



Jeffrey A. Meyers
Commissioner

Lisa Morris
Director

STATE OF NEW HAMPSHIRE

DEPARTMENT OF HEALTH AND HUMAN SERVICES

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March 6, 2017

His Excellency, Governor Christopher T. Sununu
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 enter into an agreement with JSI Research & Training Institute, Inc. d/b/a Community Health Institute (Vendor #161611-B001), 501 South Street, 2nd Floor, Bow, NH 03304, to assist the Department with providing Maternal, Infant and Early Childhood Home Visiting services and ensuring tobacco use intervention services are readily available to individuals in need of services in an amount not to exceed \$297,499, effective upon Governor and Executive Council approval, through June 30, 2018. 100% Federal Funds.

Funds to support this request are available in State Fiscal Year 2017 and anticipated to be available in the following account in State Fiscal Year 2018 upon availability and continued appropriation of funds in the future operating budget, with the ability to adjust encumbrances between state fiscal years through the Budget Office without Governor and Executive Council approval, if needed and justified.

05-95-90-902010-0831 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SERVICES, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF POPULATION HEALTH AND COMMUNITY SERVICES, ACA MIEC HOME VISITING

SFY	Class	Title	Activity Code	Budget
2017	102-500731	Contracts for Program Services	90083100	\$87,499
			Sub-Total:	\$87,499

05-95-90-902010-5896 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SERVICES, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF POPULATION HEALTH AND COMMUNITY SERVICES, ACA HOME VISITING

SFY	Class	Title	Activity Code	Budget
2018	102-500731	Contracts for Program Services	90004104	\$210,000
			Sub-Total:	\$210,000
			Total:	\$297,499

EXPLANATION

The purpose of this agreement is for the services listed below that will assist the Department with providing Maternal, Infant and Early Childhood Home Visiting services and ensuring tobacco use intervention services are readily available to individuals most in need of those services, particularly those who are pregnant and/or parenting. The services include: Conducting a New Hampshire Home Visiting Program Needs Assessment; design and implement a New Hampshire Home Visiting Family Recruitment Campaign; facilitate and negotiate the airing of the Centers for Disease Control and Prevention's prenatal segment of the Tips for Former Smokers Campaign for a total of six (6) weeks; and develop on-line, on-demand tobacco treatment learning modules, particularly for those who are pregnant and/or parenting, to be access by physicians and clinicians.

The Maternal, Infant and Early Childhood Home Visiting Program supports healthy family functioning by helping expectant families and those with young children, up to age three, provide learning environments and nurturing relationships for their children. Prior to its inception in late 2011, a comprehensive needs assessment was facilitated in 2010 encompassing input from stakeholders across the state. The Health Resources and Services Administration have requested a second needs assessment to be completed. In addition, the design and implementation of a family recruitment campaign is necessary to inform families and community agencies and provide clear understanding of the Home Visiting Program and the services it provides.

Maternal tobacco use contributes significantly to poor maternal and infant health outcomes such as overall health, preterm birth, and low birth weight. Over half of the families enrolled in the Home Visiting Program use tobacco. Tobacco use remains among the most modifiable risk factors with a strong evidence base for intervention success. Health providers have requested an on-line, on-demand treatment learning modules particularly for those pregnant and/or parenting. In addition, the Centers for Disease Control and Prevention's "Tips for Former Smokers" campaign has been shown to increase; calls to tobacco quit lines, the number of people engaged in cessation programs and the number of people who have successfully quit smoking

This contract was competitively bid. On October 10, 2016 the Department issued a Request for Proposal to solicit proposals to provide Maternal, Infant and Early Childhood Home Visiting services. The Request for Proposals was available on the Department of Health and Human Services website from October 10, 2016 through November 17, 2016. One proposal was received.

This contract contains language which allows for the option to review the contract for up to one (1) additional year, subject to the continued availability of funds, satisfactory performance of services and approval by the Governor and Executive Council.

The proposal was evaluated by a group of individuals with extensive program knowledge and experience. JSI, Research Institute, Inc. was selected. The bid summary is attached.

Should the Governor and Executive Council determine not to approve this request, the Maternal, Infant and Early Childhood Home Visiting Program may not have access to services necessary to enhance program development.

Area served: Statewide

Source of Funds: 100% Federal Funds: CFDA #93.505, US Department of Health and Human Services, Health Resources and Services Administration, Affordable Care Act, Maternal, Infant and Early Childhood Home Visiting Program and CFDA #93.870 US Department of Health and Human Services, Health Resources and Services Administration.

In the event that federal funds become no longer available, general funds will not be requested to support this program.

Respectfully submitted,



Lisa Morris
Director

Approved by:



Jeffrey A. Meyers
Commissioner



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

Maternal, Infant, and Early Childhood Home
Visiting and Tobacco Use and Dependence

RFP Name

RFP-2017-DPHS-15-MATER

RFP Number

Bidder Name

1. (JSI/CHI) Community Health Institute

2. 0

3. 0

4. 0

Pass/Fail	Maximum Points	Actual Points
	745	664
	745	0
	745	0
	745	0

Reviewer Names

1. Rhonda Siegel, Administrator II,
DPHS Health Mgmt Ofc - TECH
2. Donna Asbury, Administrator I,
DPHS Health Mgmt Ofc
3. Heidi Petzold, Program Specialist
III, DPHS Health Mgmt Ofc
4. Ellen Chase-Lucard, Financial
Administrator DPHS - COST
5. Jim Dall, Sr. Finance Director,
Division of Behavioral Health
6. Philip Nadeau, Administrator III,
Office of Improvement & Integrity

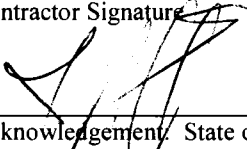
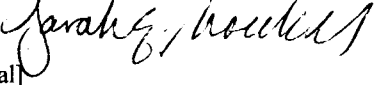



Subject: Maternal, Infant, and Early Childhood Home Visiting services (RFP-2017-DPHS15-MATER-01)

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

AGREEMENT

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

GENERAL PROVISIONS**1. IDENTIFICATION.**

1.1 State Agency Name Department of Health and Human Services		1.2 State Agency Address 129 Pleasant Street Concord, NH 03301-3857	
1.3 Contractor Name JSI Research & Training Institute, Inc. d/b/a Community Health Institute (CHI)		1.4 Contractor Address 501 South Street, 2 nd Floor Bow, NH 03304	
1.5 Contractor Phone Number 603-573-3300	1.6 Account Number 05-95-90-902010-0831-102-500731 05-95-90-902010-5896-102-500731	1.7 Completion Date June 30, 2018	1.8 Price Limitation \$297,499
1.9 Contracting Officer for State Agency Jonathan V. Gallo, Esq.		1.10 State Agency Telephone Number 603-271-9246	
1.11 Contractor Signature 		1.12 Name and Title of Contractor Signatory Jonathan Stewart Regional Director	
1.13 Acknowledgement: State of <u>NH</u> , County of <u>Merrimack</u> On <u>Feb 6th, 2018</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 Sarah E. Moekel			
1.14 State Agency Signature  Date: <u>3/8/17</u>		1.15 Name and Title of State Agency Signatory LISA MORRIS, DIRECTOR	
1.16 Approval by the N.H. Department of Administration, Division of Personnel (if applicable) By: _____ Director, On: _____			
1.17 Approval by the Attorney General (Form, Substance and Execution) (if applicable) By:  On: <u>4/3/17</u>			
1.18 Approval by the Governor and Executive Council (if applicable) By:  On: _____			

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

3. EFFECTIVE DATE/COMPLETION OF SERVICES.

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

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

4. CONDITIONAL NATURE OF AGREEMENT.

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

5. CONTRACT PRICE/PRICE LIMITATION/ PAYMENT.

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

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

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

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

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

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

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

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

7. PERSONNEL.

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

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

Agreement. This provision shall survive termination of this Agreement.

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

8. EVENT OF DEFAULT/REMEDIES.

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

8.1.1 failure to perform the Services satisfactorily or on schedule;

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

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

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

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

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

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

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

9. DATA/ACCESS/CONFIDENTIALITY/PRESERVATION.

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

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

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

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

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

12. ASSIGNMENT/DELEGATION/SUBCONTRACTS.

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

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

14. INSURANCE.

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

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

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

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

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

15. WORKERS' COMPENSATION.

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

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

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

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

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

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

19. CONSTRUCTION OF AGREEMENT AND TERMS.

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

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

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

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

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

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



Exhibit A

Scope of Services

1. PROVISIONS APPLICABLE TO ALL SERVICES

- 1.1 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.
- 1.2 The Contractor shall pursue any and all appropriate public sources of funds that are applicable to the funding of the Services, operations prevention, acquisition, or rehabilitation. Appropriate records shall be maintained by the Contractor to document actual funds received or denials of funding from such public sources of funds.
- 1.3 The Contractor will submit a detailed description of the language assistance service 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.

2. SCOPE OF WORK

HOME VISITING NEEDS ASSESSMENT:

- 2.1 The Contractor shall conduct the New Hampshire Home Visiting Needs Assessment in order to assess ongoing community need through both formal and informal processes.
- 2.2 The Contractor shall identify communities within each county and the City of Manchester with concentrations of premature birth, low-birth weight infants, and infant mortality, including infant death due to neglect, or other indicators of at risk prenatal, maternal, newborn, or child health; poverty; crime; domestic violence; high rates of high-school drop-outs; substance abuse; unemployment; or child maltreatment.
- 2.3 The Contractor shall report the following publically available information using the follow descriptors:
 - 2.3.1 Premature birth
 - 2.3.2 Percent: # live births before 37 weeks/total # live births
 - 2.3.3 Low-birth weight infants
 - 2.3.4 Percent: # resident live births less than 2500 grams/# resident live births
 - 2.3.5 Infant mortality (includes death due to neglect)
 - 2.3.6 # infant deaths ages 0-1/1,000 live births
 - 2.3.7 Poverty
 - 2.3.8 # residents below 100% FPL/total # residents
 - 2.3.9 Crime



Exhibit A

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- 2.3.10 # reported crimes/1000 residents
 - 2.3.11 # crime arrests ages 0-19/100,000 juveniles age 0-19
 - 2.3.12 School Drop-out Rates
 - 2.3.13 Percent high school drop-outs grades 9-12
 - 2.3.14 Other school drop-out rates as per State/local calculation
 - 2.3.15 Substance abuse
 - 2.3.16 Prevalence rate: Binge alcohol use in past month
 - 2.3.17 Prevalence rate: Marijuana use in past month
 - 2.3.18 Prevalence rate: Nonmedical use of prescription drugs in past month
 - 2.3.19 Prevalence rate: Use of illicit drugs, excluding marijuana, in past month
 - 2.3.20 Unemployment
 - 2.3.21 Percent: # unemployed and seeking work/total workforce
 - 2.3.22 Child maltreatment
 - 2.3.23 Rate of reported substantiated maltreatment
 - 2.3.24 Rate of reported substantiated maltreatment by type
 - 2.3.25 Domestic violence
 - 2.3.26 Other indicators of at risk prenatal, maternal, newborn, or child health.
- 2.4 The Contractor shall determine appropriate information in conjunction with the State agencies administering the Family Violence Prevention and Services Act (FVPSA). Useful sources of data may include State service statistics, State and local hotline statistics, fatality review teams, social service agencies, and other data already collected by State and local domestic violence service providers.
 - 2.5 The Contractor shall identify the quality and capacity of existing programs or initiatives for early childhood home visiting in the State, including the number and types of programs and the numbers of individuals and families who are receiving services under such programs or initiatives, the gaps in early childhood home visiting in the State, including descriptions of underserved communities where possible, and the extent to which such programs or initiatives are meeting the needs of eligible families.
 - 2.6 For the purposes of this needs assessment, "early childhood home visitation services" are defined as including programs supported by State or Federal government funds, where home visiting is a primary intervention strategy for providing services to pregnant women and/or children birth to kindergarten entry, excluding programs with few or infrequent visits or where home visiting is supplemental to other services. The number and types of individuals and families receiving these services may be reported using the units and formats used by each service provider.
 - 2.7 The Contractor shall identify each early childhood home visitation service provided by the State using the following criteria:
 - 2.7.1 The name of the program
 - 2.7.2 The home visiting model or approach in use



Exhibit A

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- 2.7.3 The specific service(s) provided
 - 2.7.4 The intended recipient of the service (e.g., pregnant women, infants)
 - 2.7.5 The targeted goals/outcomes of the intervention (e.g., child maltreatment reduction, maternal and child health, early literacy, reduction of domestic violence),
 - 2.7.6 The demographic characteristics of individuals or families served (using data in the form in which it is collected by the service provider),
 - 2.7.7 The number of individuals or families served (depending on the intended recipient(s), and
 - 2.7.8 The geographic area served.
- 2.8 The contractor shall utilize sources of statistical data including quantitative and qualitative data which shall be gathered through the following:
- 2.8.1 Online and paper surveys of families and professionals
 - 2.8.2 Round table meetings and focus groups
 - 2.8.3 Input from professional, provider and family organizations
 - 2.8.4 Existing needs assessments
 - 2.8.5 Information available from The National Child Abuse and Neglect Data System (NCANDS)
 - 2.8.6 The Substance Abuse and Mental Health Services Administration (SAMHSA) Sub-State Treatment Planning Data Reports
 - 2.8.7 Behavioral Risk Factor Surveillance System
 - 2.8.8 HHS Community Health Status Indicators (CHSI)
 - 2.8.9 State Family Violence Preventions and Services Act (FVPSA) administrators and Domestic Violence Coalitions are also required to conduct statewide needs assessments and may have applicable data.
- 2.9 The Contractor shall be prepared to adapt to the terms of information collection methods and incorporate a standardized methodology to obtain statewide needs.
- 2.10 The Contractor shall collect and analyze survey results and provide an in-depth analysis to the Department.
- 2.11 The Contractor shall:
- 2.11.1 Prepare and submit a cross section of geographic disparities and fully identify and describe levels of those disparities.
 - 2.11.2 Provide written recommendations to the Department relative to identified disparities.

MULTIMEDIA SERVICES:

- 2.12 The Contractor shall work with the Department to create promotional materials for branding Health Families America Program. Materials shall include, but are not limited to:
- 2.12.1 Brochures



Exhibit A

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- 2.12.2 Fact sheets
 - 2.12.3 Displays and posters
 - 2.12.4 Educational items
 - 2.12.5 Family engagement and informational videos
- 2.13 The Contractor shall work with the Department to prepare web, video, radio, television, promotions and public service announcements which shall include but not limited to:
- 2.13.1 Develop, manage and evaluate a statewide social marketing campaign over the period of three (3) to nine (9) months, annually for each year of the contract utilizing Department approved advertising messages and materials that may include Health Families America content, SPARK NH content or Zero to Three content. The materials must be specifically designed to increase referrals to the NH Healthy Families America Program.
 - 2.13.2 Ensure all campaign material and scripts are reviewed and approved by the Department prior to usage. The Department will retain sole possession of all materials resulting from this contract. The Department must also approve of any co-sponsorship opportunities created on behalf of this project to ensure appropriateness with campaign.
 - 2.13.3 Develop a plan to utilize media in order to increase HFA referrals or family engagement, which includes tagging materials with local program information. The plan shall include the following:
 - 2.13.3.1 A data and evaluation component
 - 2.13.3.2 Be developed in consultation with the Department and HFA contracted sites.
 - 2.13.4 Test selected messages and materials, as approved by the Department, for target audience receptivity and adapt existing material or create new materials based on test results and format need.
 - 2.13.5 Develop additional multimedia as needed in conjunction with HFA contracted sites and approved by the Department.
 - 2.13.6 Establish placement of media and negotiate media buy plans that are far reaching and include a sustainability plan for Current HFA vendors extending the campaign's reach after the contract has ended. Media placement may include but not limited to:
 - 2.13.6.1 Radio
 - 2.13.6.2 Print
 - 2.13.6.3 Web
 - 2.13.6.4 Mobile
 - 2.13.6.5 Promotional social media postings
 - 2.13.6.6 Out of home and community outreach.



Exhibit A

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- 2.14 The Contractor shall evaluate the effectiveness of the social marketing campaign and adjust or create content, as requested by the Department, on all websites and social networking sites. Evaluation activities shall include but not be limited to:
- 2.14.1 Using geo-targeting and audience segmentation for analyzing placement opportunities to determine the most cost effective placement that reaches the maximum number of individuals in the target audience(s).
 - 2.14.2 Requesting and reviewing affidavits that show actualized media run, added value delivered and credit received/used.
 - 2.14.3 Analyzing media metrics to determine accuracy in reaching target audience(s).
 - 2.14.4 Providing customized post-buy reports, presentations, and evaluation to the Department.
 - 2.14.5 Evaluating the cost effectiveness of different messages, placements, and strategies based on target audience(s).
 - 2.14.6 Conducting data collection through Department approved surveys and other methodologies, such as website redirects via Google Analytics.

TRAINING MODULES FOR PROFESSIONAL STAFF AND CDC TIPS FOR FORMER SMOKERS CAMPAIGN

- 2.15 The Contractor shall leverage resources available through the Tobacco Helpline, as well as through the Department to develop and produce two (2) learning modules that will be made available to health care providers, with priority being given to Maternal and Child Health Section funded community health centers. The modules must be created in correlation with learning modules one (1) and two (2) currently in development on the Tobacco Helpline. Learning modules three (3) and four (4) shall include but not limited to:
- 2.15.1 Be available on demand to all professionals who provide tobacco brief interventions in clinical and non-clinical settings.
 - 2.15.2 Encompass the following:
 - 2.15.2.1 Module three must focus on motivational interviewing and include a testing component that satisfies the requirements for providing CMEs and CEUs.
 - 2.15.2.2 Module four must focus on the seven Food and Drug Administration (FDA) approved pharmacotherapies including dosing and contraindications. Module four must include a test component that satisfies the requirements for providing CMEs and CEUs.
- 2.16 The Contractor shall follow current guideline recommendations that physicians and clinicians deliver the Brief Tobacco Interventions as the gold standard. The abbreviated Ask, Assist, and Refer (2As and R) Intervention is widely effective



Exhibit A

-
- tobacco treatment intervention. The contractor shall include the 2As & R Intervention method which includes but not limited to:
- 2.16.1 Asking about tobacco use at every visit.
 - 2.16.2 Assisting the patient in quitting
 - 2.16.3 Referring patients to QuitWorks-NH for proactive telephone counseling.
 - 2.16.4 The learning modules raise awareness for implementing the 2As & R by presenting compelling information and implementation techniques.
- 2.17 The Contractor shall ensure the modules provide insight relative to what happens on the other end of the phone or fax referral, in order to build knowledge and confidence in the viewer for future interactions with patients. The viewer must be informed of the connection between the Helpline and TPCP in the case that TPCP can further support a physician.
- 2.18 The Contractor shall identify healthcare professionals who will assist with developing modules 3 and 4, which shall include reading scripts and participating in the videotaping/digitizing of the modules.
- 2.19 The Contractor shall film, videotape and digitize or otherwise create learning modules that will be available on-line and on-demand.
- 2.20 The Contractor shall competently provide continuing education units (CEUs) and continuing medical education units (CMEs), including but not limited to:
- 2.20.1 Requirements of subject matter to be qualified for CEUs/CMEs.
 - 2.20.2 Testing requirements for participants to be eligible for CEUs/CMEs
 - 2.20.3 Reporting requirements to ensure participants receive proper credits toward professional credentialing.
- 2.21 The Contractor shall ensure that material developed for modules 3 and 4 are tailored to professional staff that are tasked with providing tobacco brief interventions in clinical and non-clinical settings, including the Maternal, Infant, Early Childhood Home Visiting (MIECHV) Program.
- 2.22 The Contractor shall include the prenatal segment of the Center for Disease Control and Prevention's Tips for Former Smokers Campaign.
- 2.23 The Contractor shall facilitate and negotiate the airing of the segment for no less than six weeks on statewide media outlet(s). The Contractor shall evaluate by the following:
- 2.23.1 # of segments aired including date and time
 - 2.23.2 #of referrals of pregnant women to the Helpline during the time of segment airing and two weeks post.



