers and behavioral health providers to develop means of integrating substance misuse services, mental health and primary care services within the region, including health promotion. Work with healthcare and behavioral health providers to enhance or increase substance misuse screening other services, and/or develop new services.
5. Based on the work above, develop a format that tracks and makes available information on Prevention, Intervention, Treatment and Recovery resources.

1.9.2.12. Participation with all trainings, technical assistance and evaluations as directed by BDAS

1.10. Staffing Requirements

1.10.1. CONTINUUM OF CARE FACILITATOR – dedicated full time position

1.10.1.1. This position works with the RPHN and communities to ensure that all necessary partners for the development of a comprehensive continuum of care as described above, and that aligns with the regional Community Health Improvement Plan. These partners should include substance use Prevention, Intervention, Treatment, and Recovery providers, healthcare and behavioral health providers, and other interested or affected parties. The Continuum of Care facilitator will work with BDAS and its technical assistance resources to ensure that all partners have access to information, training and/or technical assistance necessary for them to understand and fully participate in continuum of care development discussions and planning.

1.10.1.2. Qualifications:

1. MPH with focus on systems development or,
2. MSW with focus or experience in macro social work or,
3. Master's degree in Community Development/Organizing or,
4. BA in the any of the above with 2-3 years' experience in public health systems development, macro social work, or community development/organizing.

1.11. Regional Public Health Preparedness

1.11.1. Regional Public Health Emergency Planning



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- 1.11.1.1. The goal of these activities is to provide leadership and coordination to improve the readiness of regional, county, and local partners to mount an effective response to public health emergencies and threats. This will be achieved by conducting a broad range of specific public health preparedness activities to make progress toward meeting the national standards described in the U.S. Centers for Disease Control and Prevention's (CDC) Public Health Preparedness Capabilities (March 2011). All activities shall build on current efforts and accomplishments within the region. All revisions to the regional preparedness annex and appendices, as well as exercises conducted under this agreement will prioritize the building and integration of the resource elements described in the Capabilities Standards.
- 1.11.1.2. In collaboration with the PHAC described in Section 3.1, provide leadership to further develop, exercise and update the current Regional Public Health Emergency Annex (RPHEA) and related appendices. The RPHEA is intended to serve as an annex or addendum to municipal emergency operations plans to activate a regional response to large-scale public health emergencies. The annex describes critical operational functions and what entities are responsible for carrying them out. The regional annex clearly describe the policies, processes, roles, and responsibilities that municipalities and partner agencies carry out before, during, and after any public health emergency. For more information about the format and structure of emergency plans go to: <https://www.fema.gov/media-library/assets/documents/25975>.
- 1.11.1.3. As requested by the DPHS, participate in review of the RPHEA and, related appendices and attachments. Revise and update the RPHEA, related appendices and attachments based on the findings from the review.
- 1.11.1.4. Participate in an annual Medical Countermeasure Operational Readiness Review (MCM ORR) as required by the CDC Division of Strategic National Stockpile (DSNS). The MCM ORR outlines planning elements specific to managing, distributing and dispensing Strategic National Stockpile (SNS) materiel received from the CDC during a public health emergency. Revise and update the RPHEA, related appendices and attachments based on the findings from the MCM ORR.
- 1.11.1.5. Develop new incident-specific appendices based on priorities identified by the NH DPHS. The DPHS will provide planning templates and guidance for use by the contractor.
- 1.11.1.6. Submit the RPHEA and all related appendices and attachments to the NH DPHS by June 30 of each year. Submission shall be in the form of a single hard copy and by posting all materials on E-Studio. E-Studio is a web-based document sharing system maintained by the DPHS.
- 1.11.1.7. Disseminate the RPHEA and related materials to planning and response partners, including municipal officials from each municipality in the region. Dissemination may be through hard copy or electronic means.



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- 1.11.1.8. Collaborate with hospitals receiving funds under the U. S. DHHS' Hospital Preparedness Program (HPP) cooperative agreement to strengthen and maintain a healthcare coalition in accordance with the "Healthcare Preparedness Capabilities-National Guidance for Healthcare System Preparedness." Healthcare coalitions consist of a collaborative network of healthcare organizations and their respective public and private sector response partners. Healthcare coalitions serve as a multi-agency coordinating group that assists local Emergency Management and Emergency Support Function (ESF) #8 with preparedness, response, recovery and mitigation activities related to healthcare organization disaster operations.¹
- 1.11.1.9. Collaborate with municipal emergency management directors to integrate the assets and capabilities included in the RPHEA into municipal and regional shelter plans.
- 1.11.1.10. Pursue Memorandums of Understanding (MOUs) with governmental, public health, and health care entities that describe the respective roles and responsibilities of the parties in the planning and response to a public health emergency.
- 1.11.1.11. Implement at least one priority intervention identified during the regional Hazard Vulnerability Assessment.

1.12. Regional Public Health Emergency Response Readiness

- 1.12.1. Engage with community organizations to foster connections that assure public health, medical and behavioral health services in the region before, during and after an incident.
- 1.12.2. Through the Public Health Advisory Committee, continue to collaborate with community organizations to improve the capacity within the region to deliver the Ten Essential Public Health Services.
- 1.12.3. Improve the capacity and capability within the region to respond to emergencies when requested by the NH DHHS or local governments.
- 1.12.4. Coordinate the procurement, rotation and storage of supplies necessary for the initial activation of Alternate Care Sites (ACS), Neighborhood Emergency Help Centers (NEHCs) and Points of Dispensing (POD) and support public health, health care and behavioral health services in emergency shelters located within the region.
- 1.12.5. As needed, develop and execute MOUs with agencies to store, inventory, and rotate these supplies.

¹ Healthcare Preparedness Capabilities-National Guidance for Healthcare System Preparedness. U.S. Department of Health and Human Services, January 2012.



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- 1.12.6. Enter and maintain data about the region's response supplies in the Inventory Resources Management System (IRMS) administered by the NH DHHS Emergency Services Unit (ESU) in order to track and manage medical and administrative supplies owned by the contractor.
 - 1.12.7. An inventory of regional supplies shall be conducted at least annually and after every deployment of these supplies. Each agency funded under this agreement will be granted administrative access rights to this web-based system in order to complete this activity.
 - 1.12.8. Disseminate information about, and link appropriate public health and health care professionals with, the NHResponds to allow for the timely activation of volunteers during emergency events. For more information about NHResponds go to: (<https://www.nhresponds.org/nhhome.aspx>).
 - 1.12.9. Disseminate information about the NH Health Alert Network (HAN) and refer appropriate individuals interested in enrolling to the DPHS HAN coordinator. The HAN is an alerting and notification system administered by the NH DPHS. Receive, and act on as necessary, HAN notices from the DPHS to ensure local partners remain aware of recommendations and guidance issued by the DPHS.
 - 1.12.10. Improve capacity to receive and expend funds associated with public health emergency response in a timely manner. Assess the agency's financial, personnel, and procurement/contract management policies and procedures and improve procedures to reduce the time needed to receive and use federal and state funds during emergencies.
 - 1.12.11. Sponsor and organize the logistics for at least two trainings/in-services for regional partners. Collaborate with the DHHS, DPHS, the NH Institute of Public Health Practice, the Community Health Institute in Bow, NH, the Preparedness Emergency Response Learning Center at Harvard University and other training providers to implement these training programs. Enter information about training programs and individuals trained into a learning management system administered by NH DPHS to track training programs. In coordination with the DHHS, participate in a Medical Reserve Corps (MRC) within the region or in cooperation with other regions according to guidance from the federal MRC program and the DHHS.
 - 1.12.12. Conduct outreach to health care entities to recruit health care workers with the skills, licensure and credentialing needed to fill positions described in the RPHEA, and related appendices.
- 1.13. Public Health Emergency Drills and Exercises
- 1.13.1. Plan and execute drills and exercises in accordance with the Homeland Security Exercise and Evaluation Program (HSEEP).
 - 1.13.2. Maintain a three-year Training and Exercise Plan (TEP) that, at a minimum, includes all drills and exercises as required under the SNS program.



Exhibit A Amendment #1

- 1.13.3. Based on the mutual agreement of all parties and as funding allows, participate in drills and exercises conducted by the NH DPHS, NH DHHS ESU, and NH Homeland Security and Emergency Management (HSEM). AS funding allows, this includes all drills and exercises conducted by NH DHHS to meet CDC requirements for a full-scale exercise regarding medical countermeasures distribution and/or dispensing.
- 1.13.4. Collaborate with local emergency management directors, hospitals, and public health system partners to seek funding to support other workshops, drills and exercises that evaluate the Capabilities Standards based on priorities established by regional partners.
- 1.13.5. To the extent possible, participate in workshops, drills and exercises as requested by local emergency management directors or other public health partners.

2. Performance Measures

2.1. School-Based Vaccinations

- 2.1.1. Number of schools hosting a seasonal influenza clinic
- 2.1.2. Percent of total student enrollment receiving seasonal influenza vaccination
- 2.1.3. Percent of students receiving seasonal influenza vaccination who are enrolled in Medicaid or report being uninsured.

2.2. Regional Public Health Advisory Committee

- 2.2.1. Representation of at least 70% of the 11 community sectors identified in the CDC Capabilities Standards that participate in the Regional Public Health Advisory Committee.
- 2.2.2. Representation of 65% of the 6 community sectors identified in the Governor's Commission plan that participate in the Regional Public Health Advisory Committee.
- 2.2.3. Documented organizational structure for the Regional Public Health Advisory Committee (e.g. vision or mission statements, organizational charts, MOUs, minutes, etc.).
- 2.2.4. Establish and increase over time regional connectivity among stakeholders and improved trust among partners via the biennial PARTNER Survey.