Exhibit B

Method and Conditions Precedent to Payment

1. This contract is funded with funds from the Catalog of Federal Domestic Assistance (CFDA) #93.505, (FAIN#) D89MC28272 US Department of Health and Human Services, Health Resources and Services Administration, Affordable Care Act, Maternal, Infant and Early Childhood Home Visiting Program and (CFDA) #93.870, (FAIN#) X10MC29490 US Department of Health and Human Services, Health Resources and Services Administration, in providing services pursuant to Exhibit A, Scope of Services. The contractor agrees to provide the services in Exhibit A, Scope of Services in compliance with funding requirements.
2. The State shall pay the Contractor an amount not to exceed the Price Limitation on Form P37, Block 1.8, for the services provided by the Contractor pursuant to Exhibit A, Scope of Services.
3. Payment for expenses shall be on a cost reimbursement basis only for actual expenditures. Expenditures shall be in accordance with the approved line item budgets shown in Exhibits B-1 and B-2.
4. Payment for services shall be made as follows:
 - 4.1. The Contractor must submit monthly invoices for reimbursement by the 20th of each month for services specified in Exhibit A, Scope of Services. The State shall make payment to the Contractor within thirty (30) days of receipt of each invoice for Contractor services provided pursuant to this Agreement.
 - 4.2. The invoices must;
 - 3.2.1 Clearly identify the amount requested and the services performed during that period.
 - 3.2.2 Include a detailed account of the work performed, and a list of deliverables completed during that prior month, as outlined in Exhibit A, Scope of Services.
 - 3.2.3 Separately identify any work and amount of attributable and performed by an approved contractor, if applicable.
 - 3.2.4 Provide a monthly signed certification that the matching funds, equal to 20% of the contract award amount which may be in cash or in kind, are not derived from federal sources.
 - 4.3. Invoices and reports identified in Section 3.1 and 3.2 must be submitted to:

NH Department of Health and Human Services
Division of Public Health Services
29 Hazen Drive
Concord, NH 03301
5. Payments may be withheld pending receipt of required reports or documentation as identified in Exhibit A.
6. A final payment request shall be submitted no later than sixty (40) days after the Contract ends. Failure to submit the invoice, and accompanying documentation could result in nonpayment.
7. Notwithstanding anything to the contrary herein, the Contractor agrees that funding under this Contract may be withheld, in whole or in part, in the event of noncompliance with any State or Federal law, rule or regulation applicable to the services provided, or if the said services have not been completed in accordance with the terms and conditions of this Agreement.

AK

2/6/17

Appendix C Budget Form

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

Bidder/Program Name: JSI Research & Training Institute, Inc. db/a Community Health Institute

Budget Request for: MCH Tobacco Use and Dependence

Budget Period: January 1, 2017 - June 30, 2017

Line Item	Total Program Cost			Contractor Share / Match			Funded by DHHS contract share		
	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total
1. Total Salary/Wages	\$ 16,208.24	\$ -	\$ 16,208.24	\$ -	\$ -	\$ -	\$ 16,208.24	\$ -	\$ 16,208.24
2. Employee Benefits	\$ 6,159.13	\$ -	\$ 6,159.13	\$ -	\$ -	\$ -	\$ 6,159.13	\$ -	\$ 6,159.13
3. Consultants	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
4. Equipment	\$ 502.46	\$ -	\$ 502.46	\$ -	\$ -	\$ -	\$ 502.46	\$ -	\$ 502.46
5. Rental	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
6. Repair and Maintenance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
7. Purchase/Depreciation	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
8. Supplies	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
9. Educational	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
10. Lab	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
11. Pharmacy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
12. Medical	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
13. Office	\$ 810.41	\$ -	\$ 810.41	\$ -	\$ -	\$ -	\$ 810.41	\$ -	\$ 810.41
14. Travel	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
15. Occupancy	\$ 1,620.82	\$ -	\$ 1,620.82	\$ -	\$ -	\$ -	\$ 1,620.82	\$ -	\$ 1,620.82
16. Current Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
17. Telephone	\$ 405.21	\$ -	\$ 405.21	\$ -	\$ -	\$ -	\$ 405.21	\$ -	\$ 405.21
18. Postage	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
19. Subscriptions	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
20. Audit and Legal	\$ 405.21	\$ -	\$ 405.21	\$ -	\$ -	\$ -	\$ 405.21	\$ -	\$ 405.21
21. Insurance	\$ 405.21	\$ -	\$ 405.21	\$ -	\$ -	\$ -	\$ 405.21	\$ -	\$ 405.21
22. Board Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
23. Software	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
24. Marketing/Communications	\$ 46,000.00	\$ -	\$ 46,000.00	\$ -	\$ -	\$ -	\$ 46,000.00	\$ -	\$ 46,000.00
25. Staff Education and Training	\$ 324.16	\$ -	\$ 324.16	\$ -	\$ -	\$ -	\$ 324.16	\$ -	\$ 324.16
26. Subcontracts/Agreements	\$ 12,000.00	\$ -	\$ 12,000.00	\$ -	\$ -	\$ -	\$ 12,000.00	\$ -	\$ 12,000.00
27. Other (specific details mandatory)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
28. Information Systems	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
29. HR	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
30. Gen Admin	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
31. Payroll and Accounting	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL	\$ 84,840.85	\$ 2,658.15	\$ 87,499.00	\$ -	\$ -	\$ -	\$ 84,840.85	\$ 2,658.15	\$ 87,499.00

3.1331%

Indirect As A Percent of Direct

2/2/17
JSI

Appendix C Budget Form

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

Bidder/Program Name: JSI Research & Training Institute, Inc. db/a Community Health Institute

Budget Request for: MCH Tobacco Use and Dependence

Budget Period: July 1, 2017 - June 30, 2018

Line Item	Total Program Cost			Contractor Share / Match			Funded by DHHS contract share		
	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total
1. Total Salary/Wages	\$ 90,109.88	\$ -	\$ 90,109.88	\$ -	\$ -	\$ -	\$ 90,109.88	\$ -	\$ 90,109.88
2. Employee Benefits	\$ 34,241.76	\$ -	\$ 34,241.76	\$ -	\$ -	\$ -	\$ 34,241.76	\$ -	\$ 34,241.76
3. Consultants	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
4. Equipment	\$ 2,793.41	\$ -	\$ 2,793.41	\$ -	\$ -	\$ -	\$ 2,793.41	\$ -	\$ 2,793.41
5. Rental	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
6. Repair and Maintenance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
7. Purchase/Depreciation	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
8. Supplies	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
9. Educational	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
10. Lab	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
11. Pharmacy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
12. Medical	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
13. Office	\$ 4,505.49	\$ -	\$ 4,505.49	\$ -	\$ -	\$ -	\$ 4,505.49	\$ -	\$ 4,505.49
14. Travel	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
15. Occupancy	\$ 9,010.99	\$ -	\$ 9,010.99	\$ -	\$ -	\$ -	\$ 9,010.99	\$ -	\$ 9,010.99
16. Current Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
17. Telephone	\$ 2,252.75	\$ -	\$ 2,252.75	\$ -	\$ -	\$ -	\$ 2,252.75	\$ -	\$ 2,252.75
18. Postage	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
19. Subscriptions	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
20. Audit and Legal	\$ 2,252.75	\$ -	\$ 2,252.75	\$ -	\$ -	\$ -	\$ 2,252.75	\$ -	\$ 2,252.75
21. Insurance	\$ 2,252.75	\$ -	\$ 2,252.75	\$ -	\$ -	\$ -	\$ 2,252.75	\$ -	\$ 2,252.75
22. Board Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
23. Software	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
24. Marketing/Communications	\$ 41,000.00	\$ -	\$ 41,000.00	\$ -	\$ -	\$ -	\$ 41,000.00	\$ -	\$ 41,000.00
25. Staff Education and Training	\$ 1,802.20	\$ -	\$ 1,802.20	\$ -	\$ -	\$ -	\$ 1,802.20	\$ -	\$ 1,802.20
26. Subcontracts/Agreements	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
27. Other (specific details mandatory)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
28. NA Formative Research Expenses	\$ 5,000.00	\$ -	\$ 5,000.00	\$ -	\$ -	\$ -	\$ 5,000.00	\$ -	\$ 5,000.00
29. Information Systems	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
30. HR	\$ 3,694.51	\$ -	\$ 3,694.51	\$ -	\$ -	\$ -	\$ 3,694.51	\$ -	\$ 3,694.51
31. Gen Admin	\$ 3,694.51	\$ -	\$ 3,694.51	\$ -	\$ -	\$ -	\$ 3,694.51	\$ -	\$ 3,694.51
32. Payroll and Accounting	\$ 3,694.51	\$ -	\$ 3,694.51	\$ -	\$ -	\$ -	\$ 3,694.51	\$ -	\$ 3,694.51
TOTAL	\$ 195,221.98	\$ 14,778.02	\$ 210,000.00	\$ -	\$ -	\$ -	\$ 195,221.98	\$ 14,778.02	\$ 210,000.00

Indirect As A Percent of Direct 7.5699%

U 2.6.17



SPECIAL PROVISIONS

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

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

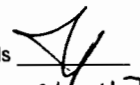
Handwritten signature or initials of the contractor.



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

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

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


2/6/17



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

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



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

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

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

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

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


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

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

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

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

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


2/6/17



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

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

DEFINITIONS

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

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

DEPARTMENT: NH Department of Health and Human Services.

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

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

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

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

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

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



REVISIONS TO GENERAL PROVISIONS

1. Subparagraph 4 of the General Provisions of this contract, Conditional Nature of Agreement, is replaced as follows:
 4. **CONDITIONAL NATURE OF AGREEMENT.**
Notwithstanding any provision of this Agreement to the contrary, all obligations of the State hereunder, including without limitation, the continuance of payments, in whole or in part, under this Agreement are contingent upon continued appropriation or availability of funds, including any subsequent changes to the appropriation or availability of funds affected by any state or federal legislative or executive action that reduces, eliminates, or otherwise modifies the appropriation or availability of funding for this Agreement and the Scope of Services provided in Exhibit A, Scope of Services, in whole or in part. In no event shall the State be liable for any payments hereunder in excess of appropriated or available funds. In the event of a reduction, termination or modification of appropriated or available funds, the State shall have the right to withhold payment until such funds become available, if ever. The State shall have the right to reduce, terminate or modify services under this Agreement immediately upon giving the Contractor notice of such reduction, termination or modification. The State shall not be required to transfer funds from any other source or account into the Account(s) identified in block 1.6 of the General Provisions, Account Number, or any other account, in the event funds are reduced or unavailable.
2. Subparagraph 10 of the General Provisions of this contract, Termination, is amended by adding the following language;
 - 10.1 The State may terminate the Agreement at any time for any reason, at the sole discretion of the State, 30 days after giving the Contractor written notice that the State is exercising its option to terminate the Agreement.
 - 10.2 In the event of early termination, the Contractor shall, within 15 days of notice of early termination, develop and submit to the State a Transition Plan for services under the Agreement, including but not limited to, identifying the present and future needs of clients receiving services under the Agreement and establishes a process to meet those needs.
 - 10.3 The Contractor shall fully cooperate with the State and shall promptly provide detailed information to support the Transition Plan including, but not limited to, any information or data requested by the State related to the termination of the Agreement and Transition Plan and shall provide ongoing communication and revisions of the Transition Plan to the State as requested.
 - 10.4 In the event that services under the Agreement, including but not limited to clients receiving services under the Agreement are transitioned to having services delivered by another entity including contracted providers or the State, the Contractor shall provide a process for uninterrupted delivery of services in the Transition Plan.
 - 10.5 The Contractor shall establish a method of notifying clients and other affected individuals about the transition. The Contractor shall include the proposed communications in its Transition Plan submitted to the State as described above.
3. The Department reserves the right to renew the contract for up to one (1) additional year, subject to the continued availability of funds, satisfactory performance of services and approval by the Governor and Executive Council.

[Handwritten Signature]
Date 2/16/17



CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS

The Contractor identified in Section 1.3 of the General Provisions agrees to comply with the provisions of Sections 5151-5160 of the Drug-Free Workplace Act of 1988 (Pub. L. 100-690, Title V, Subtitle D; 41 U.S.C. 701 et seq.), and further agrees to have the Contractor's representative, as identified in Sections 1.11 and 1.12 of the General Provisions execute the following Certification:

ALTERNATIVE I - FOR GRANTEEES OTHER THAN INDIVIDUALS

**US DEPARTMENT OF HEALTH AND HUMAN SERVICES - CONTRACTORS
US DEPARTMENT OF EDUCATION - CONTRACTORS
US DEPARTMENT OF AGRICULTURE - CONTRACTORS**

This certification is required by the regulations implementing Sections 5151-5160 of the Drug-Free Workplace Act of 1988 (Pub. L. 100-690, Title V, Subtitle D; 41 U.S.C. 701 et seq.). The January 31, 1989 regulations were amended and published as Part II of the May 25, 1990 Federal Register (pages 21681-21691), and require certification by grantees (and by inference, sub-grantees and sub-contractors), prior to award, that they will maintain a drug-free workplace. Section 3017.630(c) of the regulation provides that a grantee (and by inference, sub-grantees and sub-contractors) that is a State may elect to make one certification to the Department in each federal fiscal year in lieu of certificates for each grant during the federal fiscal year covered by the certification. The certificate set out below is a material representation of fact upon which reliance is placed when the agency awards the grant. False certification or violation of the certification shall be grounds for suspension of payments, suspension or termination of grants, or government wide suspension or debarment. Contractors using this form should send it to:

Commissioner
NH Department of Health and Human Services
129 Pleasant Street,
Concord, NH 03301-6505

1. The grantee certifies that it will or will continue to provide a drug-free workplace by:
 - 1.1. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
 - 1.2. Establishing an ongoing drug-free awareness program to inform employees about
 - 1.2.1. The dangers of drug abuse in the workplace;
 - 1.2.2. The grantee's policy of maintaining a drug-free workplace;
 - 1.2.3. Any available drug counseling, rehabilitation, and employee assistance programs; and
 - 1.2.4. The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
 - 1.3. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a);
 - 1.4. Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee will
 - 1.4.1. Abide by the terms of the statement; and
 - 1.4.2. Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;
 - 1.5. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph 1.4.2 from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer on whose grant activity the convicted employee was working, unless the Federal agency

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2/6/17

New Hampshire Department of Health and Human Services
Exhibit D




- has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
- 1.6. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph 1.4.2, with respect to any employee who is so convicted
 - 1.6.1. Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
 - 1.6.2. Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
 - 1.7. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs 1.1, 1.2, 1.3, 1.4, 1.5, and 1.6.
2. The grantee may insert in the space provided below the site(s) for the performance of work done in connection with the specific grant.

Place of Performance (street address, city, county, state, zip code) (list each location)

Check ☐ if there are workplaces on file that are not identified here.

2/6/17
Date

Contractor Name: SSI Research & Training Institute, Inc. dba/ Community Health Institute (CHI)

Name: Jonathan Stewart
Title: Regional Director

Contractor Initials JS
Date 2/6/17



CERTIFICATION REGARDING LOBBYING

The Contractor identified in Section 1.3 of the General Provisions agrees to comply with the provisions of Section 319 of Public Law 101-121, Government wide Guidance for New Restrictions on Lobbying, and 31 U.S.C. 1352, and further agrees to have the Contractor's representative, as identified in Sections 1.11 and 1.12 of the General Provisions execute the following Certification:

US DEPARTMENT OF HEALTH AND HUMAN SERVICES - CONTRACTORS
US DEPARTMENT OF EDUCATION - CONTRACTORS
US DEPARTMENT OF AGRICULTURE - CONTRACTORS

Programs (indicate applicable program covered):

- *Temporary Assistance to Needy Families under Title IV-A
- *Child Support Enforcement Program under Title IV-D
- *Social Services Block Grant Program under Title XX
- *Medicaid Program under Title XIX
- *Community Services Block Grant under Title VI
- *Child Care Development Block Grant under Title IV

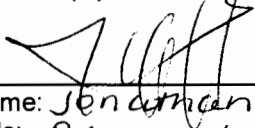
The undersigned certifies, to the best of his or her knowledge and belief, that:

1. No Federal appropriated funds have been paid or will be paid by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement (and by specific mention sub-grantee or sub-contractor).
2. If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement (and by specific mention sub-grantee or sub-contractor), the undersigned shall complete and submit Standard Form LLL, (Disclosure Form to Report Lobbying, in accordance with its instructions, attached and identified as Standard Exhibit E-I.)
3. The undersigned shall require that the language of this certification be included in the award document for sub-awards at all tiers (including subcontracts, sub-grants, and contracts under grants, loans, and cooperative agreements) and that all sub-recipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Contractor Name: JSI Research & Training Institute,
Inc. d/b/a Community Health Institute (CHI)

2/6/17
Date


Name: Jonathan Stewart
Title: Regional Director



**CERTIFICATION REGARDING DEBARMENT, SUSPENSION
AND OTHER RESPONSIBILITY MATTERS**

The Contractor identified in Section 1.3 of the General Provisions agrees to comply with the provisions of Executive Office of the President, Executive Order 12549 and 45 CFR Part 76 regarding Debarment, Suspension, and Other Responsibility Matters, and further agrees to have the Contractor's representative, as identified in Sections 1.11 and 1.12 of the General Provisions execute the following Certification:

INSTRUCTIONS FOR CERTIFICATION

1. By signing and submitting this proposal (contract), the prospective primary participant is providing the certification set out below.
2. The inability of a person to provide the certification required below will not necessarily result in denial of participation in this covered transaction. If necessary, the prospective participant shall submit an explanation of why it cannot provide the certification. The certification or explanation will be considered in connection with the NH Department of Health and Human Services' (DHHS) determination whether to enter into this transaction. However, failure of the prospective primary participant to furnish a certification or an explanation shall disqualify such person from participation in this transaction.
3. The certification in this clause is a material representation of fact upon which reliance was placed when DHHS determined to enter into this transaction. If it is later determined that the prospective primary participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, DHHS may terminate this transaction for cause or default.
4. The prospective primary participant shall provide immediate written notice to the DHHS agency to whom this proposal (contract) is submitted if at any time the prospective primary participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
5. The terms "covered transaction," "debarred," "suspended," "ineligible," "lower tier covered transaction," "participant," "person," "primary covered transaction," "principal," "proposal," and "voluntarily excluded," as used in this clause, have the meanings set out in the Definitions and Coverage sections of the rules implementing Executive Order 12549: 45 CFR Part 76. See the attached definitions.
6. The prospective primary participant agrees by submitting this proposal (contract) that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by DHHS.
7. The prospective primary participant further agrees by submitting this proposal that it will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion - Lower Tier Covered Transactions," provided by DHHS, without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
8. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or involuntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the Nonprocurement List (of excluded parties).
9. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and

A handwritten signature in black ink, appearing to be 'JL' or similar, written over a horizontal line.



information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.

10. Except for transactions authorized under paragraph 6 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal government, DHHS may terminate this transaction for cause or default.

PRIMARY COVERED TRANSACTIONS

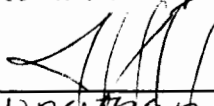
11. The prospective primary participant certifies to the best of its knowledge and belief, that it and its principals:
- 11.1. are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;
 - 11.2. have not within a three-year period preceding this proposal (contract) been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or a contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
 - 11.3. are not presently indicted for otherwise criminally or civilly charged by a governmental entity (Federal, State or local) with commission of any of the offenses enumerated in paragraph (l)(b) of this certification; and
 - 11.4. have not within a three-year period preceding this application/proposal had one or more public transactions (Federal, State or local) terminated for cause or default.
12. Where the prospective primary participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal (contract).

LOWER TIER COVERED TRANSACTIONS

13. By signing and submitting this lower tier proposal (contract), the prospective lower tier participant, as defined in 45 CFR Part 76, certifies to the best of its knowledge and belief that it and its principals:
- 13.1. are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.
 - 13.2. where the prospective lower tier participant is unable to certify to any of the above, such prospective participant shall attach an explanation to this proposal (contract).
14. The prospective lower tier participant further agrees by submitting this proposal (contract) that it will include this clause entitled "Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion - Lower Tier Covered Transactions," without modification in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

2/6/17
Date

Contractor Name: JSI Research & Training Institute, Inc.
d/b/a Community Health Institute (CHI)


Name: Jonathan Stewart
Title: Regional Director

JK

2/6/17



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

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

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

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

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

Exhibit G

Contractor Initials 24

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

Date 2/6/17

New Hampshire Department of Health and Human Services
Exhibit G



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

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

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

2/6/17
Date

Contractor Name: JSI Research & Training Institute,
Inc. d/b/a Community Health Institute (CHI)

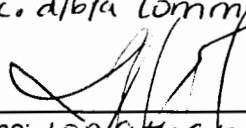

Name: Jonathan Stewart
Title: Regional director

Exhibit G

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

Contractor Initials



Date

2/6/17



CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO SMOKE

Public Law 103-227, Part C - Environmental Tobacco Smoke, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, day care, education, or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law does not apply to children's services provided in private residences, facilities funded solely by Medicare or Medicaid funds, and portions of facilities used for inpatient drug or alcohol treatment. Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$1000 per day and/or the imposition of an administrative compliance order on the responsible entity.

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

1. By signing and submitting this contract, the Contractor agrees to make reasonable efforts to comply with all applicable provisions of Public Law 103-227, Part C, known as the Pro-Children Act of 1994.

Contractor Name: JSI Research & Training Institute, Inc. d/b/a Community Health Institute (CHI)

2/6/17

Date

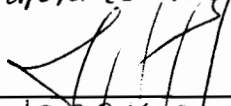

Name: Jonathan Stewart
Title: Regional Director



Exhibit I

HEALTH INSURANCE PORTABILITY ACT
BUSINESS ASSOCIATE AGREEMENT

The Contractor identified in Section 1.3 of the General Provisions of the Agreement agrees to comply with the Health Insurance Portability and Accountability Act, Public Law 104-191 and with the Standards for Privacy and Security of Individually Identifiable Health Information, 45 CFR Parts 160 and 164 applicable to business associates. As defined herein, "Business Associate" shall mean the Contractor and subcontractors and agents of the Contractor that receive, use or have access to protected health information under this Agreement and "Covered Entity" shall mean the State of New Hampshire, Department of Health and Human Services.

(1) Definitions.

- a. "Breach" shall have the same meaning as the term "Breach" in section 164.402 of Title 45, Code of Federal Regulations.
- b. "Business Associate" has the meaning given such term in section 160.103 of Title 45, Code of Federal Regulations.
- c. "Covered Entity" has the meaning given such term in section 160.103 of Title 45, Code of Federal Regulations.
- d. "Designated Record Set" shall have the same meaning as the term "designated record set" in 45 CFR Section 164.501.
- e. "Data Aggregation" shall have the same meaning as the term "data aggregation" in 45 CFR Section 164.501.
- f. "Health Care Operations" shall have the same meaning as the term "health care operations" in 45 CFR Section 164.501.
- g. "HITECH Act" means the Health Information Technology for Economic and Clinical Health Act, Title XIII, Subtitle D, Part 1 & 2 of the American Recovery and Reinvestment Act of 2009.
- h. "HIPAA" means the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191 and the Standards for Privacy and Security of Individually Identifiable Health Information, 45 CFR Parts 160, 162 and 164 and amendments thereto.
- i. "Individual" shall have the same meaning as the term "individual" in 45 CFR Section 160.103 and shall include a person who qualifies as a personal representative in accordance with 45 CFR Section 164.501(g).
- j. "Privacy Rule" shall mean the Standards for Privacy of Individually Identifiable Health Information at 45 CFR Parts 160 and 164, promulgated under HIPAA by the United States Department of Health and Human Services.
- k. "Protected Health Information" shall have the same meaning as the term "protected health information" in 45 CFR Section 160.103, limited to the information created or received by Business Associate from or on behalf of Covered Entity.

[Handwritten Signature]



Exhibit I

- l. "Required by Law" shall have the same meaning as the term "required by law" in 45 CFR Section 164.103.
- m. "Secretary" shall mean the Secretary of the Department of Health and Human Services or his/her designee.
- n. "Security Rule" shall mean the Security Standards for the Protection of Electronic Protected Health Information at 45 CFR Part 164, Subpart C, and amendments thereto.
- o. "Unsecured Protected Health Information" means protected health information that is not secured by a technology standard that renders protected health information unusable, unreadable, or indecipherable to unauthorized individuals and is developed or endorsed by a standards developing organization that is accredited by the American National Standards Institute.
- p. Other Definitions - All terms not otherwise defined herein shall have the meaning established under 45 C.F.R. Parts 160, 162 and 164, as amended from time to time, and the HITECH Act.

(2) **Business Associate Use and Disclosure of Protected Health Information.**

- a. Business Associate shall not use, disclose, maintain or transmit Protected Health Information (PHI) except as reasonably necessary to provide the services outlined under Exhibit A of the Agreement. Further, Business Associate, including but not limited to all its directors, officers, employees and agents, shall not use, disclose, maintain or transmit PHI in any manner that would constitute a violation of the Privacy and Security Rule.
- b. Business Associate may use or disclose PHI:
 - I. For the proper management and administration of the Business Associate;
 - II. As required by law, pursuant to the terms set forth in paragraph d. below; or
 - III. For data aggregation purposes for the health care operations of Covered Entity.
- c. To the extent Business Associate is permitted under the Agreement to disclose PHI to a third party, Business Associate must obtain, prior to making any such disclosure, (i) reasonable assurances from the third party that such PHI will be held confidentially and used or further disclosed only as required by law or for the purpose for which it was disclosed to the third party; and (ii) an agreement from such third party to notify Business Associate, in accordance with the HIPAA Privacy, Security, and Breach Notification Rules of any breaches of the confidentiality of the PHI, to the extent it has obtained knowledge of such breach.
- d. The Business Associate shall not, unless such disclosure is reasonably necessary to provide services under Exhibit A of the Agreement, disclose any PHI in response to a request for disclosure on the basis that it is required by law, without first notifying Covered Entity so that Covered Entity has an opportunity to object to the disclosure and to seek appropriate relief. If Covered Entity objects to such disclosure, the Business



Exhibit I

Associate shall refrain from disclosing the PHI until Covered Entity has exhausted all remedies.

- e. If the Covered Entity notifies the Business Associate that Covered Entity has agreed to be bound by additional restrictions over and above those uses or disclosures or security safeguards of PHI pursuant to the Privacy and Security Rule, the Business Associate shall be bound by such additional restrictions and shall not disclose PHI in violation of such additional restrictions and shall abide by any additional security safeguards.

(3) Obligations and Activities of Business Associate.

- a. The Business Associate shall notify the Covered Entity's Privacy Officer immediately after the Business Associate becomes aware of any use or disclosure of protected health information not provided for by the Agreement including breaches of unsecured protected health information and/or any security incident that may have an impact on the protected health information of the Covered Entity.
- b. The Business Associate shall immediately perform a risk assessment when it becomes aware of any of the above situations. The risk assessment shall include, but not be limited to:
 - o The nature and extent of the protected health information involved, including the types of identifiers and the likelihood of re-identification;
 - o The unauthorized person used the protected health information or to whom the disclosure was made;
 - o Whether the protected health information was actually acquired or viewed
 - o The extent to which the risk to the protected health information has been mitigated.

The Business Associate shall complete the risk assessment within 48 hours of the breach and immediately report the findings of the risk assessment in writing to the Covered Entity.

- c. The Business Associate shall comply with all sections of the Privacy, Security, and Breach Notification Rule.
- d. Business Associate shall make available all of its internal policies and procedures, books and records relating to the use and disclosure of PHI received from, or created or received by the Business Associate on behalf of Covered Entity to the Secretary for purposes of determining Covered Entity's compliance with HIPAA and the Privacy and Security Rule.
- e. Business Associate shall require all of its business associates that receive, use or have access to PHI under the Agreement, to agree in writing to adhere to the same restrictions and conditions on the use and disclosure of PHI contained herein, including the duty to return or destroy the PHI as provided under Section 3 (I). The Covered Entity shall be considered a direct third party beneficiary of the Contractor's business associate agreements with Contractor's intended business associates, who will be receiving PHI

[Handwritten signature]
2/6/17



Exhibit I

pursuant to this Agreement, with rights of enforcement and indemnification from such business associates who shall be governed by standard Paragraph #13 of the standard contract provisions (P-37) of this Agreement for the purpose of use and disclosure of protected health information.

- f. Within five (5) business days of receipt of a written request from Covered Entity, Business Associate shall make available during normal business hours at its offices all records, books, agreements, policies and procedures relating to the use and disclosure of PHI to the Covered Entity, for purposes of enabling Covered Entity to determine Business Associate's compliance with the terms of the Agreement.
- g. Within ten (10) business days of receiving a written request from Covered Entity, Business Associate shall provide access to PHI in a Designated Record Set to the Covered Entity, or as directed by Covered Entity, to an individual in order to meet the requirements under 45 CFR Section 164.524.
- h. Within ten (10) business days of receiving a written request from Covered Entity for an amendment of PHI or a record about an individual contained in a Designated Record Set, the Business Associate shall make such PHI available to Covered Entity for amendment and incorporate any such amendment to enable Covered Entity to fulfill its obligations under 45 CFR Section 164.526.
- i. Business Associate shall document such disclosures of PHI and information related to such disclosures as would be required for Covered Entity to respond to a request by an individual for an accounting of disclosures of PHI in accordance with 45 CFR Section 164.528.
- j. Within ten (10) business days of receiving a written request from Covered Entity for a request for an accounting of disclosures of PHI, Business Associate shall make available to Covered Entity such information as Covered Entity may require to fulfill its obligations to provide an accounting of disclosures with respect to PHI in accordance with 45 CFR Section 164.528.
- k. In the event any individual requests access to, amendment of, or accounting of PHI directly from the Business Associate, the Business Associate shall within two (2) business days forward such request to Covered Entity. Covered Entity shall have the responsibility of responding to forwarded requests. However, if forwarding the individual's request to Covered Entity would cause Covered Entity or the Business Associate to violate HIPAA and the Privacy and Security Rule, the Business Associate shall instead respond to the individual's request as required by such law and notify Covered Entity of such response as soon as practicable.
- l. Within ten (10) business days of termination of the Agreement, for any reason, the Business Associate shall return or destroy, as specified by Covered Entity, all PHI received from, or created or received by the Business Associate in connection with the Agreement, and shall not retain any copies or back-up tapes of such PHI. If return or destruction is not feasible, or the disposition of the PHI has been otherwise agreed to in the Agreement, Business Associate shall continue to extend the protections of the Agreement, to such PHI and limit further uses and disclosures of such PHI to those purposes that make the return or destruction infeasible, for so long as Business



Exhibit I

Associate maintains such PHI. If Covered Entity, in its sole discretion, requires that the Business Associate destroy any or all PHI, the Business Associate shall certify to Covered Entity that the PHI has been destroyed.

(4) Obligations of Covered Entity

- a. Covered Entity shall notify Business Associate of any changes or limitation(s) in its Notice of Privacy Practices provided to individuals in accordance with 45 CFR Section 164.520, to the extent that such change or limitation may affect Business Associate's use or disclosure of PHI.
- b. Covered Entity shall promptly notify Business Associate of any changes in, or revocation of permission provided to Covered Entity by individuals whose PHI may be used or disclosed by Business Associate under this Agreement, pursuant to 45 CFR Section 164.506 or 45 CFR Section 164.508.
- c. Covered entity shall promptly notify Business Associate of any restrictions on the use or disclosure of PHI that Covered Entity has agreed to in accordance with 45 CFR 164.522, to the extent that such restriction may affect Business Associate's use or disclosure of PHI.

(5) Termination for Cause

In addition to Paragraph 10 of the standard terms and conditions (P-37) of this Agreement the Covered Entity may immediately terminate the Agreement upon Covered Entity's knowledge of a breach by Business Associate of the Business Associate Agreement set forth herein as Exhibit I. The Covered Entity may either immediately terminate the Agreement or provide an opportunity for Business Associate to cure the alleged breach within a timeframe specified by Covered Entity. If Covered Entity determines that neither termination nor cure is feasible, Covered Entity shall report the violation to the Secretary.

(6) Miscellaneous

- a. Definitions and Regulatory References. All terms used, but not otherwise defined herein, shall have the same meaning as those terms in the Privacy and Security Rule, amended from time to time. A reference in the Agreement, as amended to include this Exhibit I, to a Section in the Privacy and Security Rule means the Section as in effect or as amended.
- b. Amendment. Covered Entity and Business Associate agree to take such action as is necessary to amend the Agreement, from time to time as is necessary for Covered Entity to comply with the changes in the requirements of HIPAA, the Privacy and Security Rule, and applicable federal and state law.
- c. Data Ownership. The Business Associate acknowledges that it has no ownership rights with respect to the PHI provided by or created on behalf of Covered Entity.
- d. Interpretation. The parties agree that any ambiguity in the Agreement shall be resolved to permit Covered Entity to comply with HIPAA, the Privacy and Security Rule.



Exhibit I

- e. Segregation. If any term or condition of this Exhibit I or the application thereof to any person(s) or circumstance is held invalid, such invalidity shall not affect other terms or conditions which can be given effect without the invalid term or condition; to this end the terms and conditions of this Exhibit I are declared severable.
- f. Survival. Provisions in this Exhibit I regarding the use and disclosure of PHI, return or destruction of PHI, extensions of the protections of the Agreement in section (3) I, the defense and indemnification provisions of section (3) e and Paragraph 13 of the standard terms and conditions (P-37), shall survive the termination of the Agreement.

IN WITNESS WHEREOF, the parties hereto have duly executed this Exhibit I.

DHHS - Division of
Public Health Services
The State

[Signature]
Signature of Authorized Representative

LISA MORRIS
Name of Authorized Representative

Director, DPHS
Title of Authorized Representative

3/8/17
Date

JSI Research & Training Institute, Inc.
d/b/a Community Health Institute (CHI)
Name of the Contractor

[Signature]
Signature of Authorized Representative

Jonathan Stewart
Name of Authorized Representative

Regional Director
Title of Authorized Representative

2/6/17
Date



**CERTIFICATION REGARDING THE FEDERAL FUNDING ACCOUNTABILITY AND TRANSPARENCY
ACT (FFATA) COMPLIANCE**

The Federal Funding Accountability and Transparency Act (FFATA) requires prime awardees of individual Federal grants equal to or greater than \$25,000 and awarded on or after October 1, 2010, to report on data related to executive compensation and associated first-tier sub-grants of \$25,000 or more. If the initial award is below \$25,000 but subsequent grant modifications result in a total award equal to or over \$25,000, the award is subject to the FFATA reporting requirements, as of the date of the award.

In accordance with 2 CFR Part 170 (Reporting Subaward and Executive Compensation Information), the Department of Health and Human Services (DHHS) must report the following information for any subaward or contract award subject to the FFATA reporting requirements:

1. Name of entity
2. Amount of award
3. Funding agency
4. NAICS code for contracts / CFDA program number for grants
5. Program source
6. Award title descriptive of the purpose of the funding action
7. Location of the entity
8. Principle place of performance
9. Unique identifier of the entity (DUNS #)
10. Total compensation and names of the top five executives if:
 - 10.1. More than 80% of annual gross revenues are from the Federal government, and those revenues are greater than \$25M annually and
 - 10.2. Compensation information is not already available through reporting to the SEC.

Prime grant recipients must submit FFATA required data by the end of the month, plus 30 days, in which the award or award amendment is made.

The Contractor identified in Section 1.3 of the General Provisions agrees to comply with the provisions of The Federal Funding Accountability and Transparency Act, Public Law 109-282 and Public Law 110-252, and 2 CFR Part 170 (Reporting Subaward and Executive Compensation Information), and further agrees to have the Contractor's representative, as identified in Sections 1.11 and 1.12 of the General Provisions execute the following Certification:

The below named Contractor agrees to provide needed information as outlined above to the NH Department of Health and Human Services and to comply with all applicable provisions of the Federal Financial Accountability and Transparency Act.

Contractor Name: JSI Research & Training Institute, Inc.
d/b/a Community Health Institute (CHI)

2/6/17
Date

Name: Jonathan Stewart
Title: Regional Director



FORM A

As the Contractor identified in Section 1.3 of the General Provisions, I certify that the responses to the below listed questions are true and accurate.

1. The DUNS number for your entity is: 14-5729117
2. In your business or organization's preceding completed fiscal year, did your business or organization receive (1) 80 percent or more of your annual gross revenue in U.S. federal contracts, subcontracts, loans, grants, sub-grants, and/or cooperative agreements; and (2) \$25,000,000 or more in annual gross revenues from U.S. federal contracts, subcontracts, loans, grants, subgrants, and/or cooperative agreements?

_____ NO

X YES

If the answer to #2 above is NO, stop here

If the answer to #2 above is YES, please answer the following:

3. Does the public have access to information about the compensation of the executives in your business or organization through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C. 78m(a), 78o(d)) or section 6104 of the Internal Revenue Code of 1986?

_____ NO

X YES

If the answer to #3 above is YES, stop here

If the answer to #3 above is NO, please answer the following:

4. The names and compensation of the five most highly compensated officers in your business or organization are as follows:

Name: _____	Amount: _____
Name: _____	Amount: _____
Name: _____	Amount: _____
Name: _____	Amount: _____
Name: _____	Amount: _____

2/6/17

State of New Hampshire

Department of State

CERTIFICATE

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



In TESTIMONY WHEREOF, I hereto
set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 15th day of April, A.D. 2015

William M. Gardner
Secretary of State

CERTIFICATE OF VOTE/AUTHORITY

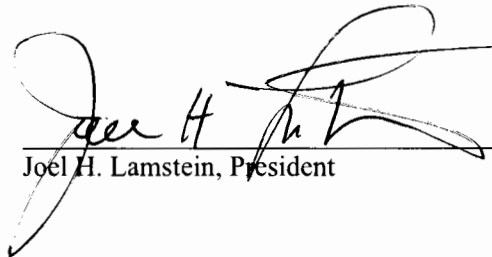
I, Joel H. Lamstein, of the JSI Research & Training Institute, Inc., d/b/a Community Health Institute, do hereby certify that:

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

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

3. I further certify that the foregoing resolutions have not been amended or revoked and remain in full force and effect as of February 6, 2017.