2.3. Substance Use Disorders, Resiliency and Recovery – Orientated Systems of Care

- 2.3.5. Number of subject matter experts from across the Continuum of Care Services recruited and serving on the workgroup.
- 2.3.6. Number of educational resources developed to educate the PHAC.



Exhibit A Amendment #1

- 2.3.7. Number of educational events identified by the delivery modality (face to face meeting, webinars, etc.) to educate the PHAC.
- 2.3.8. Number of PHAC members educated.
- 2.3.9. Submission of PHAC endorsed statement/vision on what constitutes a substance use disorder comprehensive approach for your region's system of care.
- 2.4. Substance Misuse Prevention (SMP) and Related Health Promotion
 - 2.4.5. Completion of 3 year substance misuse prevention plan and endorsed by Regional Public Health Advisory Committee and approved by BDAS due September 30, 2015.
 - 2.4.6. Completed an approved annual workplan reflective of new strategic plan due October 31, 2015.
 - 2.4.7. Completed monthly PWITS data entries due by the 20th business day of the following month (e.g. September data due by October 30).
 - 2.4.8. Data entry needs to align with the 3 year strategic plan for substance misuse prevention and health promotion and adhere to the PWITS Policy Guidance document
 - 2.4.9. Host at minimum 4 SMP expert team meetings annually
 - 2.4.10. Meet all Federal regulatory reporting requirements of the Substance Abuse Prevention and Treatment Block Grant.
 - 2.4.11. Participates and coordinates evaluation surveys: SMP stakeholder survey and other surveys as required.
 - 2.4.12. Participates and coordinates attendees and prepare for BDAS or DPHS site visits. At request of the state you may be asked to convene: SMP coordinator, Contract administrator, financial agent, expert team chair and others as requested.
 - 2.4.13. Attendance at SMP bi monthly meetings jointly convened by BDAS and NH Charitable Foundation.
 - 2.4.14. Maintain a SMP website with links to drugfreenh.org and Bureau of Drug and Alcohol Services.
 - 2.4.15. Provides additional information to BDAS when requested.
- 2.5. Comprehensive Approach to Addressing Substance Misuse through the Continued Development of a Regional Resiliency and Recovery Oriented Systems of Care
 - 2.5.5. One full time dedicated Continuum of Care (CC) facilitator hired and completed all required trainings.

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Date 4/15/15



Exhibit A Amendment #1

- 2.4.1.1. CC facilitator establishes and convenes the Continuum of Care (CC) workgroup from across the continuum of care, that includes participants from prevention, intervention, treatment and recovery. Includes Healthcare and primary care providers and behavioral health.
 - 2.4.1.2. Submission of meeting minutes including detailed conversations and action items, CC workgroup attendance,
 - 2.4.1.3. Submission of an assessment of regional continuum CC assets, gaps and barriers to service within nine (9) months of the approved contract to include:
 - 2.4.1.3.1. Identification of gaps in CC components and services that need to be developed or enhanced.
 - 2.4.1.3.2. Identification of barriers to cooperation between CC components.
 - 2.4.1.3.3. Identification of barriers to community/client access to component services.
 - 2.4.1.4. Submission of a plan within one (1) year of the approved contract that identifies actions to address issues in the assessment of regional continuum assets, gaps and barriers to services. workplan outlining the activities to be implemented to resolve any barriers and increase capacity of services within the region
- 2.6. Regional Public Health Preparedness
- 2.6.5. Score assigned to the region's capacity to dispense medications to the population based on the CDC MCM ORR.
 - 2.6.6. Number of outreach events with entities that employ health care personnel.
 - 2.6.7. Submission of the RPHEA annually

3. Training and Technical Assistance Requirements

- 3.1. The contractor will participate in training and technical assistance programs offered to agencies receiving funds under this agreement.
- 3.2. School-Based Vaccination
 - 3.2.1. Participate in bi-monthly conference calls with New Hampshire Immunization Program (NHIP) staff.
 - 3.2.2. Attend a half-day Training of Trainers in-service program offered by the NHIP.
- 3.3. Regional Public Health Preparedness
 - 3.3.1. Participate in bi-monthly Preparedness Coordinator technical assistance meetings.



Exhibit A Amendment #1

- 3.3.2. Develop and implement a technical assistance plan for the region, in collaboration with the agency that is under contract with the NH DPHS to provide that technical assistance.
- 3.3.3. Complete the training standards recommended for Preparedness Coordinators
- 3.3.4. Attend the annual Statewide Preparedness Conferences in June 2016 and 2017.
- 3.4. Medical Reserve Corps
 - 3.4.1. Participate in the development of a statewide technical assistance plan for MRC units.
- 3.5. Substance Misuse Prevention and Related Health Promotion
 - 3.5.1. Participate in bi month SMP meetings
 - 3.5.2. Maintain Prevention Certification credentialing
 - 3.5.3. Ongoing quality improvement is required as demonstrated by attendance and participation with Center for Excellence on or off site technical assistance and trainings.
- 3.6. Comprehensive Approach to Addressing Substance Misuse through the Continued Development of a Regional Continuum of Care.
 - 3.6.1. Ongoing quality improvement is required by attendance and participation in on or offsite technical assistance and trainings provided by the Center for Excellence and/or BDAS staff.

4. Cultural Considerations

- 4.1. The Contractor shall submit a detailed description of the language assistance services they will provide to persons with Limited English Proficiency to ensure meaningful access to their programs and/or services, within ten (10) days of the effective date of this contract.

5. Administration and Management – All Services

- 5.1. Workplan
 - 5.1.1. Monitor progress on the final workplans approved by the DHHS. There must be a separate workplan for each of the following based on the services being funded:
 - 5.1.1.1. Regional Public Health Advisory Committee
 - 5.1.1.2. Substance Misuse Prevention and Related Health Promotion



Exhibit A Amendment #1

- 5.1.1.3. Comprehensive Approach to Addressing Substance Misuse through the Continued Development of a Regional Resiliency and Recovery Oriented Systems of Care
- 5.1.1.4. Regional Public Health Emergency Preparedness
- 5.2. Reporting, Contract Monitoring and Performance Evaluation Activities
 - 5.2.1. Participate in an annual or semi-annual site visit with DHHS, DPHS and BDAS staff. Site visits will include:
 - 5.2.1.1. A review of the progress made toward meeting the deliverables and requirements described in this Exhibit A based on an evaluation plan that includes performance measures.
 - 5.2.1.2. Subcontractors must attend all site visits as requested by DHHS.
 - 5.2.1.3. A financial audit in accordance with state and federal requirements.
 - 5.2.1. Maintain the capability to accept and expend funds to support funded services.
 - 5.2.1.1. Submit monthly invoices within 20 working days after the end of each calendar month in accordance with the terms described in Exhibit B, paragraph 3, on forms provided by the DHHS.
 - 5.2.1.2. Assess agency policies and procedures to determine areas to improve the ability to expedite the acceptance and expenditure of funds during public health emergencies.
 - 5.2.1.3. Assess the agency's capacity to apply for state and federal reimbursement for costs incurred during declared emergencies.
 - 5.2.2. Ensure the capacity to accept and expend new state or federal funds during the contract period for public health and substance misuse prevention and related health promotion services.
 - 5.2.3. Submit for approval all educational materials developed with these funds. Such materials must be submitted prior to printing or dissemination by other means. Acknowledgement of the funding source shall be in compliance with the terms described in this contract.
 - 5.2.4. Provide other programmatic updates as requested by the DHHS.
 - 5.2.5. Engage the Regional Public Health Advisory Committee to provide input about how the contractor can meet its overall obligations and responsibilities under this Scope of Services.
 - 5.2.6.1. Provide the Regional Public Health Advisory Committee with information about public health and substance misuse prevention and related health



Exhibit A Amendment #1

promotion issues in the state and region that may impact the health and wellness of the public and the ability of communities to respond to and recover from emergencies.

- 5.2.6.2. Facilitate awareness of the Regional Public Health Advisory Committee about the agency's performance under this Scope of Services by allowing a representative from the Regional Public Health Advisory Committee to participate in site visits and other meetings with the NH DHHS related to the activities being conducted under this agreement.

5.3. Public Health Advisory Committee and Public Health Preparedness

- 5.3.1. Submit quarterly progress reports based on performance using reporting tools developed by the DPHS.
- 5.3.2. As requested by the DPHS, complete membership assessments to meet CDC and Assistant Secretary for Preparedness and Response (ASPR) requirements.

5.4. Substance Misuse Prevention and Related Health Promotion

- 5.4.1. Complete monthly data entry in the BDAS P-WITS system that aligns and supports the regional substance misuse prevention and related health promotion plan.
- 5.4.2. Contractor will submit the following to the State:
 - 5.4.2.1. Submit updated or revised strategic plans for approval prior to implementation.
 - 5.4.2.2. Submit annual report to BDAS due June 25, 2016 and 2017 (template and guidance will be provided by CEFx).
 - 5.4.2.3. Cooperate and coordinate all evaluation efforts conducted by the Center for Excellence, (e.g. Stakeholder Survey, annual environmental measure, and other surveys as directed by BDAS).
- 5.4.3. Participate in an annual or semi-annual site visit with DHHS, DPHS and BDAS staff. Site visits will include:
- 5.4.4. A review of the progress made toward meeting the deliverables and requirements described in this Exhibit A based on an evaluation plan that includes performance measures.
 - 5.4.4.1. Subcontractors must attend all site visits as requested by DHHS.
- 5.4.5. A financial audit in accordance with state and federal requirements.
- 5.4.6. Provide additional information as a required by BDAS.

5.5. Comprehensive Approach to Addressing Substance Misuse through the Continued Development of a Regional



Exhibit A Amendment #1

5.5.1. Contractor will submit the following to the State:

- 5.5.1.1. Quarterly reports (dates for submission and template will be provided by BDAS).
- 5.5.1.2. Report on prevention, intervention, treatment and recovery services gap assessment within nine (9) months of the date of contract.
- 5.5.1.3. Plan to address gaps in services identified within twelve (12) months of the date of contract.

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Exhibit A-2

ADDITIONAL SCOPE OF SERVICES

1. Required Services

Contract Period: Governor and Council approval through September 30, 2015

The Contractor shall:

- 1.1. Community Readiness Assessments to Increase Access to Safe and Affordable Physical Activity.
 - 1.1.1. Provide services to improve the overall health and wellbeing of New Hampshire residents by implementing Community Readiness Assessments to Increase Access to Safe and Affordable Physical Activity.
 - 1.1.2. Select up to three cities or towns within the region that agree to complete the Community Readiness Assessment tool around access to safe and affordable physical activity.
 - 1.1.3. Provide training and technical assistance and work with each of the selected cities or towns to choose at least one approved activity that will increase access to safe and affordable physical activity opportunities for city and town residents.
 - 1.1.4. Coordinate with at least one representative from the Regional Planning Commission and/or local planning department, to ensure completion of the Community Readiness Assessment. The Community Readiness Assessment consists of the following five steps:
 1. Identify the issue to be assessed. The issue needs to be specifically tied to access to safe and affordable physical activity in the city or town.
 2. Identify a "community" of focus (examples of "community" include the city or town, a specific area or street within a city or town, or a particular group such as residents within walking distance of a chosen destination).
 3. Conduct interviews with a minimum of 6 community members, who represent different community organizations, utilizing the questions provided in the Community Readiness Assessment tool.
 4. Score the interviews using the scoring methods provided in the Community Readiness Assessment tool to obtain a final readiness score.
 5. Collaborate with the DHHS and the Regional Planning Commission and/or local planning department to assist the selected towns/cities to develop at least one improvement to access to safe and affordable physical activity based on the town/city's final readiness score.



Exhibit A-2

- 1.1.5. Once each city or town has submitted their action plan for improvement to the contractor, the city or town is then eligible to apply for a mini-grant to be used to further the implementation of the selected strategy.
- 1.1.6. All mini-grant applications shall be approved by the DHHS before final mini-grants are executed.
- 1.2. Preventing Older Adult Falls
 - 1.2.1. Provide services to improve the overall health and wellbeing of New Hampshire residents by Preventing Older Adult Falls.
 - 1.2.2. Identify regional data pertaining to older adult falls. This includes, but is not limited to, hospitalizations, emergency department visits, emergency medical service runs and deaths. Data should be aggregated into a one page data brief made available on-line.
 - 1.2.3. Work with the New Hampshire Falls Risk Reduction Task Force (Task Force) to learn about current evidence-based practice in the prevention of older adult falls. This can include working with current regional members of the Task Force in a brief internal training.
 - 1.2.4. Work with currently identified evidence-based falls risk reduction programs, "Matter of Balance" (MOB) programs and class locations, Appendix F or "Tai Ji Quan: Moving for Better Balance" (TJQMBB) instructors and class locations in the region, Appendix G, to support implementation of trainings of either program through assessing current capacity and need. This could lead to a variety of activities, including but not limited to:
 1. Hosting/funding a site where trainings can occur,
 2. Funding a certified instructor to deliver the program,
 3. Providing/funding social marketing outreach for already existing trainings,
 4. Providing/funding specific training necessary for program implementation.
 - 1.2.5. Implement at least one, full training of either MOB or TJQMBB.
 - 1.2.6. Work with the program instructor and Task Force to facilitate evaluation data gathering and analysis.
- 1.3. Preventing Suicide
 - 1.3.1. Provide services to improve the overall health and wellbeing of New Hampshire residents by Preventing Suicide.
 - 1.3.2. Identify regional data pertaining to suicide. This includes the identification of needs, gaps & high risk populations in the region with respect to suicide risk. Data should be aggregated into a data brief made available on-line.
 - 1.3.3. Establish, or continue facilitation of a regional suicide prevention implementation team. This should include members of the Public Health Advisory Council.



Exhibit A-2

- 1.3.4. Provide logistical support for, and implement a "Connect" suicide prevention and postvention training with the prevention implementation team. If this training has already occurred in the region, provide logistical support for, and implement the "Connect" suicide prevention and postvention "Train the Trainers" sessions with a subset of the prevention implementation team. Both trainings will integrate information related to the suicide component of the DPHS' "State Health Improvement Plan", the "State Suicide Prevention Plan" and community resources.
- 1.3.5. Provide logistical support for, and implement a "Counseling on Access to Lethal Means" training for up to 30 participants (half day training). If this has already occurred in the region, coordinate with the prevention implementation team trained in "Connect" to facilitate one prevention training open to community members from across the region.
- 1.3.6. Disseminate national media recommendations for reporting on suicide/safe messaging to local media outlets and key stakeholder organizations and constituent groups.

2. Compliance Requirements

- 2.1. Participate in an annual or semi-annual site visit with DHHS staff.
- 2.2. Site visits will include:
 - 2.2.1. A review of the progress made toward meeting the deliverables and requirements described in Section 3 of this RFP based on an evaluation plan that includes performance measures.
 - 2.2.2. Subcontractors must attend all site visits as requested by DHHS.
 - 2.2.3. Provision of a financial audit in accordance with state and federal requirements.

3. Performance Measures

- 3.1. Community Readiness Assessments to Increase Access to Safe and Affordable Physical Activity
 - 3.1.1. 100% of the selected towns/cities will have:
 - 3.1.1.1. A completed Community Readiness Assessment tool that includes a final readiness score by June 30, 2015.
 - 3.1.1.2. A written action plan detailing at least one strategy for improving access to safe and affordable physical activity opportunities for city and town residents by July 31, 2015, and
 - 3.1.1.3. The implementation of the selected strategy to improve access to safe and affordable physical activity opportunities for city and town residents by September 30, 2015.



Exhibit A-2

3.2. Preventing Older Adult Falls

- 3.2.1. A minimum of at least 60% of participants will have improved their functional ability between initiation and completion of the TJQMBB training as recorded on both functional tests (Timed Up and Go; and Five Times Sit and Stand).
- 3.2.2. MOB: At least a 60% overall increase from baseline to post class in the Matter Of Balance (MOB) Falls Management Scale among participants.

3.3. Preventing Suicide

- 3.3.1. 100% of participants in the "Connect" training will have increased their perceived effectiveness in recognizing suicidal risk.

4. Staffing

- 4.1. The Contractor shall be required to provide staffing to fulfill the roles and responsibilities to support activities of this project. The Contractor shall address the details to the following requirements to ensure adequate staffing is provided.
- 4.2. Provide sufficient staff to perform all tasks specified in this RFP. The Contractor shall maintain a level of staffing necessary to perform and carry out all of the functions, requirements, roles, and duties in a timely fashion.
- 4.3. The Contractor shall ensure that all staff has appropriate training, education, experience, and orientation to fulfill the requirements of the positions they hold and shall verify and document that it has met this requirement. This includes keeping up-to-date records and documentation of all individuals requiring licenses and/or certifications and such records shall be available for DHHS inspection.

5. Reporting Requirements

5.1. Reporting Requirements

- 5.1.1. The Contractor shall submit quarterly progress reports based on performance using reporting tools developed by the DHHS/DPHS.
- 5.1.2. The Contractor shall provide copies of fully executed subcontract agreements to DHHS, prior to start of such contracts.
- 5.1.3. The Contractor shall submit annual programmatic reports updating the DHHS on all activities.

6. Extensions

- 6.1. This agreement has the option for a potential extension of up to two additional years, contingent upon satisfactory delivery of services, available funding, agreement of the parties and approval of the Governor and Council.

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Exhibit A-3

ADDITIONAL SCOPE OF SERVICES

1. Required Services

Contract Period: Governor and Council approval through June 30, 2016

The Contractor shall, by September 30, 2015, in PHASE I:

- 1.1. Provide services to improve the overall health and wellbeing of New Hampshire residents by Preventing Health Effects from Severe Weather and Climate.
- 1.2. Participate in up to twelve (12) monthly 1-hour meetings or conference calls with State Climate and Health staff to coordinate activities and update progress. Attend up to four (4) quarterly 2-3 hour meetings in Concord of the statewide NH Climate and Health Working Group.
- 1.3. Organize, host and facilitate at least four (4) planning sessions to gather input for the development of a regional climate and health adaptation plan with the Regional Public Health Advisory Council. The ultimate goal of this process is to reach agreement on a draft climate adaptation plan of action that meets the needs of the region.
- 1.4. Participate in at least two (2) half-day trainings provided by DHHS in the Concord, New Hampshire area on how to assess vulnerabilities, measure preparedness, and implement the Building Resilience Against Climate Effects (BRACE) framework. An option for webinar participation at these trainings may be provided.
- 1.5. Develop a written summary of any pertinent information found in local or regional vulnerability assessments relevant to severe weather, climate and health. The document should reference local hazard mitigation plans, involve local emergency planning officials, and determine how to integrate climate and health interventions into the local planning process.
- 1.6. Develop a written summary of regional health risks and vulnerable populations. Coordinate with State staff to assess local risks using available health data.
- 1.7. Develop a written summary of current resources and assets that can be leveraged to mitigate health impacts from climate change or severe weather events.
- 1.8. Develop a written summary adaptation plan that includes specific intervention strategies that address adaptation to severe weather and climate change. The plan will include:
- 1.9. A list that shows the number and percent of existing local and/or regional hazard vulnerability assessments and mitigation plans reviewed to identify areas related to climate change impacts.
- 1.10. A list that shows the number of regional entities participating in the strategic planning process.