IN WITNESS WHEREOF, I have hereunto set my hand as the President of the JSI Research & Training Institute, Inc., d/b/a Community Health Institute this 6th day of February, 2017.

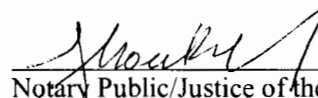


Joel H. Lamstein, President

STATE OF New Hampshire

COUNTY OF Merrimack

The foregoing instrument was acknowledged before me this 6th day of February, 2017 by Joel H. Lamstein.



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

SARAH E. MOCHEL, Notary Public
My Commission Expires September 17, 2019



JOHNSNO-01

DMEANEY

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/30/2016

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

PRODUCER Mason & Mason Technology Insurance Services, Inc. 458 South Ave. Whitman, MA 02382	CONTACT NAME: Judy Yeary	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
INSURED JSI d/b/a Community Health Institute JSI Research & Training Institute, Inc. 501 South Street 2nd Floor Bow, NH 03304	E-MAIL ADDRESS: JYeary@masoninsure.com	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: Federal Insurance Company	
	INSURER B: Executive Risk Indemnity	
	INSURER C:	
	INSURER D:	
INSURER E:		
INSURER F:		

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC <input checked="" type="checkbox"/> OTHER Combined Agg \$10M			35873320	09/09/2016	09/09/2017	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			73546634	09/09/2016	09/09/2017	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			79861066	09/09/2016	09/09/2017	EACH OCCURRENCE \$ 20,000,000 AGGREGATE \$ 20,000,000
A	<input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	71733182	09/09/2016	09/09/2017	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Directors & Officers			81595534	11/09/2016	11/09/2017	EACH OCC/GEN AGG 3,000,000
B	ERRORS & OMISSIONS			82120859	11/09/2016	11/09/2017	EACH OCC/GEN AGG 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
It is understood and agreed that NH Department of Health and Human Services is included as an additional insured as respects general liability as required by written contract per the terms and conditions of Chubb form 80-02-2367 (5-07). All forms available for your review upon request.

CERTIFICATE HOLDER

CANCELLATION

NH Department of Health and Human Services
129 Pleasant Street
Concord, NH 03301

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

AUTHORIZED REPRESENTATIVE

DESCRIPTION OF ORGANIZATION

In partnership with the New Hampshire (NH) Department of Health and Human Services and the Robert Wood Johnson Foundation, JSI Research & Training Institute, Inc. (JSI) established the Community Health Institute (CHI) as its NH office in 1995. The organization's mission is to improve the health of underserved people and communities and to provide a place where people of passion and commitment can pursue this cause. A non-profit public health research and consulting organization, JSI is deeply committed to improving the health of individuals and communities, and works in partnership with governments, organizations, and host-country experts to improve quality, access and equity of health systems. JSI collaborates with government agencies, the private sector, and local nonprofit and civil society organizations to achieve change in communities and health systems.

Headquartered in Boston with eight offices across the United States and more than 30 offices globally, JSI has implemented innovative programs in a range of public health content areas for over 30 years. Since its inception in 1978, JSI has grown to a diverse staff of 2,000; more than 200 of whom work on U.S. health issues. Over 30 staff are located in the NH office.

Staff includes PhD-level researchers, clinicians, and a wide variety of senior and junior staff with advanced degrees in public health, business administration, health administration, public policy, economics, social work, education, management, and epidemiology. JSI/CHI staff embodies the organization's commitment to diversity in race, culture, geography, sexual orientation, and knowledge, encouraging the exchange of information, technical expertise, and professional contacts among all staff to strengthen JSI/CHI's ability to respond creatively and effectively to the requirements of every project. Outside JSI/CHI, many staff are involved in primary health care efforts in our communities, serving on advisory boards or local boards of health and participating in health professional associations. JSI/CHI employees embody a corporate ethic of "giving back."

JSI/CHI staff have worked on hundreds of projects across the spectrum of public health and nearly every aspect of the health care delivery system in NH that demonstrates our ability to perform the technical aspects of the program components. Although difficult to quantify the total number of people and communities served and influenced by our efforts, our in-state technical assistance (TA) and training activities typically serve between 3,000 to 4,000 individuals directly through learning collaboratives, trainings, webinars, TA in communities, and strategic planning events. Indirectly, our range of clients, partners, community-based organizations, and other stakeholders, and our work within public health and substance misuse prevention, intervention, treatment and recovery, impacts the entire state.



Currently, the organization's 2,000+ staff work on close to 1,900 projects across the country - ranging in scope from short technical assistance, to multi-year long-term support and planning. Staff work on multiple projects at a time, and project teams range from a single staff person, to thirty JSI/CHI staff. The capacity of project teams to draw upon staff resources and expertise from across the country enables JSI to provide the highest quality, responsive services to its clients.

With tremendous depth of experience and resources given our long and varied history, JSI/CHI staff bring a unique combination of skills, experience, and passion for achieving innovative organizational transformations through services planning and delivery, and health communications strategy design and implementation. JSI/CHI staff understand the NH public health landscape and are actively engaged in statewide initiatives and broad-based efforts that carry out health care and public health improvement initiatives designed to meet community needs. We are successful when our work has a sustainable impact on individual and community ability to achieve desired health outcomes.

A pioneer in the area of **Public Health Services Planning and Delivery**, JSI/CHI takes a multidisciplinary, tailored, and culturally responsive approach to using data to build effective service delivery systems. We have experience offering a wide range of services including, among other things, community needs assessment, market analysis, strategic planning, quality improvement, and policy analysis to help our clients evolve and transform their service delivery. JSI/CHI's expertise is field-based and employs mixed method approaches with a purpose of discovering and recommending practical solutions that work in real world settings. Our clients include hospitals, community health care providers, community organizations, local boards of health, county health departments, state departments of public health, as well as national and international health organizations. As an innovator in **Health Communications and mHealth**, we have worked with clients to design, develop, and implement health communication campaigns and to reach diverse audiences using a broad range of dissemination channels, including print, web, video, social media, text messaging, radio, and television. Since the 1990s, JSI has been devoted to helping public health agencies and communities embark on initiatives that prevent and curtail **tobacco, alcohol, and other substance use**. JSI provides technical expertise, bringing best practices to underserved populations, which are disproportionately affected by addiction. Among the services that JSI renders in this area in collaboration with its clients are: training and technical assistance, data analysis, community surveys, communications, strategic planning, and evaluation and monitoring.

For more specific project details relevant to the needs assessment, multimedia media services, and tobacco scopes of work, please see **Tab 4**.



Across our contract work, JSI/CHI staff work tirelessly to meet and report on required performance measures and have demonstrated capacity to work at the community, state and federal levels with target audiences that include youth, community coalitions, adults within the public health and educational field, and representatives from businesses, local communities and government. In addition to our diverse and multifaceted project work, JSI/CHI's staff includes a wide range of experience and education. JSI/CHI's proposed project team holds degrees range from mapping to public administration, fine arts, epidemiology, health policy, graphic design, population health, and communications. The entire project will be overseen by Katie Robert, who has served not only as CHI's fiscal administrator for the PHPSS contract, but also as the lead on several MCH-related tasks, including the HFA training task. Katie will be supported by JSI/CHI's director, Jonathan Stewart. JSI/CHI's proposed project teams for each scope include staff who have worked closely with both MCH and TPCP. By applying our expertise in various aspects of health care, JSI/CHI is able to work with clients to build internal capacity and find solutions to the most challenging and pressing health issues.

Administratively, the proposed project team also benefits from the sophisticated administrative systems of its Boston office, including accounting and project management functions that provide timely and accurate contracting, financial reports, staff time allocation, and general contract management support. JSI also benefits from modern information technology (IT) systems that provide sophisticated phone and email systems, video conferencing, large capacity servers, state-of-the-art virus protection, hardware and software updates and maintenance, data protection to meet federal standards, and a help desk accessible daily to troubleshoot IT problems. In addition, all staff have direct access to a research library with a full-time research librarian accessible to all project staff who conducts literature searches through a wide range of online search engines such as PubMed as well as other research services.



**JSI RESEARCH AND TRAINING INSTITUTE, INC.
AND
AFFILIATE**

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

September 30, 2015

**JSI Research and Training Institute, Inc. and Affiliate
September 30, 2015**

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



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

INDEPENDENT AUDITOR'S REPORT

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

Report on the Consolidated Financial Statements

We have audited the accompanying consolidated financial statements of JSI Research and Training Institute, Inc. and Affiliate (both non-profit organizations), which comprise the consolidated statement of financial position as of September 30, 2015, and the related consolidated statements of activities, functional expenses, and cash flows for the year then ended, and the related notes to the consolidated financial statements.

Management's Responsibility for the Consolidated Financial Statements

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

Auditor's Responsibility

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

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

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

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

Opinion

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of JSI Research and Training Institute, Inc. and Affiliate as of September 30, 2015, and the changes in their net assets and their cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Other Matters

Other Information

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

Report on Summarized Comparative Information

We have previously audited the JSI Research and Training Institute, Inc. and Affiliate consolidated financial statements, and we expressed an unmodified opinion on those audited financial statements in our report dated February 12, 2015. In our opinion, the summarized consolidated comparative information presented herein as of and for the year ended September 30, 2014 is consistent, in all material respects, with the audited consolidated financial statements from which it has been derived.

Other Reporting Required by *Government Auditing Standards*

In accordance with *Government Auditing Standards*, we have also issued a report dated February 10, 2016, on our consideration of JSI Research and Training Institute, Inc. and its affiliate's internal control over financial reporting and on our tests of their compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering JSI Research and Training Institute, Inc. and its affiliate's internal control over financial reporting and compliance.

A handwritten signature in black ink, appearing to read "Norman R. Fung" followed by "RCP" in a smaller, less legible script.

Duxbury, Massachusetts
February 10, 2016

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

September 30, 2015
(With Comparative Totals for 2014)

	<u>2015</u>	<u>2014</u>
ASSETS		
Current Assets:		
Cash and cash equivalents	\$ 32,723,562	\$ 29,466,831
Receivables for program work	18,380,102	12,193,072
Loans receivable - related party	130,870	425,470
Field advances - program	3,831,076	2,612,580
Employee advances	268,427	221,271
Prepaid expenses	3,700	3,700
Total Current Assets	55,337,737	44,922,924
Property and Equipment:		
Furniture and equipment	625,913	625,913
Leasehold improvements	30,355	30,355
	656,268	656,268
Less: Accumulated depreciation	(619,202)	(603,262)
Net Property and Equipment	37,066	53,006
Other Assets	83,336	83,336
TOTAL ASSETS	<u>\$ 55,458,139</u>	<u>\$ 45,059,266</u>
LIABILITIES AND NET ASSETS		
Current Liabilities:		
Accounts payable and payroll withholdings	\$ 6,171,223	\$ 5,026,325
Accrued vacation	1,581,896	1,563,950
Advances for program work	17,530,808	14,217,480
Loans payable - related party	-	-
Notes payable	-	-
Contingencies	-	-
Total Current Liabilities	25,283,927	20,807,755
Net Assets:		
Unrestricted	30,169,212	24,246,511
Temporarily restricted	5,000	5,000
Total Net Assets	30,174,212	24,251,511
TOTAL LIABILITIES AND NET ASSETS	<u>\$ 55,458,139</u>	<u>\$ 45,059,266</u>

See notes to consolidated financial statements.

JSI Research and Training Institute, Inc. and Affiliate
CONSOLIDATED STATEMENT OF ACTIVITIES
Year Ended September 30, 2015
(With Comparative Totals for 2014)

	<u>2015</u>	<u>2014</u>
UNRESTRICTED NET ASSETS:		
Public Support and Revenue		
Public Support:		
Government grants and contracts:		
U.S. Government	\$ 210,063,095	\$ 173,962,790
Commonwealth of Massachusetts	4,161,101	4,947,642
Other grants and contracts	50,876,520	45,345,787
Program income	405,334	95,478
Contributions	3,117,911	2,061,708
In-kind project contributions	2,010,273	7,244,720
Interest income	<u>11,440</u>	<u>12,236</u>
Total Unrestricted Support and Revenue	270,645,674	233,670,361
Expenses		
Program Services:		
International programs	224,104,084	190,033,358
Domestic programs	<u>14,498,901</u>	<u>14,255,597</u>
Total Program Services	238,602,985	204,288,955
Supporting Services:		
Management and General	25,808,825	24,224,914
Fundraising	<u>311,163</u>	<u>225,386</u>
Total Supporting Services	<u>26,119,988</u>	<u>24,450,300</u>
Total Expenses	264,722,973	228,739,255
Increase (Decrease) in Unrestricted Net Assets	5,922,701	4,931,106
TEMPORARILY RESTRICTED NET ASSETS		
Net assets released from restriction	<u>-</u>	<u>-</u>
Increase (decrease) in temporarily restricted net assets	<u>-</u>	<u>-</u>
Increase (decrease) in net assets	<u>5,922,701</u>	<u>4,931,106</u>
Net Assets at Beginning of Year	<u>24,251,511</u>	<u>19,320,405</u>
Net Assets at End of Year	<u>\$ 30,174,212</u>	<u>\$ 24,251,511</u>

See notes to consolidated financial statements.

JSI Research and Training Institute, Inc. and Affiliate
CONSOLIDATED STATEMENT OF FUNCTIONAL EXPENSES
Year Ended September 30, 2015
(With Comparative Totals for 2014)

	PROGRAM SERVICES			SUPPORTING SERVICES			TOTAL EXPENSES	
	International Programs	Domestic Programs	Total	Management And General	Fundraising	Total	2015	2014
Salaries	\$ 22,267,515	\$ 6,385,750	\$ 28,653,265	\$ 6,262,396	\$ 180,937	\$ 6,443,333	\$ 35,096,598	\$ 32,921,664
Consultants	13,763,894	4,177,488	17,941,382	718,091	67,200	785,291	18,726,673	16,278,038
Cooperating National								
Salaries	33,345,783	-	33,345,783	516,111	-	516,111	33,861,894	29,843,742
Travel	16,017,306	643,405	16,660,711	528,599	128	528,727	17,189,438	12,987,744
Allowance & Training	8,777,124	5,961	8,783,085	309,204	-	309,204	9,092,289	7,796,812
Sub-contracts	73,066,441	1,806,467	74,872,908	-	-	-	74,872,908	49,664,409
Equipment, Material and								
Supplies	5,598,616	54,609	5,653,225	287,927	138	288,065	5,941,290	5,677,390
Other Costs	49,257,132	1,425,221	50,682,353	17,170,557	62,760	17,233,317	67,915,670	66,306,724
In-kind project expenses	2,010,273	-	2,010,273	-	-	-	2,010,273	7,244,720
Depreciation	-	-	-	15,940	-	15,940	15,940	18,012
TOTAL EXPENSE	\$ 224,104,084	\$ 14,498,901	\$ 238,602,985	\$ 25,808,825	\$ 311,163	\$ 26,119,988	\$ 264,722,973	\$ 228,739,255

See notes to consolidated financial statements.

JSI Research and Training Institute, Inc. and Affiliate
CONSOLIDATED STATEMENT OF CASH FLOWS
Year Ended September 30, 2015
(With Comparative Totals for 2014)

	<u>2015</u>	<u>2014</u>
Cash Flows From Operating Activities:		
Increase (Decrease) in net assets	\$ 5,922,701	\$ 4,931,106
Adjustments to reconcile change in net assets to net cash provided by operating activities:		
Depreciation	15,940	18,012
(Increase) Decrease in receivables for program work	(6,187,030)	(6,662,821)
(Increase) Decrease in field advances - program	(1,218,496)	243,209
(Increase) Decrease in employee advances	(47,156)	(39,417)
(Increase) Decrease in prepaid expenses	-	164
(Increase) Decrease in other assets	-	(3,138)
Increase (Decrease) in accounts payable and payroll withholdings	1,144,898	1,012,582
Increase (Decrease) in accrued vacation	17,946	107,337
Increase (Decrease) in advances for program work	<u>3,313,328</u>	<u>(10,535,890)</u>
Net Cash Provided (Used) By Operating Activities	2,962,131	(10,928,856)
Cash Flows From Investing Activities:		
Loans made	(36,111)	(454,957)
Loans repaid	330,711	360,198
Acquisition of property and equipment	<u>-</u>	<u>(811)</u>
Net Cash Provided (Used) By Investing Activities	<u>294,600</u>	<u>(95,570)</u>
Net Increase (Decrease) in Cash and Cash Equivalents	3,256,731	(11,024,426)
Cash and Cash Equivalents at Beginning of Year	<u>29,466,831</u>	<u>40,491,257</u>
Cash and Cash Equivalents at End of Year	<u><u>\$ 32,723,562</u></u>	<u><u>\$ 29,466,831</u></u>

See notes to consolidated financial statements.

JSI Research and Training Institute, Inc. and Affiliate
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
September 30, 2015

NOTE 1 – ORGANIZATION AND NATURE OF ACTIVITIES

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

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

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

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

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Principles of Consolidation

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

Basis of Accounting

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

JSI Research and Training Institute, Inc. and Affiliate
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS - CONTINUED
September 30, 2015

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES – continued

Use of Estimates

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

Fair Value

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

Cash and Cash Equivalents

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

Investments

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

Property and Equipment

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

Revenue Recognition

The majority of the Organization's revenues are derived from contracts, cooperative agreements, and grants with U.S. government agencies, primarily the United States Agency for International Development and the United States Department of Health and Human Services. Revenues are recognized when the Organization incurs qualifying expenditures that are reimbursable under the terms of the contracts, agreements or grants, or in accordance with the grantor's restrictions.

JSI Research and Training Institute, Inc. and Affiliate
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS - CONTINUED
September 30, 2015

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES – continued

Revenue Recognition - continued

Unrestricted and restricted contributions are recognized as revenue at the date the pledge is made or the gift is received, whichever is earlier.

Contributions

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

Donated Materials and Services

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

Income Taxes

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

The Organization has evaluated its tax positions and believes that there would be no material changes to the results of its operations or financial position as a result of an audit by the applicable taxing authorities, federal or state. The Organization has filed all of its known and required returns in a timely manner including as permitted allowed extensions. Following administrative practice of the taxing authorities, the tax years 2012, 2013, 2014 and 2015, remain open years subject to examination and review.

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

Functional Allocation of Expenses

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

JSI Research and Training Institute, Inc. and Affiliate
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS - CONTINUED
September 30, 2015

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES – continued

Financial Statement Presentation

In accordance with accounting principles generally accepted in the United States of America, the Organization reports information regarding its financial position and activities according to three classes of net assets: unrestricted net assets, temporarily restricted net assets, and permanently restricted net assets based upon the existence or absence of donor imposed restrictions. For the year ended September 30, 2015 there was no activity in temporarily restricted or permanently restricted net assets.