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Exhibit A-3

- 1.11. A table that identifies and prioritizes health impacts related to climate change; links each of these impacts to populations that are most vulnerable; and describes the size and geographic distribution of vulnerable populations.
- 1.12. A table that identifies current resources and assets identified in local, regional and state plans and identifies and prioritizes gaps in preparedness and response capabilities.
- 1.13. A description of strategies to implement that address identified gaps and mitigates risks.
- 1.14. Work with the DHHS to:
- 1.15. Review regional information for severe weather, climate vulnerabilities, and social vulnerabilities via reference materials and consultations list.
- 1.16. Provide estimates of related disease burden.
- 1.17. Obtain examples of climate adaptation resources.
- 1.18. Obtain examples of population-level interventions that are appropriate to the community needs (i.e. evidence based or informed; promising practices).
- 1.19. Develop a logic model and an evaluation process to determine if the community has been able to effect change in the level of preparedness or resilience. This evaluation will include measures of emergency preparedness or community resilience, as, feasible.

The Contractor shall, by June 30, 2016, in PHASE II:

- 1.20. Implement an intervention in this Phase 2 period to address a specific regional health effect identified in Phase 1.
- 1.21. Participate in up to six (6) 1-hour conference calls with DPHS Climate and Health staff to coordinate activities and update progress.
- 1.22. Organize, host and facilitate at least four (4) meetings of a climate and health workgroup in order to assess, plan and make decision on the direction of the project.
- 1.23. Participate in at least two (2) half-day trainings provided by DHHS in the Concord, New Hampshire area on how to implement the Building Resilience Against Climate Effects (BRACE) framework for climate adaptation planning in phase one, and climate-related interventions in phase two.
- 1.24. Prioritize and choose one (1) priority climate and health issue relevant to the public health region from the climate adaptation plan developed in Phase 1. Examples include pollen/allergens and asthma, heat waves-heat injury, warmer seasons-Lyme disease, flooding and injuries, etc.
- 1.25. Implement at least one (1) intervention designed to address the priority issues identified in Phase 1 in order to improve public health at the population level. Examples include asthma reduction via home-based environmental controls, tick-exposure reduction via behavior change, and heat stress reduction via policy change or behavioral change.

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Exhibit A-3

- 1.26. Collaborate with the DPHS to pursue phase two intervention activities, including taking action on the intervention, tracking progress, and measuring change. DHHS will also provide examples of population-level interventions (i.e. evidence based or informed; promising practices).

2. Compliance Requirements

- 2.1. Participate in an annual or semi-annual site visit with DHHS staff.
- 2.2. Site visits will include:
- 2.3. A review of the progress made toward meeting the deliverables and requirements described in Section 3 of this RFP based on an evaluation plan that includes performance measures.
- 2.4. Subcontractors must attend all site visits as requested by DHHS.
- 2.5. Provision of a financial audit in accordance with state and federal requirements.

3. Performance Measures

- 3.1. By June 30, 2015, submit a draft adaptation plan that documents at least three (3) vulnerable populations and three (3) health burdens relevant to the existing climate vulnerabilities. The draft plan can be hard copy or web-based.
- 3.2. By September 30, 2015, submit a final adaptation plan that includes at least two (2) viable interventions that address regional weather or climate vulnerabilities.
- 3.3. By March 31, 2016, submit a draft progress report that describes the early results of the intervention project successes and challenges. The report will include suggested changes to improve the project.
- 3.4. By June 30, 2016, submit a final progress report that describes the later results of the intervention project, including successes and challenges, and measures of progress toward improved public health.

4. Staffing

- 4.1. The Contractor shall be required to provide staffing to fulfill the roles and responsibilities to support activities of this project. The Contractor shall address the details to the following requirements to ensure adequate staffing is provided.
- 4.2. Provide sufficient staff to perform all tasks specified in this RFP. The Contractor shall maintain a level of staffing necessary to perform and carry out all of the functions, requirements, roles, and duties in a timely fashion.
- 4.3. The Contractor shall ensure that all staff has appropriate training, education, experience, and orientation to fulfill the requirements of the positions they hold and shall verify and document

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4/15/15



Exhibit A-3

that it has met this requirement. This includes keeping up-to-date records and documentation of all individuals requiring licenses and/or certifications and such records shall be available for DHHS inspection.

5. Reporting Requirements

- 5.1. Reporting Requirements
- 5.2. The Contractor shall submit quarterly progress reports based on performance using reporting tools developed by the DHHS/DPHS.
- 5.3. The Contractor shall provide copies of fully executed subcontract agreements to DHHS, prior to start of such contracts.
- 5.4. The Contractor shall submit annual programmatic reports updating the DHHS on all activities.

6. Extensions

- 6.1. This agreement has the option for a potential extension of up to two additional years, contingent upon satisfactory delivery of services, available funding, agreement of the parties and approval of the Governor and Council.

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4/15/15

Exhibit B-1 Amendment #2 Budget Form (SFY 2015)

New Hampshire Department of Health and Human Services

MARY HITCHCOCK MEMORIAL HOSPITAL DBA

Bidder/Contractor Name: DARTMOUTH HITCHCOCK

NH Regional Public Health Network Priority Area

Budget Request for: Initiatives

(Name of RFP)

Date of G&C Approval through June 30, 2015 (SFY

Budget Period: 2015)

Line Item	Direct		Indirect		Total	Allocation Method
	Incremental	Fixed	Incremental	Fixed		
1. Total Salary/Wages	\$ 980.00	\$ -			\$ 980.00	
2. Employee Benefits	\$ 323.00	\$ -			\$ 323.00	
3. Consultants	\$ 6,750.00	\$ -			\$ 6,750.00	
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 - Community Reading	\$ 5,807.00	\$ -			\$ 5,807.00	
12. Subcontracts - Falls Prevention	\$ 2,421.00	\$ -			\$ 2,421.00	
12. Subcontracts - Suicide Prevention	\$ -	\$ -			\$ -	
12. Subcontracts - Preventing Hlth Effects from Severe Weather & Climate	\$ 10,236.00	\$ -			\$ 10,236.00	
13. Other (specific details mandatory)	\$ -	\$ -			\$ -	
	\$ -	\$ 7,160.00			\$ 7,160.00	Indirect at 27%
	\$ -	\$ -			\$ -	
	\$ -	\$ -			\$ -	
TOTAL	\$ 26,517.00	\$ 7,160.00			\$ 33,677.00	

Indirect As A Percent of Direct

27.0%

Exhibit B-1 - Budget

Contractor Initials: _____

Exhibit B-1 Amendment #2 (SFY 2016) Budget Form

New Hampshire Department of Health and Human Services

MARY HITCHCOCK MEMORIAL HOSPITAL DBA

Bidder/Contractor Name: DARTMOUTH HITCHCOCK

NH Regional Public Health Network Priority Area

Budget Request for: Initiatives
(Name of RFP)

Budget Period: SFY 2016

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	\$ 1,470.00	\$ -	\$ 1,470.00	
2. Employee Benefits	\$ 485.00	\$ -	\$ 485.00	
3. Consultants	\$ 750.00	\$ -	\$ 750.00	
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 - Community Readiness A	\$ 8,710.00	\$ -	\$ 8,710.00	
12. Subcontracts - Falls Prevention	\$ 3,632.00	\$ -	\$ 3,632.00	
12. Subcontracts - Suicide Prevention	\$ -	\$ -	\$ -	
12. Subcontracts - Preventing Hlth Effects from Severe Weather & Climate	\$ 21,260.00	\$ -	\$ 21,260.00	
13. Other (specific details mandatory)	\$ -	\$ -	\$ -	
	\$ -	\$ 9,803.00	\$ 9,803.00	Indirect at 27%
	\$ -	\$ -	\$ -	
TOTAL	\$ 36,307.00	\$ 9,803.00	\$ 46,110.00	

Indirect As A Percent of Direct

27.0%

Exhibit B-1 - Budget

Contractor Initials: _____

Date: _____

Exhibit B-1 Amendment #2 Budget Form (SFY 2016)

New Hampshire Department of Health and Human Services

MARY HITCHCOCK MEMORIAL HOSPITAL D/B/A

Bidder/Contractor Name: DARTMOUTH HITCHCOCK

Budget Request for: NH Regional Public Health Network Services

(Name of RFP)

Budget Period: SFY 2016

Line Item	Direct		Indirect		Total
	Incremental	Fixed	Incremental	Fixed	
1. Total Salary/Wages	\$ 160,770.00	\$ -	\$ -	\$ -	\$ 160,770.00
2. Employee Benefits	\$ 53,054.00	\$ -	\$ -	\$ -	\$ 53,054.00
3. Consultants	\$ -	\$ -	\$ -	\$ -	\$ -
4. Equipment:	\$ -	\$ -	\$ -	\$ -	\$ -
Rental	\$ -	\$ -	\$ -	\$ -	\$ -
Repair and Maintenance	\$ -	\$ -	\$ -	\$ -	\$ -
Purchase/Depreciation	\$ -	\$ -	\$ -	\$ -	\$ -
5. Supplies:	\$ 500.00	\$ -	\$ -	\$ -	\$ 500.00
Educational	\$ -	\$ -	\$ -	\$ -	\$ -
Lab	\$ -	\$ -	\$ -	\$ -	\$ -
Pharmacy	\$ -	\$ -	\$ -	\$ -	\$ -
Medical	\$ 500.00	\$ -	\$ -	\$ -	\$ 500.00
Office	\$ -	\$ -	\$ -	\$ -	\$ -
6. Travel	\$ 2,000.00	\$ -	\$ -	\$ -	\$ 2,000.00
7. Occupancy	\$ -	\$ -	\$ -	\$ -	\$ -
8. Current Expenses	\$ -	\$ -	\$ -	\$ -	\$ -
Telephone	\$ -	\$ -	\$ -	\$ -	\$ -
Postage	\$ -	\$ -	\$ -	\$ -	\$ -
Subscriptions	\$ -	\$ -	\$ -	\$ -	\$ -
Audit and Legal	\$ -	\$ -	\$ -	\$ -	\$ -
Insurance	\$ -	\$ -	\$ -	\$ -	\$ -
Board Expenses	\$ -	\$ -	\$ -	\$ -	\$ -
9. Software	\$ -	\$ -	\$ -	\$ -	\$ -
10. Marketing/Communications	\$ -	\$ -	\$ -	\$ -	\$ -
11. Staff Education and Training	\$ 2,218.00	\$ -	\$ -	\$ -	\$ 2,218.00
12. Subcontracts	\$ 12,456.00	\$ -	\$ -	\$ -	\$ 12,456.00
13. Other (indirect)	\$ -	\$ 35,882.00	\$ -	\$ -	\$ 35,882.00
	\$ -	\$ -	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL	\$ 231,498.00	\$ 35,882.00	\$ -	\$ -	\$ 267,380.00

Indirect As A Percent of Direct

15.5%

Exhibit B-1 - Budget

Contractor Initials: _____

Date: _____

Ba
EB

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DWE



JAN28'15 PM 4:34 DAS

STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES

29 HAZEN DRIVE, CONCORD, NH 03301-6527
603-271-4535 1-800-852-3345 Ext. 4535
Fax: 603-271-4506 TDD Access: 1-800-735-2964



Nicholas A. Toumpas
Commissioner

José Thier Montero
Director

G&C APPROVED
Date: 02/11/15
Item # 11

January 8, 2015

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

2/11/15
#9

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division of Public Health Services, Bureau of Public Health Systems, Policy and Performance, and the Division of Community Based Care Services, Bureau of Drug and Alcohol Services, to amend agreements with 12 vendors by increasing the total price limitation by \$288,000 from \$5,078,864 to \$5,366,864 to provide regional public health emergency preparedness and substance misuse prevention services, to be effective the date of Governor and Council approval through June 30, 2015. Funds are 100% Federal.

Nine of these agreements were originally approved by Governor and Council on June 19, 2013, (Item #s 95, 96, 97, 98, 99, 100, 102, 103 104B), and three of these agreements were originally approved by Governor and Council on July 10, 2013, (Item # 101), July 24, 2013 (Item #27B), and September 4, 2013 (Item #54).

Summary of contracted amounts by vendor:

Vendor	Location of Vendor	Current Modified Budget	SFY 2015 Budget Increase Amount	Revised Modified Budget
Carroll County Coalition for Public Health	Ctr. Ossipee, NH	\$303,032	✓ \$25,000	\$328,032
Cheshire County	Keene, NH	\$320,236	✓ \$22,000	\$342,236
City of Nashua, Div of PH & Community Svcs	Nashua, NH	\$614,960	✓ \$25,000	\$639,960
Goodwin Community Health	Somersworth, NH	\$334,092	✓ \$18,000	\$352,092
✓ Granite United Way	Concord, NH	\$321,138	✓ \$25,000	\$346,138
✓ Lakes Region Partnership for Public Health	Laconia, NH	\$309,486	✓ \$25,000	\$334,486
Manchester Health Dept.	Manchester, NH	\$915,560	✓ \$25,000	\$940,560
Mary Hitchcock Mem Hsp dba Dartmouth Hitchcock	Lebanon, NH	\$296,602	✓ \$25,000	\$321,602
Mid-State Health Center	Plymouth, NH	\$303,760	✓ \$23,000	\$326,760
North County Health Consortium	Littleton, NH	\$452,760	✓ \$25,000	\$477,760
✓ Sullivan County	Newport, NH	\$302,010	✓ \$25,000	\$327,010
Town of Derry	Derry, NH	\$302,326	✓ \$25,000	\$327,326
Town of Exeter	Exeter, NH	\$302,902	\$0	\$302,902
TOTAL		\$5,078,864	\$288,000	\$5,366,864

Her Excellency, Governor Margaret Wood Hassan
and the Honorable Council
January 8, 2015
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Funds to support this request are available in the following accounts for SFY 2015, with authority to adjust amounts within the price limitation without further approval from Governor and Executive Council.

05-95-90-901510-5398 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF PUBLIC HEALTH PROTECTION, EMERGENCY RESPONSE

05-95-90-903010-7966 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF LABORATORY SERVICES, PUBLIC HEALTH LABORATORIES

05-95-90-901010-5362 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF PUBLIC HEALTH SYSTEMS, POLICY & PERFORMANCE, POLICY AND PERFORMANCE

05-95-49-491510-2990 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF COMMUNITY BASED CARE SERVICES, BUREAU OF DRUG AND ALCOHOL SERVICES, CLINICAL SERVICES

See attachment for financial details

EXPLANATION

This requested action seeks approval of 12 agreements that represent \$288,000 to be spent statewide to continue regional public health emergency preparedness and substance misuse prevention services. In the interest of efficiency, the contract amendments are being bundled as they are providing the same services. Because of the size of the resulting Governor and Council submission, the copies provided are abbreviated in the interest of saving resources. The Councilors and the public can view the entire submission package on the Secretary of State's website.

The Division of Public Health Services is providing funding for the development of Community Health Improvement Plans that are aligned with the priorities established in the State Health Improvement Plan published in 2013. Each contractor will work with members of their respective Regional Public Health Advisory Council, which were established under the original contracts, to develop regional goals and objectives to improve the health of their communities. This work will result in a coordinated and focused effort among regional partners to implement complementary activities to address key health problems.

The Bureau of Drug and Alcohol Services, Division of Community Based Care Services is providing funding to convene subject matter experts, consisting of local healthcare providers and other professionals within the continuum of services to form a workgroup to educate members of the Regional Public Health Advisory Council on the impacts of substance use disorders. This work is intended to continue in the next biennium with the development of Resiliency and Recovery Oriented System of Care across the continuum of prevention, treatment, and recovery in each of the designated public health regions.

All vendors were offered \$10,000 for Community Health Improvement Planning activities and \$15,000 for Substance Disorder and Resiliency and Recovery Oriented Systems activities, for a total of \$25,000 to each vendor. However, the Town of Exeter chose not to accept the funds and instead the Department contracted with the United Way of Greater Seacoast, which was approved at the January 14, 2015 Governor and Council meeting, and Mid-State Health Center requested \$2,000 less than the \$25,000 available. In addition, in this same item, the Department is reducing funding that was dedicated to planning to receive evacuees in the event of a radiological emergency related to the Seabrook Station in Goodwin Community Health's contract by \$7,000, and Cheshire County's contract by \$3,000. The Department has modified its response plan in these two areas, eliminating the need for the specific planning that was originally funded.

Should Governor and Executive Council not authorize this Request, both public health and substance misuse services will be less coordinated and comprehensive in the thirteen public health regions. Developing a strong, regionally-based infrastructure to convene, coordinate, and facilitate an improved systems-based approach to addressing these health issues will, over time, reduce costs, improve health outcomes, and reduce health disparities.

The original contracts were awarded to the Regional Public Health Network agencies through a competitive bid process. The bid scoring summary is attached.

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

Community Health Improvement Planning

- Completion and approved work plan within one month of the approved contract.
- Publication of a Community Health Improvement Plan that addresses at least five of the priority health topics identified in the NH State Health Improvement Plan.

Substance Use Disorders and Resiliency and Recovery Oriented Systems of Care

- Completion and approved work plan within one month of the approved contract.
- Number of subject matter experts, from across the continuum of services, recruited and served on the workgroup.
- Number of educational resources related to deliverables listed in 1:2 developed, identified, and disseminated.
- Number of, content and attendance of the following:
 - Educational meetings related to the impact of substance use disorders;
 - Resource sharing meetings related to substance use disorders;
 - Educational meeting on Resiliency and Recovery Oriented System of Care;
 - Education on the continuum care services: environmental strategies, prevention, intervention, treatment and recovery;
 - The Center of Excellence webinar on "Elements of a comprehensive system to preventing, treating and recovering from substance use disorders".

Her Excellency, Governor Margaret Wood Hassan
and the Honorable Council
January 8, 2015
Page 4 of 4

- Convene Public Health Advisory Committee and identify what constitutes a comprehensive approach to environmental strategies, prevention, intervention, treatment, and recovery from substance use disorders for your region.
- Submitted documentation for the vision of this comprehensive approach to environmental strategies, prevention, intervention, treatment, and recovery from substance use disorders for your region.

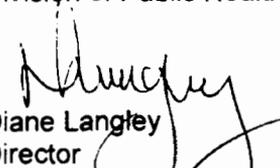
Area served: Statewide.

Source of Funds: 100% Federal Funds from US Centers for Disease Control and Prevention and the Substance Abuse and Mental Health Services Administration.