Prior Year Comparative Totals

The financial statements include prior-year summarized comparative information in total. Such information does not include sufficient detail to constitute a presentation in conformity with accounting principles generally accepted in the United States of America. Accordingly, such information should be read in conjunction with the Company's financial statements for the year ended September 30, 2014, from which the summarized information was derived.

Reclassification

Certain amounts for 2014 have been reclassified to conform to current year presentation.

NOTE 3 – CONCENTRATION OF CREDIT RISK

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

NOTE 4 – INVESTMENTS

Fair Value

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

JSI Research and Training Institute, Inc. and Affiliate
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS - CONTINUED
September 30, 2015

NOTE 4 – INVESTMENTS - continued

Fair Value - continued

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

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

The following is a summary of fair values of investments which are measured on a recurring basis using Level 1 inputs as recorded in the Consolidated Statement of Financial Position at September 30, 2015:

Current assets:

Cash and cash equivalents (invested)	\$ 16,161,589
	<u>\$ 16,161,589</u>

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

The following schedule summarizes the investment return and its classification in the Consolidated Statement of Activities for the year ended September 30, 2015:

	<u>Unrestricted</u>
Interest income	<u>\$ 11,440</u>
Total investment return	<u>\$ 11,440</u>

JSI Research and Training Institute, Inc. and Affiliate
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS - CONTINUED
September 30, 2015

NOTE 5 – RECEIVABLES FOR PROGRAM WORK

Receivables for program work are stated at the amount management expects to collect from outstanding balances. Management provides for probable uncollectable amounts through a provision for bad debt expense and an adjustment to a valuation allowance based on its assessment of the current status of individual accounts. Balances that are still outstanding after management has used reasonable collection efforts are written off through a charge to the valuation allowance and a credit to accounts receivable. The allowance for doubtful accounts at September 30, 2015 was \$0.

Receivables for program work consist of the following at September 30, 2015:

U.S. Agency for International Development	\$ 11,173,185
U.S. Department of Health and Human Services	646,017
U.S. Department of State	139,794
U.S. Department of Labor	51,349
Commonwealth of Massachusetts	316,750
Other - non-governmental	<u>6,053,007</u>
	<u>\$ 18,380,102</u>

NOTE 6 – LOANS RECEIVABLE – RELATED PARTY

Loans receivable – related party consist of various unsecured short-term loans, due on demand, from John Snow, Inc., a related party (See NOTE 17). No interest is charged on the loans. The loans receivable balance at September 30, 2015 is \$130,870.

JSI Research and Training Institute, Inc. and Affiliate
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS - CONTINUED
September 30, 2015

NOTE 7 – PROPERTY AND EQUIPMENT AND ACCUMULATED DEPRECIATION

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

	<u>Cost</u>	<u>Accumulated Depreciation</u>	<u>Net</u>
Furniture and equipment	\$ 625,913	\$ (588,847)	\$ 37,066
Leasehold improvements	30,355	(30,355)	-
	<u>\$ 656,268</u>	<u>\$ (619,202)</u>	<u>\$ 37,066</u>

Depreciation expense was \$15,940 for the year ended September 30, 2015.

NOTE 8 – OTHER ASSETS

Other assets consist of the following at September 30, 2015:

Deposits	\$ 46,391
Artwork - donated	36,945
	<u>\$ 83,336</u>

Donated artwork is recorded at a discounted appraised value at the date of gift.

NOTE 9 – ACCRUED VACATION

In accordance with formal policies, vacation was accrued at September 30, 2015 as follows:

JSI Research and Training Institute, Inc.	\$ 1,301,257
World Education, Inc. (Affiliate)	280,639
	<u>\$ 1,581,896</u>

JSI Research and Training Institute, Inc. and Affiliate
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS - CONTINUED
September 30, 2015

NOTE 10 – ADVANCES FOR PROGRAM WORK

Advances for program work consist of the following at September 30, 2015:

Other - non-governmental	
Partnership for Supply Chain Management, Inc. (related party)	\$ 6,135,820
Bill & Melinda Gates Foundation	5,407,688
UNICEF	1,026,850
Other	<u>4,960,450</u>
	<u>\$ 17,530,808</u>

NOTE 11 – LOANS PAYABLE – RELATED PARTY

Loans payable – related party consist of various unsecured short-term loans, payable on demand, from John Snow, Inc., a related party (See NOTE 17). No interest is charged on the loans. The loans payable balance at September 30, 2015 is \$0.

NOTE 12 – NOTES PAYABLE

Citizens Bank

World Education, Inc. (Affiliate) has a revolving line of credit established February 3, 2004 with Citizens Bank of Massachusetts with a borrowing limit of up to \$500,000. The revolving line of credit was renewed on August 12, 2015. The loan is payable on demand. Interest is charged by utilizing a fluctuating rate based on the LIBOR (Advantage) rate plus 2.50%. The line of credit remains in effect until February 28, 2016 and annually thereafter contingent upon performance. The loan is collateralized by a first priority interest in all the assets of World Education, Inc. No funds were borrowed during the year and as a result, as of September 30, 2015, the outstanding balance is \$0 and no interest was incurred on this loan during the year ended September 30, 2015.

JSI Research and Training Institute, Inc. and Affiliate
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS - CONTINUED
September 30, 2015

NOTE 12 – NOTES PAYABLE - continued

John Snow, Inc.

World Education, Inc. (Affiliate) has an unsecured revolving line of credit established September 1, 2007 with John Snow, Inc. (a related party) with a borrowing limit of up to \$1,000,000. The loan was renewed on July 1, 2013. Interest is charged by utilizing a fluctuating rate based on the current prime rate plus 0.25%. The loan is payable on demand and, in any event, on or prior to June 30, 2016. The loan is not collateralized. No funds were borrowed during the year and as a result, as of September 30, 2015, the outstanding balance is \$0. No interest was incurred on this loan during the year ended September 30, 2015. (See NOTE 17)

NOTE 13 – CONTINGENCIES

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

JSI Research and Training Institute, Inc. is a co-borrower (with a related party) of a demand loan with no balance due at September 30, 2015. Management believes that the co-borrower is current on the loan and that its collateral exceeds the balance due. (See NOTE 17)

Provisional indirect cost rates are negotiated with the United States Agency for International Development (AID) on an annual basis. As of September 30, 2015, actual indirect cost rates have been approved by AID for JSI Research and Training Institute, Inc. through December 31, 2010 and World Education, Inc. through June 30, 2014. Based on favorable past experience, management believes the effects of changes to the overhead rates, if any, would not be material to the financial statements.

NOTE 14 – TEMPORARILY RESTRICTED NET ASSETS

At September 30, 2015, the Welthy Fisher Fund of World Education, Inc. is the beneficiary of an irrevocable life income trust agreement. Under the terms of the agreement, the donor will receive either a fixed percentage of the initial fair market value of the gift or the actual income earned by the trust. Upon the death of the donor, the funds are released to World Education, Inc. for its unrestricted use.

JSI Research and Training Institute, Inc. and Affiliate
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS - CONTINUED
September 30, 2015

NOTE 14 – TEMPORARILY RESTRICTED NET ASSETS - continued

No assets were released from donor restriction by occurrence of events specified by the donor during the year ended September 30, 2015. The temporarily restricted net assets balance at September 30, 2015 is \$5,000.

NOTE 15 – SURPLUS REVENUE RETENTION

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

The following summarizes the Company’s calculation of the surplus for fiscal year 2015 and on a cumulative basis:

	Commonwealth Surplus Retention Net Assets	Other Net Assets	Total Net Assets
Beginning of Year	\$ 854,932	\$ 23,396,579	\$ 24,251,511
Current Year	<u>104,335</u>	<u>5,818,366</u>	<u>5,922,701</u>
End of Year	<u><u>\$ 959,267</u></u>	<u><u>\$ 29,214,945</u></u>	<u><u>\$ 30,174,212</u></u>

JSI Research and Training Institute, Inc. and Affiliate
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS - CONTINUED
September 30, 2015

NOTE 16 – COMMONWEALTH OF MASSACHUSETTS

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

Receivables from program work at October 1, 2014	\$ 295,121
Receipts	(4,139,472)
Disbursements/expenditures	<u>4,161,101</u>
Receivables from program work at September 30, 2015	<u><u>\$ 316,750</u></u>

NOTE 17 – RELATED PARTY TRANSACTIONS

John Snow, Inc.

JSI Research and Training Institute, Inc. (an exempt organization) and John Snow, Inc. (a non-exempt corporation) purchase consulting services from each other. Mr. Joel Lamstein is President and Director of both organizations, and is the sole stockholder of John Snow, Inc. The two companies bill each other at the same rates that they bill the federal and state governments. During the year ended September 30, 2015, John Snow, Inc. billed JSI Research and Training Institute, Inc. \$26,822,283 for consulting services (technical support). This amount is reflected under the program services-consulting line item (\$13,735,463) and program services – other costs line item (\$13,086,820) on the statement of functional expenses. In addition, JSI Research and Training Institute, Inc. performed consulting services (technical support) for John Snow, Inc. totaling \$9,290,945.

The two companies also share facilities and pool various overhead expenses. For the year ended September 30, 2015, JSI Research and Training Institute, Inc. incurred \$19,671,337 of overhead expenses (supporting services), of which \$5,713,097 was its share of John Snow, Inc. incurred costs.

JSI Research and Training Institute, Inc. is a co-borrower with John Snow, Inc. on a commercial demand loan-revolving line of credit with an expiration date of February 28, 2016, which allows for borrowings up to \$6,500,000. The loan is collateralized by a security agreement with a first position lien on all corporate assets of JSI Research and Training Institute, Inc. and John Snow, Inc. including assignment of promissory notes and security documents between the two companies. Interest is charged by utilizing a fluctuating rate based on LIBOR (Advantage) plus two percent (2.00%) payable monthly in arrears, which at September 30, 2015 was 2.199%. At September 30, 2015, a balance of \$0 was outstanding on the loan. Management believes the loan payable will be extended, when due, under similar terms and conditions.

JSI Research and Training Institute, Inc. and Affiliate
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS - CONTINUED
September 30, 2015

NOTE 17 – RELATED PARTY TRANSACTIONS - continued

John Snow, Inc. – continued

During the year, the Company had various loans receivable due from, and various loans payable due to John Snow, Inc. At September 30, 2015, the loan receivable balance is \$130,870 and the loan payable balance is \$0.

World Education, Inc. (Affiliate) has an agreement with John Snow, Inc. whereby John Snow, Inc. will provide administrative and technical support as deemed necessary by World Education, Inc.'s Board of Trustees. Transactions with John Snow, Inc. for the year ended September 30, 2015 are summarized as follows:

Administrative and technical support	\$ 411,365
Other direct charges (including rent of \$703,496)	<u>1,138,912</u>
	<u>\$ 1,550,277</u>

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

World Education, Inc. provided services to John Snow, Inc. during the year ended September 30, 2015 totaling \$273,102 and was recorded as revenue in the consolidated statement of activities.

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

Partnership for Supply Chain Management, Inc.

Partnership for Supply Chain Management, Inc. (PSCM) (an exempt organization) was incorporated on February 14, 2005 by JSI Research and Training Institute, Inc. and Management Sciences for Health, Inc. Each organization has 50% control.

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

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

JSI Research and Training Institute, Inc. and Affiliate
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS - CONTINUED
September 30, 2015

NOTE 17 – RELATED PARTY TRANSACTIONS - continued

Partnership for Supply Chain Management, Inc. - continued

During the year ended September 30, 2015, JSI Research and Training Institute, Inc. billed PSCM \$61,492,925 for services performed with a cost of \$58,643,920 and a fee of \$2,849,005. At September 30, 2015, PSCM advanced the Organization \$6,135,820 for program work.

During the year ended September 30, 2015, PSCM made an unrestricted contribution of \$3,000,000 to the Company.

Other

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

The Manoff Group, Inc. (a non-exempt corporation; 40% owned by John Snow, Inc.)	\$ 1,569,479
	<u>\$ 1,569,479</u>

NOTE 18 – RETIREMENT PLANS

JSI Research and Training Institute, Inc. has a defined contribution profit sharing/401(K) plan covering substantially all its employees. Employee contributions are voluntary. Employer contributions are based on a percentage (10% - 15% depending on length of service) of salary. The Plan was effective April 11, 1979. Pension expense was \$2,851,621 for the year ended September 30, 2015.

World Education, Inc. (Affiliate) provides retirement benefits to substantially all employees under a plan. World Education, Inc.'s contributions of 7 percent of employee salaries are used to purchase individual annuities. Additional voluntary contributions may be made by the employees. Participants of the plan are fully and immediately vested when contributions are made. Pension costs incurred by World Education, Inc. were \$340,016 in the year ended September 30, 2015.

JSI Research and Training Institute, Inc. and Affiliate
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS - CONTINUED
September 30, 2015

NOTE 19 – COMMITMENTS

Operating Leases

The JSI Research and Training Institute, Inc. leases space for general offices under operating leases expiring from 2014 through 2018. The leases contain renewal options for periods of up to 5 years.

During the year ended September 30, 2015, rentals under long-term lease obligations were \$508,041. Future obligations over the primary terms of the Company's long-term leases as of September 30, 2015 are:

<u>Year Ended September 30,</u>	
2016	\$ 384,243
2017	258,901
2018	170,468
Thereafter	<u>-</u>
	<u>\$ 813,612</u>

World Education, Inc. (Affiliate) leases space for general offices on a year-to-year basis. Rent expense for the year ended September 30, 2015 was \$703,496.

NOTE 20 – CONCENTRATION OF FUNDING

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

The Organization received 10% or more of its revenues and support from the following sources for the year ended September 30, 2015:

	<u>Income Received</u>	<u>% of Total Income</u>
U.S. Agency for International Development	\$ 137,079,156	50.65%
Partnership for Supply Chain Management, Inc. - (Related Party)	<u>61,492,925</u>	<u>22.72%</u>
	<u>\$ 198,572,081</u>	<u>73.37%</u>

JSI Research and Training Institute, Inc. and Affiliate
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS - CONTINUED
September 30, 2015

NOTE 21 – IN KIND PROJECT CONTRIBUTIONS

The Organization receives donated materials and services consisting of commodities, facilities and equipment, and services for use in its programs from overseas collaborative private voluntary organizations and from foundations providing grants directly to a project. Donated materials and services totaled \$2,010,273 for the year ended September 30, 2015, and are reflected as In Kind Project Contributions on the Consolidated Statement of Activities and In Kind Project Expenses on the Consolidated Statement of Functional Expenses.

These contributions satisfy part of the matching requirements needed to obtain full funding on certain U.S. Agency for International Development grants. During the year ended September 30, 2015, the following donated materials and services received by the Organization have been used to fulfill matching requirements on active grants:

36521	Uganda STAR-EC	\$ 90
36662	Madagascar CBIHP	(460,936)
36697	SPRING	2,030,719
36895	Mozambique M-SIP	9,371
36991	AIDS Free	37,712
63101	Senegal/Journalism	14,749
63114	Uganda	23,295
64024	Tanzania	282,513
64026	Uganda	35
64057	Zimbabwe	72,725
		<hr/>
		<u>\$ 2,010,273</u>

NOTE 22 – SUBSEQUENT EVENTS

The Organization has evaluated subsequent events through February 10, 2016, the date on which the consolidated financial statements were available to be issued. During this period, there were no subsequent events that require adjustment to the consolidated financial statements.

Supplementary Information

JSI Research and Training Institute, Inc.
SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS
Year Ended September 30, 2015

Federal Grantor/Pass-through Grantor Program Title	Agency or Pass-through Number	Federal CFDA Number	Federal Expenditures
U.S. AGENCY FOR INTERNATIONAL DEVELOPMENT			
Direct Grants:			
36030 - Georgia HWG	114-A-00-03-00157-00	98.001	\$ (5,816)
36100 - CAPACITY	176-A-00-04-00014-00	98.001	(7,262)
36514 - Liberia RBHS	669-A-00-09-00001-00	98.001	2,199,222
36521 - Uganda HIV/AIDS/TB	617-A-00-09-00007-00	98.001	6,433,323
36528 - Nigeria TSHIP	620-A-00-09-00014-00	98.001	12,930,136
36532 - Turkmenistan YC	120-A-00-09-00029-00	98.001	440,960
36662 - Madagascar CBIHP	687-A-00-11-00013-00	98.001	7,857,160
36697 - SPRING	AID-OAA-A-11-00031	98.001	23,596,255
36702 - Nepal CHX Cord Care	AID-OAA-A-11-00073	98.001	562,174
36747 - Ukraine HWUP	AID-121-A-11-00003	98.001	1,230,053
36800 - Advancing Partners	AID-OAA-A-12-00047	98.001	36,686,327
36807 - Live Learn & Play	AID-OAA-L-12-00003	98.001	120,606
36845 - Pakistan HSSP	AID-391-A-13-00002	98.001	6,230,528
36895 - Mozambique M-SIP	AID-656-A-13-00006	98.001	954,639
36932 - Senegal LIP	AID-685-A-14-00001	98.001	288,744
36991 - AIDSFREE	AID-OAA-A-14-00046	98.001	13,900,950
37024 - Tanzania CHSS	AID-621-A-14-00004	98.001	2,189,596
Total Direct Grants			115,607,595
Pass-through Grants:			
Passed through Partnership for Supply Chain Management, Inc. (PSCM):			
36344/36524 - Supply Chain Management System	GPO-I-00-05-00032-00	98.001	58,643,920
Passed through World Education:			
36591 - Tanzania OVC	621-A-00-10-00024-00	98.001	68,989
36840 - Zimbabwe - Vanc. Bantwana	AID-6133-A-13-00002	98.001	64,298
Passed through Family Health International (FHI):			
36620 - Africa FHI Neglected Tropical Disease	AID-OAA-A-10-00050	98.001	439,968
Passed through International Business Initiatives, Corporation (IBI):			
36826 - Liberia Governance and Economic Management Support Program	669-C-00-11-00050-00	98.001	107,318
Passed through Johns Hopkins University:			
37099 - Ethiopia SBCC	AID-663-A-15-000011	98.001	9,887
Total Pass-through Grants			59,334,380
Total - CFDA #98.001 - USAID Foreign Assistance for Programs Overseas			174,941,975

See notes to Schedule of Expenditures of Federal Awards.