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

Respectfully submitted,


José Thier Montero, MD, MHCDS
Director
Division of Public Health Services


Diane Langley
Director
Division of Community Based Care Services

Approved by: 
Nicholas A. Toumpas
Commissioner



**State of New Hampshire
Department of Health and Human Services
Amendment #1 to the
Regional Public Health Network Services**

This 1st Amendment to the Mary Hitchcock Memorial Hospital dba Dartmouth Hitchcock, contract (hereinafter referred to as "Amendment One") dated this 18th day of December, 2014, is by and between the State of New Hampshire, Department of Health and Human Services (hereinafter referred to as the "State" or "Department") and Mary Hitchcock Memorial Hospital dba Dartmouth Hitchcock, (hereinafter referred to as "the Contractor"), a corporation with a place of business at 1 Medical Center Drive, Lebanon, NH 03756.

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on September 4, 2013, Item #54, the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract as amended and in consideration of certain sums specified; and

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

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

WHEREAS, the parties agree to change the scope of services and the price limitation, and

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

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

\$321,602.
2. **Add** Exhibit A-1, Additional Scope of Services
3. **Amend** Exhibit B, Purchase of Services, Contract Price, to add:
 - 1.1. The contract price shall increase by \$25,000 for SFY 2015 for a total increase of \$25,000.
 - 1.2. Funding is available as follows:
 - \$15,000 - 100% Federal Funds from the Substance Abuse and Mental Health Services, CFDA #93.959, Federal Award Identification Number (FAIN), TI010035-14;
 - \$10,000 - 100% Federal Funds from the Centers for Disease Control and Prevention, CFDA #93.758, Federal Award Identification Number (FAIN), B01OT009037.
4. **Amend** Exhibit B, Purchase of Services, Contract Price, to:

Delete: Paragraph 6 and,



Replace with:

6. Notwithstanding paragraph 18 of the General Provisions P-37, an amendment limited to adjustments to amounts between and among account numbers, within the price limitation, may be made by written agreement of both parties and may be made without obtaining approval of the Governor and Executive Council.

5. **Amend** Budget to add: Exhibit B-1 (2015)

6. **Amend** Exhibit C, Special Provisions to:

Delete: Exhibit C, Special Provisions,

Replace with: Exhibit C, Special Provisions Amendment #1

7. **Add**: Exhibit C-1, Revisions to General Provisions

8. **Amend** Exhibit G, Certification Regarding the Americans with Disabilities Act Compliance to:

Delete: Exhibit G, Certification Regarding the Americans with Disabilities Act Compliance, and;

Replace with: Exhibit G, Certification of Compliance with Requirements Pertaining to Federal Nondiscrimination, Equal Treatment of Faith-based Organizations and Whistleblower Protection Amendment #1

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



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

State of New Hampshire
Department of Health and Human Services

1/15/15
Date

Brook Dupee
Brook Dupee
Bureau Chief

Mary Hitchcock Memorial Hospital dba Dartmouth
Hitchcock

12/18/14
Date

[Signature]
Name: Robin Kifather-Mundy
Title: CFD
12/18/14

Acknowledgement:

State of New Hampshire, County of Grafton on 12/18/14, before the undersigned officer, personally appeared the person identified above, or satisfactorily proven to be the person whose name is signed above, and acknowledged that s/he executed this document in the capacity indicated above.

[Signature]
Signature of Notary Public or Justice of the Peace
FAITH JOHNSTON, Notary
Name and Title of Notary or Justice of the Peace



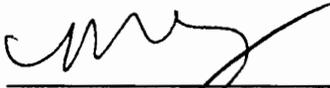
My Commission Expires: 10/26/2016



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

OFFICE OF THE ATTORNEY GENERAL

Date 1/26/15


Name: Megha A. Yee
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: _____

Contractor Initials: MJ
Date: 12-18-14



Nicholas A. Toumpas
Commissioner

José Thier Montero
Director

STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES

129 PLEASANT STREET, CONCORD, NH 03301
603-271-9559 1-800-852-3345 Ext. 9559
Fax: 603-271-8431 TDD Access: 1-800-735-2964



4254

July 26, 2013

G&C Approved

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

Date 9/4/13
Item # 54

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division of Public Health Services and Division of Community Based Care Services, to enter into an agreement with Mary Hitchcock Memorial Hospital dba Dartmouth Hitchcock (Vendor #177160-B003), 1 Medical Center Drive, Lebanon, NH 03756, in an amount not to exceed \$296,602.00, to improve regional public health emergency preparedness, substance misuse prevention and related health promotion capacity, and implement school-based influenza clinics, to be effective retroactive to July 1, 2013 through June 30, 2015.

92.57% Fed 7.46% General

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

05-95-90-902510-5171 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF INFECTIOUS DISEASE CONTROL, EMERGENCY PREPAREDNESS

Fiscal Year	Class/Account	Class Title	Job Number	Total Amount
SFY 14	102-500731	Contracts for Prog Svc	90077021	\$76,000.00
SFY 15	102-500731	Contracts for Prog Svc	90077021	\$76,000.00
			Sub-Total	\$152,000.00

05-95-49-491510-2988 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF COMMUNITY BASED CARE SERVICES, BUREAU OF DRUG AND ALCOHOL SERVICES, PREVENTION SERVICES

Fiscal Year	Class/Account	Class Title	Job Number	Total Amount
SFY 14	102-500734	Contracts for Prog Svc	49156502	\$65,380.00
SFY 15	102-500734	Contracts for Prog Svc	49156502	\$65,380.00
			Sub-Total	\$130,760.00

Her Excellency, Governor Margaret Wood Hassan
 and the Honorable Council
 July 26, 2013
 Page 2

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

Fiscal Year	Class/Account	Class Title	Job Number	Total Amount
SFY 14	102-500731	Contracts for Prog Svc	90023010	\$6,921.00
SFY 15	102-500731	Contracts for Prog Svc	90023010	\$6,921.00
			Sub-Total	\$13,842.00
			Total	\$296,602.00

EXPLANATION

Retroactive approval is requested because of delays encountered regarding clarification of, and assurances that the Vendor meets contractual provisions specific to insurance coverage, which resulted in the original schedule for executing the agreement to be modified.

Funds in this agreement will be used to allow Mary Hitchcock Memorial Hospital dba Dartmouth Hitchcock to align a range of public health and substance misuse prevention and related health promotion activities. Mary Hitchcock Memorial Hospital dba Dartmouth Hitchcock will be one of 13 agencies statewide to host a Regional Public Health Network, which is the organizational structure through which these activities are implemented. Each Public Health Network site serves a defined Public Health Region, with every municipality in the state assigned to a region.

This agreement aligns programs and services within the Department and this contracted partner to increase the effectiveness of services being provided while reducing the administrative burden and, where feasible, costs for both the Department and this partner. To that end, this agreement provides a mechanism for other funds to be directed to Regional Public Health Networks to continue building coordinated regional systems for the delivery of other public health and substance misuse and health promotion services as funding becomes available.

This agreement will build regional capacity in four broad areas: a Regional Public Health Advisory Committee; Regional Public Health Preparedness; Substance Misuse Prevention and Related Health Promotion services; and School-Based Seasonal Influenza Clinics. The Regional Public Health Advisory Committee will engage senior-level leaders from throughout this region to serve in an advisory capacity over the services funded through this agreement. Over time, the Division of Public Health Services and the Bureau of Drug and Alcohol Services expect that the Regional Public Health Advisory Committee will expand this function to other public health and substance misuse prevention and related health promotion services funded by the Department. The long-term goal is for the Regional Public Health Advisory Committee to set regional priorities that are data-driven, evidence-based based, responsive to the needs of the region, and to serve in this advisory role over all public health and substance misuse and related health promotion activities occurring in the region.

Mary Hitchcock Memorial Hospital dba Dartmouth Hitchcock will also lead a coordinated effort with regional public health, health care and emergency management partners to develop and exercise regional public health emergency response plans to improve the region's ability to respond to public health emergencies. Mary Hitchcock Memorial Hospital dba Dartmouth Hitchcock will also coordinate a Medical Reserve Corps unit made up of local volunteers who work in emergency medical clinics and shelters. These regional activities are integral to the State's capacity to respond to public health emergencies.

Her Excellency, Governor Margaret Wood Hassan
and the Honorable Council
July 26, 2013
Page 3

The effectiveness of a regional response structure for public health emergencies was demonstrated during the H1N1 pandemic when the Regional Public Health Networks statewide offered 533 clinics that vaccinated more than 46,000 individuals. Also, during 2011 and 2012 a number of Medical Reserve Corps units statewide provided basic medical support in emergency shelters during tropical storm Irene and "super storm" Sandy.

Mary Hitchcock Memorial Hospital dba Dartmouth Hitchcock will also coordinate substance misuse prevention and related health promotion activities with the primary goal of implementing the three-year regional strategic plan that was developed and completed in June 2012. This strategic plan uses a public health approach that includes Strategic Prevention Framework Model key milestones and products for the evidence-based programs, practices, and policies that will be implemented over the course of the agreement. These efforts must strategically target all levels of society; seek to influence personal behaviors, family systems and the environment in which individuals "live, work, learn and play. "

According to the 2011 National Survey on Drug Use and Health, New Hampshire ranks third in the nation for youth alcohol use (17.04% of 12 to 17 year olds reporting drinking in the past month), third in the nation for alcohol use among young adults (73.22% of 18 to 25 year olds reporting drinking in the past month) and sixth in the nation for alcohol use among adults (64.89% of those 26 and older reporting drinking in the past month). In New Hampshire, the rate of alcohol use and binge drinking (having five or more drinks within a couple of hours) among 12 to 20 year olds is significantly higher than the national average.