JSI Research and Training Institute, Inc.
SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS
Year Ended September 30, 2015

Federal Grantor/Pass-through Grantor Program Title	Agency or Pass-through Number	Federal CFDA Number	Federal Expenditures
U.S. AGENCY FOR INTERNATIONAL DEVELOPMENT - CONTINUED			
Direct Grant:			
36098 - Pakistan MNH Prog. Paiman	391-A-00-05-01037-00	98.004	(96,571)
Total - CFDA #98.004 - Non-Governmental Organization Strengthening (NGO)			<u>(96,571)</u>
TOTAL - U.S. AGENCY FOR INTERNATIONAL DEVELOPMENT			\$ 174,845,404
U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES			
Pass-through Grants:			
Passed through NACCHO:			
36595 - NH MRC Conferences	2010-051013	93.008	\$ 176
36689 - NH MRC Conferences	2011-041218	93.008	165
Total CFDA #93.008 - Medical Reserve Corps Small Grant Programs			<u>341</u>
Direct Grant:			
37087 - Adolescent HIV/AIDS Prevention	MAIAH000001	93.057	62,171
Total CFDA #93.057 - National Resource Center for HIV Prevention Among Adolescents			<u>62,171</u>
Direct Grant:			
36901 - CDC - Strategic Assessments for Strategic Action in India	1U2GGH001132-01	93.067	528,620
Total CFDA #93.067 - Global AIDS			<u>528,620</u>
Pass-through Grants:			
Passed through State of New Hampshire:			
36879 - Public Health Program Services Support	PO# 1031592	93.069	(765)
36880 - Public Health Program Services Support	PO# 1031592	93.069	114,248
37090 - Public Health Program Services Support	PO# 1031592	93.069	51,424
Total CFDA #93.069 - Public Health Emergency Preparedness			<u>164,907</u>

JSI Research and Training Institute, Inc.
SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS
Year Ended September 30, 2015

Federal Grantor/Pass-through Grantor Program Title	Agency or Pass-through Number	Federal CFDA Number	Federal Expenditures
U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES - CONTINUED			
Pass-through Grants:			
Passed through State of Vermont:			
36847 - Asthma Control Program	23940	93.070	39,568
37096 - Asthma Control Program	29370	93.070	198
Passed through State of New Hampshire:			
36880 - Public Health Program Services Support	PO# 1031592	93.070	45,170
37090 - Public Health Program Services Support	PO# 1031592	93.070	40
Total CFDA #93.070 - Environmental Public Health and Emergency Response			84,976
Pass-through Grant:			
Passed through Puerto Rico Academy of Medical Directors, Inc.:			
37031 - Cuidate and Cuidalos Training of Trainers	2015-DS0758	93.092	21,225
Total CFDA #93.092 - Affordable Care Act Personal Responsibility Education Program			21,225
Pass-through Grants:			
Passed through State of New Hampshire:			
36880 - Public Health Program Services Support	PO# 1031592	93.110	37,244
37090 - Public Health Program Services Support	PO# 1031592	93.110	2,482
Passed through State of New Hampshire Family Voices:			
37081 - Epilepsy Needs Assessment	Agreement @ 6-30-15	93.110	8,525
Total CFDA #93.110 - Maternal and Child Health Federal Consolidated Programs			48,251
Direct Grant:			
37103 - HITEQ	U30CS29366	93.129	7,203
Total CFDA #93.129 - Technical and Non-Financial Assistance to Health Centers			7,203
Pass-through Grant:			
Passed through State of Rhode Island:			
36501 - Epidemiology/Public Health Data	3160295	93.130	6,143
Total CFDA #93.130 - Cooperative Agreements to States/ Territories for the Coordination and Development of Primary Care Offices			6,143

See notes to Schedule of Expenditures of Federal Awards.

JSI Research and Training Institute, Inc.
SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS
Year Ended September 30, 2015

Federal Grantor/Pass-through Grantor Program Title	Agency or Pass-through Number	Federal CFDA Number	Federal Expenditures
U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES - CONTINUED			
Pass-through Grant:			
Passed through State of Rhode Island:			
36501 - Epidemiology/Public Health Data	3160295	93.136	33,397
Total CFDA #93.136 - Injury Prevention and Control Research and State and Community Based Programs			33,397
Pass-through Grants:			
Passed through Health Research, Inc.:			
36989 - National Quality Center Evaluation			
Consultation Services	4538-03	93.145	90,930
37089 - NQC Evaluation Project	Agreement @ 7-01-15	93.145	16,492
Direct Grant:			
36904 - Ryan White ACE	UF2HA26520	93.145	1,414,531
Total CFDA #93.145 - AIDS Education and Training Centers			1,521,953
Pass-through Grants:			
Passed through Action for Boston Community Development, Inc.:			
36935 - FamPlan Data Systems		93.217	18,447
37047 - FamPlan Data Systems		93.217	26,722
Passed through State of New Hampshire:			
36935 - FamPlan Data Systems	PO# 1039867	93.217	11,632
Passed through State of Rhode Island:			
36935 - FamPlan Data Systems	PO# 3307663	93.217	16,473
Passed through Planned Parenthood of Southern New England:			
36935 - FamPlan Data Systems		93.217	19,905
37047 - FamPlan Data Systems		93.217	11,759
Passed through Planned Parenthood of Northern New England:			
36935 - FamPlan Data Systems		93.217	9,078
37047 - FamPlan Data Systems		93.217	34,934
Passed through Health Imperatives, Inc.:			
36935 - FamPlan Data Systems		93.217	6,428
37047 - FamPlan Data Systems		93.217	11,282
Passed through Planned Parenthood League of Massachusetts:			
36935 - FamPlan Data Systems		93.217	2,361
37047 - FamPlan Data Systems		93.217	4,144

See notes to Schedule of Expenditures of Federal Awards.

JSI Research and Training Institute, Inc.
SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS
Year Ended September 30, 2015

Federal Grantor/Pass-through Grantor Program Title	Agency or Pass-through Number	Federal CFDA Number	Federal Expenditures
U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES - CONTINUED			
Pass-through Grants - continued:			
Passed through Health Quarters, Inc.:			
36935 - FamPlan Data Systems		93.217	4,578
37047 - FamPlan Data Systems		93.217	8,034
Passed through Tapestry Health Systems:			
36935 - FamPlan Data Systems		93.217	4,634
Passed through Family Planning Association of Maine:			
36935 - FamPlan Data Systems		93.217	12,149
37047 - FamPlan Data Systems		93.217	21,323
Passed through Massachusetts Department of Public Health:			
37047 - FamPlan Data Systems		93.217	9,489
Passed through Vermont Department of Health:			
37047 - FamPlan Data Systems		93.217	4,173
Total CFDA #93.217 - Family Planning Services			237,545
Pass-through Grant:			
Passed through First Nations Community Healthsource:			
37000 - NCQA PCMH Recognition Technical Assistance	Agreement @ 6-13-14	93.224	2,033
Total CFDA #93.224 - Consolidated Health Centers			2,033
Pass-through Grant:			
Passed through State of Rhode Island:			
36501 - Epidemiology/Public Health Data	3160925	93.236	1,812
Total CFDA #93.236 - Grants to States to Support Oral Health Workforce Activities			1,812
Pass-through Grants:			
Passed through Buildings Bright Futures State Advisory Council, Inc.:			
36850 - Vermont L.A.U.N.C.H. Project	13/7	93.243	55,059
Passed through State of New Hampshire:			
36875 - NH Center for Excellence - Drug and Alcohol	1025785	93.243	445,563
Passed through County of Cheshire, New Hampshire:			
36889 - Drug Court Program	Agreement @ 8-19-13	93.243	39,828
Passed through Action for Boston Community Development, Inc.:			
36903 - Entre Nosotras FY14	Agreement @ 10-19-13	93.243	16,647

JSI Research and Training Institute, Inc.
SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS
Year Ended September 30, 2015

Federal Grantor/Pass-through Grantor Program Title	Agency or Pass-through Number	Federal CFDA Number	Federal Expenditures
U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES - CONTINUED			
Pass-through Grants - continued:			
Passed through State of Rhode Island:			
37023 - PFS Training and Technical Assistance Services	3426881	93.243	33,337
Passed through Goodwin Community Health:			
37054 - GCH MS YRBS Evaluation Services	Agreement @ 4-19-15	93.243	<u>1,307</u>
Total CFDA #93.243 - Substance Abuse and Mental Health Services Projects of Regional and National Significance			<u>591,741</u>
Direct Grants:			
36777 - National Training Center - Quality Assurance, Quality Improvement, Evaluation	FPTPA006025	93.260	1,068,933
36787 - Reproductive Health Prevention Training and Technical Assistance	FPTPA006015	93.260	191,616
36792 - National Training Center for Management and Systems Improvement	FPTPA006023	93.260	1,115,176
36794 - Region VIII Sexual Health	FPTPA006016	93.260	<u>163,076</u>
Total - CFDA #93.260 - Family Planning - Personnel Training			<u>2,538,801</u>
Pass-through Grants:			
Passed through State of New Hampshire:			
36880 - Public Health Program Services Support	PO# 1031592	93.268	99,442
37090 - Public Health Program Services Support	PO# 1031592	93.268	<u>6,348</u>
Total CFDA #93.268 - Immunization Cooperative Agreements			<u>105,790</u>
Pass-through Grants:			
Passed through United Way of Greater Nashua:			
36937 - Nashua DFC Evaluation	Agreement @ 3-5-14	93.276	3,445
Passed through Center for Social Innovation:			
36980 - BRSS TACS	HHSS280201100002C	93.276	36,905
Passed through Sullivan County, New Hampshire:			
37026 - MS YRBS Evaluation Services	150952	93.276	6,744
Passed through Mary Hitchcock Memorial Hospital:			
37036 - Upper Valley Drug Free Communities Grant Evaluation	Agreement @ 1-29-15	93.276	8,243
Passed through Narragansett Prevention Partnership:			
37037 - NPP Evaluation	Agreement @ 1-25-15	93.276	8,374

See notes to Schedule of Expenditures of Federal Awards.

JSI Research and Training Institute, Inc.
SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS
Year Ended September 30, 2015

Federal Grantor/Pass-through Grantor Program Title	Agency or Pass-through Number	Federal CFDA Number	Federal Expenditures
U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES - CONTINUED			
Pass-through Grants - continued:			
Passed through Center for Social Innovation:			
37058 - BRSS TACSII	HHSS280201100002C	93.276	30,887
37062 - BRSS TACS	HHSS280201100002C	93.276	486
Passed through SoROCK:			
37072 - Evaluation Support Services	Agreement @ 5-20-15	93.276	5,401
Total CFDA #93.276 - Drug-free Communities Support Program Grants			100,485
Pass-through Grants:			
Passed through State of New Hampshire:			
36843 - Tobacco Helpline	1028499	93.283	218,445
36880 - Public Health Program Services Support	PO# 1031592	93.283	14,996
36906 - NH Top QL Partnership	Agreement @ 9-4-13	93.283	2,717
Passed through State of Rhode Island:			
36501 - Epidemiology/Public Health Data	3160295	93.283	3,922
36849 - Smoker's Helpline - Quitline Tobacco Cessation	3320510	93.283	49,229
Passed through Commonwealth of Massachusetts Department of Public Health:			
HIV/AIDS Research, Training and Support	INTF-2915M04900315005	93.283	248,405
Passed through State of Vermont:			
37041 - Vermont Tobacco Control Program	28405	93.283	10,399
Total - CFDA #93.283 - Centers for Disease Control and Prevention - Investigations and Technical Assistance			548,113
Direct Grant:			
36891 - PPHF 2013 - OSTLTS Partnerships	1U38OT000188	93.292	99,574
Pass-through Grant:			
Passed through Yale University:			
37070 - CT QI Project	SNP6247797	93.292	11,683
Total - CFDA #93.292 - National Public Health Improvement Initiative			111,257

JSI Research and Training Institute, Inc.
SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS
Year Ended September 30, 2015

Federal Grantor/Pass-through Grantor Program Title	Agency or Pass-through Number	Federal CFDA Number	Federal Expenditures
U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES - CONTINUED			
Pass-through Grants:			
Passed through Black Ministerial Alliance of Greater Boston, Inc.:			
36664 - Healthy Futures	Agreement @ 6-1-11	93.297	138,167
36750 - Healthy Futures Health Education	Agreement @ 4-20-12	93.297	300
36848 - Teen Pregnancy Prevention Initiative	Agreement @ 5-1-13	93.297	10,879
Passed through Massachusetts Alliance on Teen Pregnancy:			
37079 - MATP Consulting	Agreement @ 6-8-15	93.297	24,480
Total - CFDA #93.297 - Teenage Pregnancy Prevention Program			173,826
Pass-through Grant:			
Passed through University of Southern Maine:			
37093 - Maine Food Security	Agreement @ 8-1-15	93.331	2,472
Total - CFDA #93.331 - Partnerships to Improve Community Health			2,472
Pass-through Grants:			
Passed through State of Vermont:			
36853 - Maternal, Infant, and Early Childhood Home Visitation Program	24086	93.505	11,155
Passed through State of New Hampshire:			
37090 - Public Health Program Services Support	PO# 1031592	93.505	4,754
Total - CFDA #93.505 - Affordable Care Act Maternal, Infant, and Early Childhood Home Visiting Program			15,909
Pass-through Grants:			
Passed through Town of Hudson, Massachusetts:			
36754 - MetroWest Moves	Agreement @ 5-9-12	93.531	48,539
Passed through State of Vermont:			
36930 - Vermont Oral Health Coalition	25965	93.531	31
Total - CFDA #93.531 - PPHF 2012 - Community Transition Grants			48,570
Pass-through Grant:			
Passed through State of New Hampshire:			
36880 - Public Health Program Services Support	PO# 1031592	93.538	29,090
Total - CFDA #93.538 - Affordable Care Act - Nat'l. Environmental Public Health Tracking Program			29,090

See notes to Schedule of Expenditures of Federal Awards.

JSI Research and Training Institute, Inc.
SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS
Year Ended September 30, 2015

Federal Grantor/Pass-through Grantor Program Title	Agency or Pass-through Number	Federal CFDA Number	Federal Expenditures
U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES - CONTINUED			
Pass-through Grant:			
Passed through State of New Hampshire:			
36843 - Tobacco Helpline	1028499	93.735	5,375
Direct Grant:			
37015 - Tobacco Use Prevention	U58DP005338	93.735	64,123
Total - CFDA #93.735 - State Public Health Approaches for Ensuring Quitline Capacity			69,498
Pass-through Grants:			
Passed through Ozarks Regional YMCA:			
36835 - Transformation Engagement Project	Agreement @ 2-28-13	93.737	108,198
36929 - Ozarks Regional Food Policy Council	Agreement @ 1-12-14	93.737	4,041
Total - CFDA #93.737 - Community Transformation Grants			112,239
Pass-through Grant:			
Passed through Granite United Way:			
37074 - CHIP Process in the Capital Area	Agreement @ 5-28-15	93.749	2,580
Total - CFDA #93.749 - PPHF - Public Health Laboratory Infrastructure			2,580
Pass-through Grant:			
Passed through State of New Hampshire:			
37090 - Public Health Program Services Support	PO# 1031592	93.753	1,331
Total - CFDA #93.753 - Child Lead Poisoning Surveillance (PPHF)			1,331
Pass-through Grants:			
Passed through State of New Hampshire:			
37048 - National Diabetes Prevention Program	161611-B001	93.757	119,099
37068 - Technical Assistance Network for Rural Health Clinics	1043188	93.757	79,895
Total - CFDA #93.757 - State and Local Public Health Actions to Prevent Obesity, Diabetes, Heart Disease and Stroke (PPHF)			198,994
Pass-through Grants:			
Passed through State of Rhode Island:			
36501 - Epidemiology/Public Health Data	3160295	93.758	13,869
Passed through Commonwealth of Massachusetts Dept. of Public Health:			
Preventive Health and Health Services	INTF-4300-M04500824048	93.758	100,000

See notes to Schedule of Expenditures of Federal Awards.

JSI Research and Training Institute, Inc.
SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS
Year Ended September 30, 2015

Federal Grantor/Pass-through Grantor Program Title	Agency or Pass-through Number	Federal CFDA Number	Federal Expenditures
U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES - CONTINUED			
Pass-through Grants - continued:			
Passed through United Way of the Greater Seacoast:			
37073 - Community Health Improvement Planning	Agreement @ 5-28-15	93.758	590
Passed through State of New Hampshire:			
37090 - Public Health Program Services Support	PO# 1031592	93.758	11,954
Total - CFDA #93.758 - Preventive Health and Health Services Block Grant Funded Solely with Prevention and Public Health Funds (PPHF)			126,413
Pass-through Grant:			
Passed through State of Colorado:			
37080 - Hospital Quality Incentive Payment	PO UHAA 20160000000000000820	93.778	7,334
Total - CFDA #93.778 - Medical Assistance Program			7,334
Pass-through Grants:			
Passed through State of New Hampshire:			
36880 - Public Health Program Services Support	PO# 1031592	93.889	41,363
37090 - Public Health Program Services Support	PO# 1031592	93.889	22,480
Total - CFDA #93.889 - National Bioterrorism Hospital Preparedness Program			63,843
Pass-through Grant:			
Passed through Massachusetts Alliance on Teen Pregnancy:			
37046 - Young Men Matter, Too	YEPMP140092	93.910	19,750
Total - CFDA #93.910 - Family and Community Violence Prevention Program			19,750
Pass-through Grant:			
Passed through Mid-State Health Center:			
36953 - PATT Evaluation	MS1415-1	93.912	11,280
Total - CFDA #93.912 - Rural Health Care Services Outreach			11,280
Pass-through Grants:			
Passed through State of Rhode Island:			
36501 - Epidemiology/Public Health Data	3160295	93.913	1,961

See notes to Schedule of Expenditures of Federal Awards.

JSI Research and Training Institute, Inc.
SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS
Year Ended September 30, 2015

Federal Grantor/Pass-through Grantor Program Title	Agency or Pass-through Number	Federal CFDA Number	Federal Expenditures
U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES - CONTINUED			
Pass-through Grants - continued:			
Passed through State of New Hampshire:			
36880 - Public Health Program Services Support	PO# 1031592	93.913	23,546
36988 - Rural Health and Primary Care	PO# 1038916	93.913	10,293
37068 - Technical Assistance Network for Rural Health Clinics	1043188	93.913	27,228
Total - CFDA #93.913 - Grants to States for Operation of Offices of Rural Health			63,028
Pass-through Grant:			
Passed through Boston Public Health Commission:			
36453 - BPHC Quality Management	6307A	93.914	191,224
Total - CFDA #93.914 - HIV Emergency Relief Project Grants			191,224
Pass-through Grants:			
Passed through State of New Hampshire:			
36880 - Public Health Program Services Support	PO# 1031592	93.917	63,551
37090 - Public Health Program Services Support	PO# 1031592	93.917	608
Passed through Commonwealth of Massachusetts Department of Public Health:			
HIV Care	INTF-4971-M045008224092	93.917	377,667
Total - CFDA #93.917 - HIV Care Formula Grants			441,826
Direct Grant:			
36967 - Healthy Start Performance Project	UF5MC26845	93.926	1,536,877
Total - CFDA #93.926 - Healthy Start Initiative			1,536,877
Direct Grant:			
36945 - CDC CBA FY15 - FY19	U65PS004406	93.939	826,403
Total - CFDA #93.939 - HIV Prevention Activities - NGO Based			826,403
Pass-through Grants:			
Passed through State of New Hampshire:			
36880 - Public Health Program Services Support	PO# 1031592	93.940	42,368
Passed through State of Connecticut Department of Public Health:			
37028 - HIV Prevention	2014-0186	93.940	82,644
Total - CFDA #93.940 - HIV Prevention Activities - Health Department Based			125,012

See notes to Schedule of Expenditures of Federal Awards.