New Hampshire also ranks high for marijuana use across a wide range of age categories compared to the rest of the nation. According to the 2011 National Survey on Drug Use and Health, the percentage of young people between the ages of 12 and 17 who report marijuana use in the past month is higher in comparison to all of the other U.S. states and territories. Regular marijuana use (at least once in the past 30 days) is reported by 11.35% of 12-17 year olds. The prevalence of marijuana use among 18 to 25 year olds is fifth in the nation, with 27.03% reporting marijuana use in the past month. The rate of regular marijuana use among adults 26 and older is 5.42%, slightly above the U.S. rate of 4.8%.

Finally, prescription drug misuse is at epidemic proportions in New Hampshire where pain reliever abuse among young adults is the tenth highest in the nation (12.31% of 18 to 25 year olds reported non-medical use of pain relievers in the past year). Perhaps the most telling indicator of New Hampshire's epidemic is the steady increase in total drug-related deaths since 2000, with the majority of the increase attributable to prescription drug overdose. The number of drug-related overdose deaths in the state increased substantially between 2002 and 2010, more than doubling from 80 deaths to 174 over the eight-year period. Prescription opioids are the most prevalent drug of abuse leading to death.

Mary Hitchcock Memorial Hospital dba Dartmouth Hitchcock will also implement seasonal influenza vaccination clinics in select schools. This initiative represents their ability to expand the range of public health services they offer that are data-driven, known to be effective, and respond to regional needs. Seasonal influenza vaccination rates lag behind the rates for all other recommended childhood immunizations. In order to increase the percent of children six months through 18 years of age who are vaccinated against influenza, New Hampshire must increase access to vaccination services in the school-aged population. New Hampshire's efforts to vaccinate infants and young children against influenza have been more successful than efforts to vaccinate school children, as demonstrated by Medicaid data. The Division of Public Health Services' goal is to increase the percent of children ages 5-12 from 60% in the 2011-2012 influenza seasons and from 32% for children age 13-17 years in that same period to the national Healthy People 2020 goal of 80% for all children.

Her Excellency, Governor Margaret Wood Hassan
and the Honorable Council

July 26, 2013

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Achieving higher rates of immunization in a school community is known to lower absenteeism among children and school staff. Schools will be targeted in order to access children who may experience the greatest barriers to vaccination including, but not limited to: a lack of local medical providers; lack of transportation; socioeconomic status; or who live in communities in Medically Underserved Areas.

Should Governor and Executive Council not authorize this Request, there will be a reduced ability to quickly activate large-scale vaccination clinics and community-based medical clinics; support individuals with medical needs in emergency shelters; and coordinate overall public health response activities in this region. With respect to substance misuse prevention and related health promotion, the regional prevention system that has been addressing these issues would dissolve, causing a further decline of already limited prevention services as this agreement provides for the continuation, coordination and further development of community based prevention services. Finally, the ability to increase immunization rates among children who experience barriers to this preventative measure would be lost.

Mary Hitchcock Memorial Hospital dba Dartmouth Hitchcock was selected for this project through a competitive bid process. A Request for Proposals was posted on the Division of Health and Human Services' web site from January 15, 2013 through March 4, 2013. In addition, a bidder's conference was held on January 24 that was attended by more than 80 individuals.

Fifteen Letters of Intent were submitted in response to this statewide competitive bid. Fifteen proposals were received, with Mary Hitchcock Memorial Hospital dba Dartmouth Hitchcock being the sole bid to provide these services in this region. This bid was reviewed by two Department of Health and Human Services reviewers who have more than 30 years experience in program administration, emergency planning, and substance misuse prevention. The scoring criteria focused on the bidder's capacity to perform the scope of services and alignment of the budget with the required services. The recommendation that this vendor be selected was based on a satisfactory score and agreement among reviewers that the bidder had significant experience and well-qualified staff. The bid-scoring summary is attached.

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

This is the initial agreement with this Contractor for emergency preparedness, substance misuse prevention and related health promotion, and school vaccination services.

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

Regional Public Health Advisory Committee

- Representation of at least 70% of the 11 community sectors identified in the CDC Capabilities Standards that participate in the Regional Public Health Advisory Committee.
- Representation of 65% of the six community sectors identified in the Governor's Commission on Alcohol and Drug Abuse Prevention, Intervention, and Treatment's plan that participate in the Regional Public Health Advisory Committee.
- Representation of at least 70% of the 13 healthcare sector partners identified by the Division of Public Health Services that participate in a regional healthcare coalition.
- Documented organizational structure for the Regional Public Health Advisory Committee (e.g. vision or mission statements, organizational charts, by-laws, MOUs, etc.).

- Establish and increase over time, regional connectivity among stakeholders and improved trust among partners via the annual PARTNER Survey.

Substance Misuse Prevention and Related Health Promotion

- Percentage of increase of evidence-based programs, practices, and policies adopted by sector.
- Increase in the amount of funds and resources leveraged in the implementation of prevention strategies.
- Number and increase in the diversity of Center for Substance Abuse Prevention categories implemented across Institute of Medicine classifications as outlined in the federal Block Grant Requirements.
- Number of persons served or reached by Institute of Medicine classification.
- Number of key products produced and milestones reached as outline in and reported annually in the Regional Network Annual Report.
- Short-term and intermediate outcomes measured and achieved as outlined in the Regional Prevention System's Logic Model.
- Long-term outcomes measured and achieved as applicable to the region's three-year strategic plan.

Regional Public Health Preparedness

- Score assigned to the region's capacity to dispense medications to the population, based on the Center for Disease Control's Local Technical Assistance Review.
- Score assigned to the region's capacity to activate a community-based medical surge system during emergencies based on the Division of Public Health Services' Regional Annex Technical Assistance Review.
- Number of Medical Reserve Corps volunteers who are deemed eligible to respond to an emergency.
- Percent of requests for deployment during emergencies met by Medical Reserve Corps units.

School-Based Vaccination

- Number of schools hosting a seasonal influenza clinic.
- Percent of students receiving seasonal influenza vaccination
- Percent of students receiving seasonal influenza vaccination who are enrolled in Medicaid or report being uninsured.

Area served: Canaan, Dorchester, Enfield, Grafton, Grantham, Hanover, Lebanon, Lyme, Orange, Orford, Piermont, and Plainfield.

Source of Funds is 92.54% Federal Funds and 7.46% General Funds from the U.S. Centers for Disease Control and Prevention and the Substance Abuse and Mental Health Services Administration.

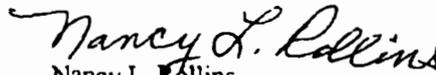
Her Excellency, Governor Margaret Wood Hassan
and the Honorable Council
July 26, 2013
Page 6

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

Respectfully submitted,

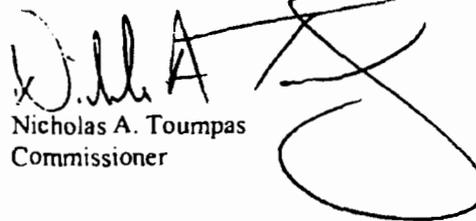


José Thier Montero, MD, MHCDS
Director



Nancy L. Rollins
Associate Commissioner

Approved by:



Nicholas A. Toumpas
Commissioner

JTM/NLR/NT/js

Program Name: Division of Public Health Services and Division of Community Based Care Services
 Contract Purpose: Regional Public Health Network Services
 RFP Score Summary: Eleven proposals received for 11 Public Health Network Regions

	1	2	3	4	5	6	7	8	9	10	11
RFA/RFP CRITERIA											
Agcy Capacity	40	35.50	37.00	34.00	38.00	36.00	City of Nashua, Division of Public Health & Community Services*	Carroll County Coalition for Public Health	Lakes Region Partnership for Public Health	Mary Hitchcock Memorial Hospital dba Dartmouth Hitchcock	Town of Exeter
Program Structure	40	37.50	33.00	30.00	36.00	35.00	Manchester Health Dept.*	Cheshire County	37.00	38.00	34.00
Budget & Justification	18	16.50	17.00	15.00	16.00	16.00		Mid-State Health Center	17.00	17.00	17.00
Format	2	1.50	2.00	1.00	2.00	2.00			2.00	2.00	2.00
TOTAL POINTS	100	91.00	89.00	80.00	92.00	89.00			94.00	92.00	85.00
BUDGET REQUEST											
Year 01	\$ 151,163.00	\$ 226,380.00	\$ 151,005.00	\$ 151,880.00	\$ 160,118.00	\$ 457,780.00	\$ 307,480.00	\$ 151,516.00	\$ 154,743.00	\$ 148,301.00	\$ 151,451.00
Year 02	\$ 151,163.00	\$ 226,380.00	\$ 151,005.00	\$ 151,880.00	\$ 160,118.00	\$ 457,780.00	\$ 307,480.00	\$ 151,516.00	\$ 154,743.00	\$ 148,301.00	\$ 151,451.00
Year 03	\$ 302,326.00	\$ 452,760.00	\$ 302,010.00	\$ 303,760.00	\$ 320,236.00	\$ 915,560.00	\$ 614,960.00	\$ 303,032.00	\$ 309,486.00	\$ 296,602.00	\$ 302,902.00
TOTAL BUDGET REQUEST											
BUDGET AWARDED											
Year 01	\$ 151,163.00	\$ 226,380.00	\$ 151,005.00	\$ 151,880.00	\$ 160,118.00	\$ 457,780.00	\$ 307,480.00	\$ 151,516.00	\$ 154,743.00	\$ 148,301.00	\$ 151,451.00
Year 02	\$ 151,163.00	\$ 226,380.00	\$ 151,005.00	\$ 151,880.00	\$ 160,118.00	\$ 457,780.00	\$ 307,480.00	\$ 151,516.00	\$ 154,743.00	\$ 148,301.00	\$ 151,451.00
Year 03	\$ 302,326.00	\$ 452,760.00	\$ 302,010.00	\$ 303,760.00	\$ 320,236.00	\$ 915,560.00	\$ 614,960.00	\$ 303,032.00	\$ 309,486.00	\$ 296,602.00	\$ 302,902.00
TOTAL BUDGET AWARDED											

RFP Reviewers	Name	Job Title	Dept/Agency	Qualifications
	Neil Twitchell	Administrator I	Regional Department of Health and Human Services, Division of Public Health Services and Division of Community Based Care Services	This bid was reviewed by two Department of Health and Human Services reviewers who have more than 30 years experience in program administration, emergency planning and substance misuse prevention.
	Ann Crawford	Coordinator		

*Manchester Health Department and City of Nashua, Division of Public Health & Community Services awards include amounts for preparedness that are awarded through sole source. These funds and competitive Public Health Network awards have always been combined into a single contract.

Program Name Division of Public Health Services and Division of Community Based Care Services
Contract Purpose Regional Public Health Network Services
RFP Score Summary Two proposals received for the Capital Area Region

RFP/RFP CRITERIA	Max Pts	Community Action Program Belknap-Merrimack Counties, Inc.	Granite United Way
Agy Capacity	40	30.00	34.00
Program Structure	40	31.00	32.00
Budget & Justification	18	15.00	15.00
Format	2	2.00	2.00
Total	100	78.00	83.00

BUDGET REQUEST	Year 01	Year 02	Year 03
	\$160,819.00	\$160,569.00	-
	\$160,819.00	\$160,569.00	-
	\$0.00	\$0.00	\$0.00
TOTAL BUDGET REQUEST	\$321,638.00	\$321,138.00	-

BUDGET AWARDED	Year 01	Year 02	Year 03
	\$0.00	\$160,569.00	-
	\$0.00	\$160,569.00	-
	\$0.00	\$0.00	\$0.00
TOTAL BUDGET AWARDED	\$0.00	\$321,138.00	-

RFP Reviewers	Name	Job Title	Dept/Agency	Qualifications
1	Sandra DelSesto	Director	Institute for Addiction Recovery at Rhode Island College	This bid was reviewed by three Department of Health and Human Services reviewers and two external reviewers who have over 30 years experience in program administration, emergency planning and substance misuse prevention.
2	Patty Baum	Program Officer	Healthy NH	
3	Michelle Ricco Jonas	Family Planning Program Manager	Division of Public Health Services, Maternal and Child Health Services	
4	Neil Twitchell	Administrator	Division of Public Health Services	
5	Valerie Morgan	Administrator	Department of Health and Human Services, Bureau of Drug and Alcohol Services	

Program Name Division of Public Health Services and Division of Community Based Care Services
Contract Purpose Regional Public Health Network Services
RFP Score Summary Two proposals received for the Strafford Area

RFA/RFP CRITERIA	Max Pts	Goodwin Community Health Center	Health & Safety Council of Strafford County
Agy Capacity	40	34.00	27.00
Program Structure	40	35.00	26.00
Budget & Justification	18	16.00	13.00
Format	2	2.00	1.00
Total	100	87.00	67.00

BUDGET REQUEST	Year 01	Year 02	Year 03	TOTAL BUDGET REQUEST	BUDGET AWARDED
	\$177,046.00	\$173,680.00	-	\$350,726.00	-
	\$177,046.00	\$173,680.00	-	\$350,726.00	-
	\$0.00	\$0.00	-	\$0.00	-
TOTAL BUDGET REQUEST	\$354,092.00	\$347,360.00	-	\$701,452.00	-
	\$167,046.00	\$0.00	-	\$167,046.00	-
	\$167,046.00	\$0.00	-	\$334,092.00	-
	\$0.00	\$0.00	-	\$0.00	-
TOTAL BUDGET AWARDED	\$334,092.00	\$0.00	-	\$334,092.00	\$334,092.00

RFP Reviewers	Name	Job Title	Dept/Agency	Qualifications
1	Neil Twitchell	Administrator	DPHS/Division of Public Health Services	This bid was reviewed by two Department of Health and Human Services reviewers and three external reviewers who have over 30 years of experience in program administration, emergency planning and substance misuse prevention.
2	Jessica Blais	Chief of Prevention Services	DHHS/Bureau of Drug and Alcohol Services	
3	Betsy Houde	Executive Director	The Youth Council	
4	Valerie Morgan	Administrator	DHHS/Bureau of Drug and Alcohol Services	
5	Jo Porter	Deputy Director	NH Institute for Health Policy & Practice, UNH	

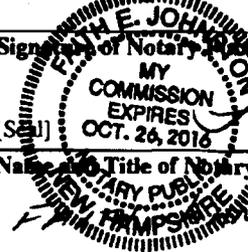
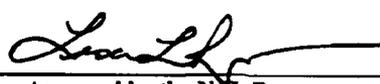
Subject: Regional Public Health Network Services

AGREEMENT

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

GENERAL PROVISIONS

1. IDENTIFICATION.

1.1 State Agency Name NH Department of Health and Human Services Division of Public Health Services		1.2 State Agency Address 29 Hazen Drive Concord, NH 03301-6504	
1.3 Contractor Name Mary Hitchcock Memorial Hospital dba Dartmouth Hitchcock		1.4 Contractor Address 1 Medical Center Drive Lebanon, NH 03756	
1.5 Contractor Phone Number (603) 650-4068	1.6 Account Number 05-95-90-902510-5171-102-500731, See Exhibit B for additional account numbers.	1.7 Completion Date June 30, 2015	1.8 Price Limitation \$296,602.00
1.9 Contracting Officer for State Agency Lisa L. Bujno, MSN, APRN Bureau Chief		1.10 State Agency Telephone Number 603-271-4501	
1.11 Contractor Signature 		1.12 Name and Title of Contractor Signatory Robin Kilfeather-Mackey - Chief Financial Officer	
1.13 Acknowledgement: State of <u>New Hampshire</u>, County of <u>Grafton</u> On <u>7/11/13</u> before the undersigned officer, personally appeared the person identified in block 1.12, or satisfactorily proven to be the person whose name is signed in block 1.11, and acknowledged that s/he executed this document in the capacity indicated in block 1.12.			
1.13.1 Signature of Notary Public or Justice of the Peace  			
1.13.2 Name and Title of Notary or Justice of the Peace E. JOHNSON, Notary			
1.14 State Agency Signature 		1.15 Name and Title of State Agency Signatory Lisa L. Bujno, Bureau Chief	
1.16 Approval by the N.H. Department of Administration, Division of Personnel (if applicable) By: _____ Director, On: _____			
1.17 Approval by the Attorney General (Form, Substance and Execution) By: <u>Jeanne P. Herrick, Attorney General</u> On: <u>9 Aug. 2013</u>			
1.18 Approval by the Governor and Executive Council By: _____ On: _____			

NH Department of Health and Human Services

Exhibit B

Purchase of Services
Contract Price

Regional Public Health Network Services

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

CONTRACTOR NAME: Mary Hitchcock Memorial Hospital dba Dartmouth Hitchcock
1 Medical Center Drive
ADDRESS: Lebanon, NH 03756
Chief Financial Officer: Robin Kilfeather-Mackey
TELEPHONE: 603-650-5634

Vendor #177160-B003	Job #90077021	Appropriation #05-95-90-902510-5171-102-500731
	Job #49156502	Appropriation #05-95-49-491510-2988-102-500734
	Job #90023010	Appropriation #05-95-90-902510-5178-102-500731

1. The total amount of all payments made to the Contractor for cost and expenses incurred in the performance of the services during the period of the contract shall not exceed:

\$152,000 for Public Health Preparedness – Regional Planning, Response and Exercises and Drills, funded from 85.45% federal funds from the U.S. Centers for Disease Control and Prevention (CDC), (CFDA #96.069), and 14.55% general funds, \$130,760 for Substance Misuse Prevention and Related Health Promotion, funded from 100% federal funds from the Substance Abuse and Mental Health Services Administration (CFDA #93.959), and \$13,842 for School Based Vaccination Clinics, funded from 100% federal funds from the National Center for Immunization and Respiratory Diseases, CDC, (CFDA #93.268).

TOTAL: \$296,602.00

2. The Contractor agrees to use and apply all contract funds from the State for direct and indirect costs and expenses including, but not limited to, personnel costs and operating expenses related to the Services, as detailed in the attached budgets. Allowable costs and expenses shall be determined by the State in accordance with applicable state and federal laws and regulations. The Contractor agrees not to use or apply such funds for capital additions or improvements, entertainment costs, or any other costs not approved by the State.
3. This is a cost-reimbursement contract based on an approved budget for the contract period. Reimbursement shall be made monthly based on actual costs incurred during the previous month.
4. Invoices shall be submitted by the Contractor to the State in a form satisfactory to the State for each of the Service category budgets. Said invoices shall be submitted within twenty (20) working days following the end of the month during which the contract activities were completed, and the final invoice shall be due to the State no later than sixty (60) days after the contract Completion Date. Said invoice shall contain a description of all allowable costs and expenses incurred by the Contractor during the contract period.

5. Payment will be made by the State agency subsequent to approval of the submitted invoice and if sufficient funds are available in the Service category budget line items submitted by the Contractor to cover the costs and expenses incurred in the performances of the services.
6. The Contractor may amend the contract budget for any Service category through line item increases, decreases, or the creation of new line items provided these amendments do not exceed the contract price for that particular Service category. Such amendments shall only be made upon written request to and written approval by the State. Budget revisions will not be accepted after June 20th of each contract year.
7. The Contractor shall have written authorization from the State prior to using contract funds to purchase any equipment with a cost in excess of three hundred dollars (\$300) and with a useful life beyond one year.

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7/10/13