JSI Research and Training Institute, Inc.
SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS
Year Ended September 30, 2015

Federal Grantor/Pass-through Grantor Program Title	Agency or Pass-through Number	Federal CFDA Number	Federal Expenditures
U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES - CONTINUED			
Pass-through Grant:			
Passed through Commonwealth of Massachusetts Department of Public Health:			
HIV/AIDS Surveillance	INTF-4971-M04500824092	93.944	32,258
Total - CFDA #93.944 - HIV/AIDS Surveillance			32,258
Pass-through Grant:			
Passed through South County Hospital Healthcare System:			
37091 - South County Health Equity Zone	Agreement @ 5-1-15	93.945	2,398
Total - CFDA #93.945 - Assistance Programs for Chronic Disease Prevention and Control			2,398
Direct Grant:			
36615 - CDC Teen Pregnancy	U58DP002906	93.946	330,469
Total - CFDA #93.946 - Cooperative Agreements to Support State-Based Safe Motherhood and Infant Initiative Programs			330,469
Pass-through Grants:			
Passed through State of Rhode Island:			
36801 - Prevention Resource Center	3316844	93.959	173,399
Passed through United Way of the Greater Seacoast:			
37073 - Community Health Improvement Planning	Agreement @ 5-28-15	93.959	885
Total - CFDA #93.959 - Block Grants for Prevention and Treatment of Substance Abuse			174,284
Pass-through Grants:			
Passed through State of Rhode Island:			
36501 - Epidemiology/Public Health Data	3160295	93.994	38,511
Passed through State of New Hampshire:			
36880 - Public Health Program Services Support	PO# 1031592	93.994	2,203
Passed through State of Vermont:			
37067 - Title V and Title X Needs Assessment	28817	93.994	28,711
Total - CFDA #93.994 - Maternal & Child Health Services Block Grant to the States			69,425
TOTAL - U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES			\$ 11,393,097

See notes to Schedule of Expenditures of Federal Awards.

JSI Research and Training Institute, Inc.
SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS
Year Ended September 30, 2015

Federal Grantor/Pass-through Grantor Program Title	Agency or Pass-through Number	Federal CFDA Number	Federal Expenditures
U.S. DEPARTMENT OF HOMELAND SECURITY			
Direct Grants:			
United States Coast Guard -			
36857 - Nat'l. Estimate of Life Jacket Wear Rate	3313FAN1302.15	97.012	\$ 2,965
36969 - Nat'l. Estimate of Life Jacket Wear Rate	3314FAN1402.09	97.012	86,372
37076 - Nat'l. Life Jacket Wear Rate	3315FAN1502.05	97.012	132,058
Pass-through Grant:			
Passed through the State of Washington:			
36958 - WA Parks Lifejackets	315-126	97.012	524
Total CFDA #97.012 - Boating Safety Financial Assistance			221,919
TOTAL - U.S. DEPARTMENT OF HOMELAND SECURITY			\$ 221,919
 U.S. ENVIRONMENTAL PROTECTION AGENCY			
Direct Grant:			
36789 - Reducing Asthma Disparities Through Adult Basic Education			
	96161301	66.034	\$ 13,279
Total CFDA #66.034 - Surveys Studies Research Investigations, Demonstrations and Special Purpose Activities Relating to the Clean Air Act			13,279
Pass-through Grant:			
Passed through State of Rhode Island:			
36501 - Epidemiology/Public Health Data	3160295	66.472	1,037
Total CFDA #66.472 - Beach Monitoring and Notification Program Implementation Grants			1,037
Pass-through Grants:			
Passed through State of New Hampshire:			
36880 - Public Health Program Services Support	PO# 1031592	66.707	53,668
37090 - Public Health Program Services Support	PO# 1031592	66.707	1,122
Total CFDA #66.707 - TSCA Title IV State Lead Grants Certification of Lead-Based Paint Professional			54,790
TOTAL - U.S. ENVIRONMENTAL PROTECTION AGENCY			\$ 69,106

See notes to Schedule of Expenditures of Federal Awards.

JSI Research and Training Institute, Inc.
SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS
Year Ended September 30, 2015

Federal Grantor/Pass-through Grantor Program Title	Agency or Pass-through Number	Federal CFDA Number	Federal Expenditures
U.S. DEPARTMENT OF JUSTICE - CONTINUED			
Pass-through Grants:			
Passed through State of New Hampshire:			
36931 - Court Diversion	PO# 1035374	16.540	\$ 28,345
Total - CFDA #16.540 - Juvenile Justice and Delinquency			
Prevention - Allocation to States			28,345
Pass-through Grants:			
Passed through County of Cheshire, New Hampshire:			
36902 - Cheshire County Drug Court	Agreement @ 9-20-13	16.585	13,423
Passed through State of New Hampshire Admin. Office of the Courts:			
37043 - Rockingham County Adult Drug Court	Agreement @ 1-16-15	16.585	2,730
Total - CFDA #16.858 - Department of Justice, Bureau of			
Justice Assistance Grant			16,153
TOTAL U.S. DEPARTMENT OF JUSTICE			\$ 44,498
TOTAL FEDERAL AWARDS			\$ 186,574,024

JSI Research and Training Institute, Inc.
NOTES TO SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS
September 30, 2015

NOTE 1 – BASIS OF PRESENTATION

The accompanying schedule of expenditures of federal awards (the Schedule) includes the federal grant activity of JSI Research and Training Institute, Inc. under programs of the federal government for the year ended September 30, 2015. The information in this Schedule is presented in accordance with the requirements of OMB Circular A-133, *Audits of States, Local Governments, and Non-Profit Organizations*. Because the Schedule presents only a selected portion of the operations of JSI Research and Training Institute, Inc., it is not intended to and does not present the financial position, changes in net assets, or cash flows of JSI Research and Training Institute, Inc.

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

- (1) Expenditures reported on the Schedule are reported on the accrual basis of accounting. Such expenditures are recognized following the cost principles contained in OMB Circular A-122, *Cost Principles for Non-Profit Organizations*, wherein certain types of expenditures are not allowable or are limited as to reimbursement.
- (2) Catalog of Federal Domestic Assistance (CFDA) numbers are presented when available.

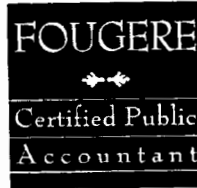
JSI Research and Training Institute, Inc.
NOTES TO SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS
September 30, 2015

NOTE 3 – SUBRECIPIENTS

Of the federal expenditures presented in the schedule, JSI Research and Training Institute, Inc. provided federal awards to subrecipients as follows:

Program	CFDA Number	Amount Provided to Subrecipients
Juvenile Justice and Delinquency Prevention	16.540	\$ 8,387
Clean Air Act	66.340	2,000
National Resources Center for HIV Prevention Among Adolescents	93.057	41,596
Public Health Emergency Preparedness	93.069	90,337
Cooperative Agreements to Promote Adolescent Health through School-Based HIV/STD Prevention and School-Based Surveillance	93.079	1,797
Injury Prevention and Control Research and State and Community Based Programs	93.136	53
AIDS Education and Training Centers	93.145	220,975
Family Planning Services	93.217	36,443
Substance Abuse and Mental Health Services - Projects of Regional and National Significance	93.243	12,830
Family Planning - Personnel Training	93.260	270,000
Centers for Disease Control and Prevention - Investigations and Technical Assistance	93.283/93.735	230,210
Building Capacity of the Public Health System to Improve Population Health	93.424	53,083
Capacity Building Assistance to Strengthen Public Health Immunization	93.539/93.268	1,322
ACA - State Innovation Models: Funding for Model Design and Model Testing Assistance	93.624	97,363
State and Local Public Health Actions to Prevent Obesity, Diabetes, etc.	93.757	20,400
Grants to States for Operation of Offices of Rural Health	93.913/93.757	27,566
HIV Care Formula Grants	93.917	71,778
Healthy Start Initiative	93.926	45,499
HIV Prevention Activities - Health Department Based	93.940	658
HIV Demonstration, Research, Public and Professional Education Projects	93.941	150
RI Prevent Resource Center	93.959	695
USAID Foreign Assistance for Program Overseas	98.001	57,144,191
Total Federal Awards Provided to Subrecipients		\$ 58,377,332
Non-Federal Awards Provided to Subrecipients		1,644,775
		<u>\$ 60,022,107</u>

The federal expenditures provided to subrecipients are reflected in the sub-contracts line item of the schedule of functional expenses.



**INDEPENDENT AUDITOR'S 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***

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

We have audited, in accordance with the 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 consolidated financial statements of JSI Research and Training Institute, Inc. and Affiliate ("Organization"), which comprise the consolidated statement of financial position as of September 30, 2015, and the related consolidated statements of activities, and cash flows for the year then ended, and the related notes to the consolidated financial statements, and have issued our report thereon dated February 10, 2016.

Internal Control Over Financial Reporting

In planning and performing our audit of the consolidated financial statements, we considered JSI Research and Training Institute, Inc. and its affiliate'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 consolidated financial statements, but not for the purpose of expressing an opinion on the effectiveness of JSI Research and Training Institute, Inc. and its affiliates' s internal control. Accordingly, we do not express an opinion on the effectiveness of the Organization'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 Organization'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

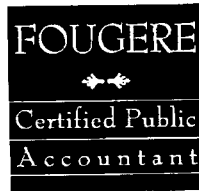
As part of obtaining reasonable assurance about whether JSI Research and Training Institute, Inc. and its affiliate's consolidated financial statements are free from material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, 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

This 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 organization'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 organization's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

A handwritten signature in black ink, appearing to read "Norman Foye, CPA". The signature is fluid and cursive, with the letters "CPA" written in a slightly more formal, blocky style at the end.

Duxbury, Massachusetts
February 10, 2016



**INDEPENDENT AUDITOR'S REPORT ON COMPLIANCE FOR EACH MAJOR
PROGRAM AND ON INTERNAL CONTROL
OVER COMPLIANCE IN REQUIRED BY OMB CIRCULAR A-133**

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

Report on Compliance for Each Major Federal Program

We have audited JSI Research and Training Institute, 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 each of JSI Research and Training Institute, Inc.'s major federal programs for the year ended September 30, 2015. JSI Research and Training Institute, Inc.'s major federal programs are identified in the summary of auditors' 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 each of JSI Research and Training Institute, 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 JSI Research and Training Institute, 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 each major federal program. However, our audit does not provide a legal determination of JSI Research and Training Institute, Inc.'s compliance.

Opinion on Each Major Federal Program

In our opinion, JSI Research and Training Institute, Inc. complied, in all material respects, with the compliance requirements referred to above that could have a direct and material effect on each of its major federal programs for the year ended September 30, 2015.

Report on Internal Control Over Compliance

Management of JSI Research and Training Institute, 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 JSI Research and Training Institute, Inc.'s internal control over compliance with the types of requirements that could have a direct and material effect on each major federal program 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 JSI Research and Training Institute, 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 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.

World Education, Inc. (Affiliate) maintains a different fiscal year (June 30) and has its own stand alone audit performed in accordance with the U.S. Office of Management and Budget Circular A-133, *Audits of States, Local Governments, and Non-Profit Organizations*. However, the

consolidated financial statements contain the combined activity of JSI Research and Training, Institute and World Education, Inc.

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.

A handwritten signature in black ink, appearing to read "Norman J. Ziegler" followed by a stylized mark that could be "CPA".

Duxbury, Massachusetts
February 10, 2016

JSI Research and Training Institute, Inc. and Affiliate
SCHEDULE OF FINDINGS AND QUESTIONED COSTS
September 30, 2015

SECTION I - Summary of Auditors' Results:

Financial Statements

The type of report issued on the financial statements: Unmodified opinion

Internal control over financial reporting:

- Material weaknesses identified? No
- Significant deficiencies identified that are not considered to be material weaknesses? None reported

Noncompliance material to the financial statements noted? No

Federal Awards

Internal control over major programs:

- Material weaknesses identified? No
- Significant deficiencies identified that are not considered to be material weaknesses? No

Type of auditors' report issued on compliance for major programs: Unmodified opinion

Any audit findings which are required to be reported under Section 510(a) of OMB Circular A-133: No

- Identification of major programs: USAID Foreign Assistance for Programs Overseas CFDA #98.001

Dollar threshold used to distinguish between Type A and Type B programs: \$3,000,000

Auditee qualified as low risk auditee under Section 530 of OMB Circular A-133 Yes

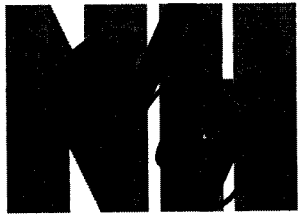
NORMAN R. FOUGERE, JR. CPA
99 HERITAGE LANE
DUXBURY, MA 02332-4334



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

STATUS OF PRIOR YEAR'S FINDINGS AND QUESTIONED COSTS

There were no reportable findings or questioned costs for the year ended September 30, 2014.



Community Health Institute

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

501

South Street

Second Floor

Bow

New Hampshire

03304



Voice: 603.573.3300



Fax: 603.573.3301



A Division of

JSI Research & Training

Institute, Inc.

A Nonprofit Organization

Officers

<u>Name</u>	<u>Title</u>	<u>Term</u>
Joel H. Lamstein	President	2016 - 2017
Joel H. Lamstein	Treasurer	2016 - 2017
Patricia Fairchild	Clerk	2016 - 2017
Joanne McDade	Assistant Clerk	2016 - 2017

Board of Directors

<u>Name</u>	<u>Term</u>
Joel H. Lamstein	2016 - 2017
Patricia Fairchild	2016 - 2017
Herbert S. Urbach	2016 - 2017
Norbert Hirschhorn	2016 - 2017



New Hampshire's Public Health Institute

AMY LEE CULLUM

JSI, d/b/a Community Health Institute, 501 South Street, Bow, New Hampshire 03304 (603) 573-3316

acullum@jsi.com

DEGREES

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

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

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

ADDITIONAL EDUCATION

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

NEW HAMPSHIRE DEPARTMENT OF SAFETY, DIVISION OF FIRE STANDARDS AND TRAINING, CONCORD, NEW HAMPSHIRE
IS-701: NIMS Multi-Agency Coordination System, September 2008
IS-700: NIMS an Introduction, March 2007
ICS-100: Introduction to ICS, March 2007
ICS-200: ICS for Single Resources and Initial Action Incidents, March 2007
ICS-300: Incident Management/Unified Command for Complex and Expanding Incidents, July 2012
ICS 400: Advanced ICS for Command and General Staff, Complex Incidents, July 2015

EXPERIENCE

JSI, Bow, New Hampshire

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

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

Selected projects:

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

New Hampshire Ebola and High Threat Infectious Disease Readiness. New Hampshire Department of Health and Human Services, Division of Public Health Services, Bureau of Infectious Disease Control. Senior Technical Advisor on a project working to improve the health care system preparedness to identify, isolate, and manage high threat infectious disease cases. Conducted an assessment of current infectious disease readiness capacity of hospitals, based on the US Centers for Disease Control and Prevention's (CDC's) Infection Control Assessment and Response (ICAR)

Program's methodology. Planned and implemented two Homeland Security Exercise Evaluation Program (HSEEP)-compliant tabletops focused 1) on isolation of an infectious disease patient; and 2) on testing NH's Ebola Concept of Operations (CONOPS).

Concept of Operations Planning for Ebola Virus Disease and Other Pathogens, Massachusetts Department of Public Health. Technical Advisor on project working to refine and expand Massachusetts' existing state plan and to develop a comprehensive, regional Ebola Virus or Special Pathogens Disease response plan for the US HHS Region 1 (New England). Role included review of existing state and HHS Regional plans and designing processes to gather key stakeholder input for plan development, and assisting with the drafting and finalization of the plans to address the unique challenges associated with responding to a patient with Ebola or other high threat pathogens.

New Hampshire Public Health Exercises, New Hampshire Department of Health and Human Services, Division of Public Health Services, Emergency Services Unit. Technical Advisor on project working to design and implement a series of Homeland Security Exercise Evaluation Program (HSEEP)-compliant tabletops (TTX), functional, and full-scale exercises (FSEs) to strengthen New Hampshire's readiness to respond to public health emergencies such as naturally occurring disease outbreaks and terrorist attacks using chemical or biological agents. These exercises targeted evaluation of state capability to execute of a variety of public health emergency preparedness and response plans including State Strategic National Stockpile, State Receipt Stage, and Store, Mass Casualty, Chemical Package (CHEMPACK), and Mass Care and Sheltering Plans. Role included designing exercise materials and evaluation frameworks, facilitating and controlling exercises, evaluating exercises, and developing After-Action Reports.

Massachusetts Ebola Monitoring Project, Massachusetts Department of Public Health. Consultant epidemiologist and team manager to actively monitor incoming travelers from Ebola-affected West Africa with low risk of exposure for 21 day incubation period. Role includes receiving and processing information from CDC's Epi-X web-based secure communication system, entering traveler information into MDPH Bureau of Infectious Disease web-based secure surveillance system (MAVEN), working with local health departments and travelers to assure continuous monitoring, daily reporting on traveler monitoring efforts to MDPH.

Public Health and Health Care Hazard Vulnerability Assessments (HVAs), Massachusetts Department of Public Health, New Hampshire Department of Health and Human Services. Technical Lead for an assessment of the public health, behavioral health and health care system impacts of natural and manmade hazards for public health planning regions of Massachusetts and New Hampshire, including the Boston Metropolitan Statistical Area. Researched and adapted HVA tools for assessing hazard impacts for this data-driven HVA, including spearheading an indicator selection process, researching likely impacts from historical data and models; and designing and leading a participatory process involving a wide variety of stakeholders to assess impacts and identify risk mitigation strategies for regional health care, public health and behavioral health systems.

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

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

Maternal and Child Health Bureau Discretionary Grant Performance Measures Update, Office of Policy Coordination, Maternal and Child Health Bureau, Health Resources and Services Administration. Directed project to assist the Divisions within the Maternal and Child Health Bureau to update the Discretionary Grant Performance Measures (used by over 900 grantees) for submission to Office of Management and the Budget approval. Developed logic models, conducted key informant interviews to inform the revision of performance measures to reduce burden on

grantees, promote alignment across program core elements and MCH (Title V) Block Grant, and improve accountability. Oversaw development of detail sheets to supplement the clearance package for submission to OMB.

Supporting Regional Community Health Improvement – County Health Rankings. Robert Wood Johnson Foundation. Technical Lead on projects working to assist regional planners to assess and prioritize community health improvement needs, develop Community Health Improvement Plans, workplans and evaluation plans, and to design and implement "rapid cycle improvements using the Plan, Do, Study, Act (PDSA) model. Responsible for designing and implementing training programs and providing technical assistance to community planners.

Upper Valley, NH/VT Community Health Assessment, Dartmouth-Hitchcock, Alice Peck Day Memorial, New London Hospital, Valley Regional Hospital and Mt. Ascutney Hospital Systems. Analyst on project to develop a regional community health assessment for five hospital systems. Responsibilities included accessing and analyzing health-related data from a variety of sources, and integrating data into Community Health Assessment reports.

NH Maternal Child Health Program Needs Assessment, NH Maternal Child Health and Special Medical Services Programs, New Hampshire Department of Health and Human Services. Co-lead a needs assessment for NH's Maternal Child Health Section and Special Medical Services Program to identify new strategies for the Title V Program. Work entailed development and administration of a survey of the general public and health care providers and facilitation of a Capacity Assessment for State Title V (CAST V) process.

Public Health and Health Care Hazard Vulnerability Assessments (HVAs), Massachusetts Department of Public Health, New Hampshire Department of Health and Human Services. Technical Lead for an assessment of the public health, behavioral health and health care system impacts of natural and manmade hazards for public health planning regions of Massachusetts and New Hampshire, including the Boston Metropolitan Statistical Area. Researched and adapted HVA tools for assessing hazard impacts for this data-driven HVA, including spearheading an indicator selection process, researching likely impacts from historical data and models; and designing and leading a participatory process involving a wide variety of stakeholders to assess impacts and identify risk mitigation strategies for regional health care, public health and behavioral health systems.

NH Center for Excellence, New Hampshire Department of Health and Human Services, Bureau of Alcohol and Drug Services. Program Manager for the NH State Epidemiological Outcome Workgroup (SEOW) for mental, emotional and behavioral data analysis, whose mission is to increase access to data and data products that address substance use and behavioral health issues to inform state prevention and treatment. As Program Manager, facilitate the SEOW's work to identify data product needs and recommend priorities for NH's substance abuse treatment and prevention programs. Develop data products related to substance abuse prevention and treatment using multiple data sets.

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

Public Health Emergency Preparedness (PHEP) Training and Implementation Services, Centers for Disease Control and Prevention (CDC) Office of Public Health Preparedness and Response /Division of State and Local Readiness (OPHPR /DSLRL). Develop web-based training programs for CDC awardees and subawardees to support implementation of the new Public Health Emergency Preparedness (PHEP) program. Serve as PHEP Technical Advisor to develop scenario-based training content to illustrate concepts contained in the Public Health Preparedness Capabilities: National Standards for Public Health Preparedness. Conducted training needs assessment to determine training needs as well identify preferred training modes.

Social Distancing Legal Assessment, New Hampshire Department of Health and Human Services, Division of Public Health Services; Association of State and Territorial Health Officials (ASTHO). Work with NH Attorney General's office and to inventory NH legal authorities available to support social distancing measures against an influenza pandemic or a similar, highly virulent infectious disease. Design and conduct tabletop exercise to identifying potential gaps, ambiguities, or opportunities for improving NH social distancing law.

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

New Hampshire Public Health Network, New Hampshire Department of Health and Human Services, Division of Public Health Services, Office of Community and Public Health. Provided technical assistance in public health infrastructure assessment and planning to local public health coalitions throughout New Hampshire utilizing the 10 Essential Services of Public Health framework developed by the United States Centers for Disease Control and Prevention. Recent work has focused on assisting coalitions in the development of public health all hazards emergency preparedness and response plans, including assisting in organizing and participating in working groups addressing point of dispensing plans, volunteer recruitment, and special populations planning.

New Hampshire Diabetes System Assessment, New Hampshire Department of Health and Human Services, Diabetes Education Program. Facilitated a statewide assessment of the diabetes prevention and control system in New Hampshire as part of a comprehensive strategic planning process. Produced New Hampshire Diabetes State Plan to improve diabetes prevention and care.

Public Health Performance Assessment of the Greater Nashua, City of Nashua, NH Division of Public Health and Community Services. Facilitated a comprehensive assessment of the public health infrastructure and health status of the Greater Nashua Area to identify priorities for health improvement and develop action steps. The final deliverable was a Public Health Improvement Plan for the region. The project was guided by an Advisory Group which elected to use the Mobilizing for Action through Planning and Partnerships (MAPP) model developed by CDC and NACCHO.

Organizational Assessment of the Nashua Division of Public Health and Community Services, City of Nashua, NH, Division of Public Health and Community Services. Conducted operational and infrastructural needs assessment of the Nashua, NH Division of Public Health and Community Services, utilizing the 10 Essential Services of Public Health framework developed by the United States Centers for Disease Control and Prevention. Conducted key informant interviews, literature reviews and site visits to identify unmet City health needs, gaps in services and infrastructure, and opportunities to develop Division health services and programs to meet those needs. Identified opportunities to improve the efficiency of delivery of services and programs currently offered by the Division, and to improve the Division's preparedness to respond to public health emergencies. Led a participatory process to present assessment findings, develop a shared understanding of the Division's role among staff, and define a mission statement for the Division. Facilitated a strategic planning process to address the findings of the assessment.

Public Health Quality Improvement through Performance Assessment and Accreditation, National Network of Public Health Institutes. Participated in the Robert Wood Johnson Foundation-funded Multistate Learning Collaborative, a national collaborative effort to explore quality improvement strategies in public health. Goals of the project were to articulate specific measures and approaches to ongoing measurement and improvement of New Hampshire's performance on strategic public health system priorities; develop automated data collection, storage and reporting processes; and to improve the quality of public health practice by articulating public health workforce competencies.

Evaluation of the Umbrella Project, HNHfoundation. Conducted a summary evaluation of the *Umbrella Project*, a three-year project designed to increase enrollment in NH Healthy Kids Insurance in Carroll County, NH, funded by HNHfoundation. The purpose of the evaluation was to document the lessons learned and ongoing successes and challenges to recruiting and retaining eligible clients for the NH Healthy Kids Insurance program. Qualitative research methods included 12 structured key informant interviews and one focus group.

Greater Nashua Pandemic Influenza Planning, Nashua Division of Public Health and Community Services. Worked with health and safety officials from the 13 municipalities of the Greater Nashua region to develop a regional pandemic influenza plan including protocols for isolation and quarantine, community medical surge, mass vaccination, and risk communication.

New Hampshire Pandemic Influenza Planning Technical Assistance, New Hampshire Department of Health and Human Services, Division of Public Health Services, Office of Community and Public Health. Developed templates and materials to support pandemic influenza planning in New Hampshire's 19 all hazards planning regions. Developed regional and sub-regional trainings to build planning and evaluation capacity and strengthen regional plans. Assisted the

Office of Community and Public Health to monitor performance of these regions through development of a web-based reporting system. Designed and evaluated regional pandemic influenza tabletop exercise.

Assessment of Barriers to Accessing Family Planning Services in New Hampshire, New Hampshire Department of Health and Human Services, Division of Public Health Services, Bureau of Maternal and Child Health, Family Planning Program. Conducted 30 structured interviews and 2 focus groups with referral sources of the NH Title X family planning clinical services, in order to inform the NH Family Planning Program's Title X grant application. Wrote report highlighting major themes and recommendations.

Community Health Profile Development, Greater Portsmouth Public Health Network, Northern Strafford Public Health Network. Worked with two local public health networks to analyze regional health status data, determine public health priorities, and design materials to communicate these priorities to the general public.

Special Populations Emergency Preparedness Needs Assessment, New Hampshire Department of Safety, Bureau of Emergency Management. Conducted assessment to determine the emergency preparedness needs of vulnerable populations and emergency response system capacity to meet these needs. Key tasks included 1) design and implementation of a survey of New Hampshire's Emergency Management Directors and 2) design and conduct of focus groups with vulnerable populations likely to need special assistance in the event of a large-scale emergency. Goals of the assessment were to detail emergency preparedness needs of these populations, to identify gaps in organized emergency planning related to special populations, and to develop recommendations to improve the capacity of emergency response system to meet these needs.

Behavioral Health Mitigation Strategies in Disaster Situations, New Hampshire Department of Safety, Bureau of Emergency Management. Conducted literature review and assessment of studies relating to behavioral health mitigation strategies and to conduct a survey to three groups of responders in New Hampshire: first responders, behavioral health professionals, and emergency medical providers.

TANF Teen Pregnancy Prevention Curriculum Implementation Evaluation, New Hampshire Department of Health and Human Services, Division of Public Health Services, Bureau of Maternal and Child Health, Family Planning Program. Conducted an evaluation of the impact of three teen pregnancy prevention curricula on knowledge and behavioral intent of adolescents aged 10–18 years in school and non-school settings. Assessed the degree to which these programs could be implemented with fidelity in New Hampshire. Responsible for overall project management, and management and analysis of pre and post survey data in SPSS, presentation of results, and development of final report.

TANF Integrated Teen Pregnancy Prevention Project Feasibility Study, New Hampshire Department of Health and Human Services, Division of Public Health Services, Bureau of Maternal and Child Health, Family Planning Program. Conducted key informant interviews with youth and health services delivery organization directors in Nashua and Manchester to determine the feasibility of implementing a teen pregnancy prevention project using an integrated youth development model. Findings documented the degree to which these organizations were capable of accessing a cohort of "at-promise" youth, subscribed to the youth development philosophy, and had the potential to provide a home for the program. Responsible for overall project management and development of final report.

Healthy Child Care America Program Evaluation, Maternal and Child Health Bureau, Health Resources and Services Administration, U.S. Department of Health & Human Services. Conducted a national evaluation of the Healthy Child Care America program to document the extent to which the program is making a difference in improving the health and well-being of children participating in out-of-home child care. The evaluation incorporated three survey instruments targeted at HCCA grantees, child care providers that are beneficiaries of the HCCA program support services, and parents whose children attend child care settings that are beneficiaries of the HCCA program. Responsible for data analysis, and for identification of implementation best practices through review of materials and key informant interviews.

Evaluation of the MANY Options After-school Program, MANY Options, Keene, NH. Conducted an evaluation of an after-school program offering safe and healthy after-school opportunities for middle and high school age youth. The impact of the program was assessed through a series of survey instruments completed by youth participating in the program over a one year period; parents of participating youth; and school counselors. Findings documented the extent to which the program improved students' academic achievement and decreased risky behaviors. Responsible for management and analysis of pre and post survey data in SPSS, and development of final report.

New Hampshire State Incentive Program Evaluation, New Hampshire Department of Health and Human Services, Division of Public Health Services, Office of Alcohol and Drug Policy. Conducted evaluations of the impact of New Hampshire State Incentive Program community-based grantee programs aiming to decrease alcohol, tobacco and other drug use rates among youth and increase community and family connections. Coalitions implement a variety of interventions that range from school-based programs such as Life Skills Training to customized programs for priority populations. Program impacts are assessed through use of a variety of quantitative and qualitative methods, depending on program.

Community Benefits Legislation Best Practices Review, New Hampshire State Office of Planning and Medicaid. Conducted key informant interviews with hospital administrators and community service organization heads to identify best practices and lessons learned through the FY 2000 Community Benefits process.

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

Selected projects:

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

Empowerment of Women Research Program, Managed and analyzed quantitative and qualitative data on women's empowerment and family planning use, and family planning service delivery. Conducted situation analyses and informant interviews in rural Bangladesh. Co-authored journal articles and presented findings. Managed finances for \$1.7 million research program funded by USAID and a variety of private foundations. Extensive use of SPSS and EpiInfo (1995–1997).

Opportunities for Micronutrient Interventions Project, Ministry of Health, Sub-secretary of Population Risks, Honduras. Analyzed survey data for the 1996 Honduran National Survey on Micronutrients.

Provide International, Nairobi, Kenya
Consultant

Evaluated, refined and redesigned aspects of a integrated development project in Nairobi's slums. Provided managerial support. Designed and implemented a small-scale family planning knowledge, attitudes, and practices survey of slum residents to inform program implementation.

OTHER ACTIVITIES

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

Citizens' Emergency Response Team, New Ipswich, New Hampshire
Member, September 2003 to present

Boston University School of Public Health, Boston, Massachusetts
Guest Professor, Spring 2005, Spring 2006
Instructed Master's level course entitled, "Management of Reproductive Health Programs In Developing Countries".

New Hampshire Reproductive Health Association, Concord, New Hampshire
Board Member, March 2004 to January 2006

SELECTED PUBLICATIONS | PRESENTATIONS

Let Your Imagination Run Wild: Using Discussion-Based Exercises to Improve Emergency Preparedness. NH Integrated Emergency Volunteer Training Conference. Lebanon and Durham, NH, April 16, 2011 and May 14, 2011, October 18, 2014.

Assessing and Mitigating Risks to the Health, Behavioral Health, and Public Health Systems: A new focus and approach. NH Emergency Preparedness Conference, Manchester, NH. June 27, 2013.

Help Your Community Prepare! Family Emergency Preparedness Train-the-Trainer. NH Integrated Emergency Volunteer Training Conference. Manchester, NH. June 9, 2012.

Strategic Planning: Setting a Course for Your Unit. NH Medical Reserve Corps Leadership Summit. Concord, NH, June 11, 2011.

Family Emergency Preparedness Train-the-Trainer Program. NH MRC Training Conference. Plymouth, NH, June 5, 2010.

Let Your Imagination Run Wild: Using Discussion-Based Exercises to Improve Emergency Preparedness. JSI All Staff Meeting. Washington, DC, May 6, 2010.

Emergencies Happen...even in Home Care. Tales from the Field Panel Discussion. Home Care Association of New Hampshire Conference. Concord, NH, September 19, 2007.

Use of Computer Modeling for Emergency Preparedness Functions by Local and State Health Officials: A Needs Assessment. With Rosenfeld, Lisa A. MPH; Fox, Claude Earl MD, MPH; Kerr, Debora MA; Marziale, Erin MPH; Lota, Kanchan MPH; Stewart, Jonathan MA, MHA; Thompson, Mary Zack MBA. *Journal of Public Health Management & Practice.* Issue 2 (March/April 2009), Volume 15, p 96-104.

Locating and Reaching Special Populations. Local Emergency Preparedness Conference. Concord, NH, June 12, 2006

Accountability and Public Health: Strategies to enhance good management and prevent corruption. Boston University School of Public Health, April, 2003 and April 2004. Guest Lecturer.

Establishing an Effective Routine Health Information System: Experience of the Bangladesh Urban Family Health Partnership. Presented at the American Public Health Association meeting, Nov. 2002.

Reorienting Community-based Family Planning Services in Bangladesh: Problems and Prospects, with Sidney Ruth Schuler and Sharif Shamshir, JSI Working Paper No. 11. Arlington. VA: JSI. June 1997.

The Advent of Family Planning as a Social Norm in Bangladesh: Women's Experiences, with Sidney Ruth Schuler, Syed M. Hashemi, and Mirza Hassan. *Reproductive Health Matters* No. 7 (May 1996), pp. 66-78.

Japan: Searching for Recognition and Status, with Masaru Tamamoto in Wolfgang Danspeckgruber et. al., eds., *The Iraqi Aggression Against Kuwait: Strategic Lessons and Implications for Europe.* Boulder. Co: Westview Press, 1996.

Exploratory Research on Reproductive Tract Infections in Six Bangladeshi Villages. Presented at the 1997 Psychosocial Workshop, March 1997.

Improving Access for Vulnerable Populations: Matching Women's Needs with Private Health Services. Presented at the American Public Health Association Annual Meeting, November 1996.

Integrating Empowerment of Women into Health Projects: Are we doing enough? Presented at the National Council for International Health 23rd Annual Conference on Global Health, June 1996.

The Limits of Women's Empowerment through Family Planning: The Case of Bangladesh. Presented at the annual meetings of the Society for Applied Anthropology, March 1996.

AMANDA L. BAKER

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amanda_baker@jsi.com

EDUCATION

STATE UNIVERSITY AT ALBANY SCHOOL OF PUBLIC HEALTH, ALBANY, NEW YORK
Masters of Public Health in Epidemiology, 2015

HARTWICK COLLEGE, ONEONTA, NEW YORK
Bachelor of Arts in Biology, cum laude, 2013
Beta Beta Beta Honor Society of Biology

HOMELAND SECURITY EXERCISE AND EVALUATION PROGRAM, CONCORD, NH
Homeland Security Exercise and Evaluation Program Training Course, 2015

EXPERIENCE

JSI, Bow, New Hampshire
Consultant, August 2015 to present

U.S. Department of Health and Human Services, Maternal and Child Health Bureau, Health Resources and Services Administration, Supporting Healthy Start Performance Project.

Healthy Start (HS) EPIC Center provides technical assistance and training to 100 Healthy Start grantees to achieve program goals and benchmarks. The HS Epic Center helps strengthen staff skills, implement evidence-based practices in maternal and child health, facilitates grantee to grantee sharing of lessons learned, and work to build relationships with community partners.

U.S. Department of Health and Human Services, Health Resources and Services Administration, Bureau of Primary Health Care (BPHC) Uniform Data System.

Contracted by BPHC to implement the Uniform Data System (UDS) that collects information annually from over 1,300 federally qualified health centers (FQHCs) nationwide. The data collected describes the financial and operational parameters of FQHCs and informs BPHC decision-making along with enlightening health centers of their yearly relative performance.

New Hampshire Integrated Delivery Networks

Contracted by the State of New Hampshire to develop the Building Capacity for Transformation 1115 Medicaid Waiver to strengthen community-based mental health services, combat the opioid crisis, and drive health care delivery system reform. Main responsibilities include meeting facilitation and plan development to progress Community Health Services Network integration plan including monitoring plan, expected outcomes, and perceived challenges and barriers with integration between primary care, behavioral health (including mental health and substance use), and social services support.

Delaware Maternal and Child Health Epidemiology

Contracted by Delaware State Health Department to provide training, technical assistance, and epidemiologic insight around their Title V Needs Assessment. TA focuses on domain development, strategic organization, evidence based strategies applicable to the state, and development of a Facilitator's Guide to assist the process in moving forward appropriately over the next few years. Also contracted to provide GIS mapping development and descriptive language around maternal and child health gaps around the state.

Hillsborough County Drug Court

Provide support in program evaluation of the HCDC program, which is focused on expanding substance use disorder treatment capacity in their Superior County through the development of the program. The goal of the program is to reduce recidivism by breaking the criminogenic patterns of behavior related to substance abuse and addiction among high risk and high need non-violent offenders.

New Hampshire Public Health Emergency Planning Technical Assistance

Provide training and technical assistance to Public Health Networks in New Hampshire around emergency preparedness, planning, response, and Public Health Advisory Council development. Develop and deliver trainings and tools on various public health and emergency response topics. Implement activities to strengthen statewide Medical Reserve Corps volunteer system through convening regular meetings and providing one on one technical assistance. Trained in Incident Command System and certified HSEEP evaluator for tabletop and functional exercises.

PRIOR EXPERIENCE

NYS Department of Health, Public Health Information Group, Albany, New York

Student Research Assistant, January 2015 to May 2015

NYS Department of Health, Bureau of Immunization, Albany, New York

Student Research Assistant, May 2014 to August 2014

COMPUTER SKILLS

Proficient in:

Microsoft Office: Word, Excel, PowerPoint, and Access

Online tools: Google Drive, SurveyMonkey

Statistical Analysis: SAS 9.3, SPSS

Social media tools: Facebook, Twitter, LinkedIn

HEATHER BRACK

JSI, 44 Farnsworth Street, Boston, MA 02210

(617) 482-9485

hbrack@jsi.com

TECHNICAL SKILLS

web design, UX/UI, responsive design, CSS, Adobe Creative Suite, Sketch, usability, social media, WordPress, Google Analytics, content management systems, e-newsletters, multimedia, content strategy, SEO, Premiere Pro, all y, MySQL, Google Apps for Business, MS Office suite
Languages: English (native), Spanish, HTML, PHP, Javascript

EXPERIENCE

JSI, Boston, Massachusetts

Web Developer, 2014 – present

Designs and develops front-end websites. Develops templates and stylesheets for websites and e-newsletters. Edits and prepares multimedia content for websites. Provides technical assistance and training on content management software used to maintain sites and supports users by developing documentation and assistance tools.

Selected project work:

tickfreenh.org

Designed and built for website for social media and public awareness campaign about reducing tick bite exposure, targeted at New Hampshire residents. Integrated social media and video content.

stories.jsi.com

Designed and built long-form storytelling website for JSI and trained internal communications staff to populate and maintain.

pages4progress.worlded.org

Designed and built site supporting World Education's 2014 & 2015 summer reading social media campaign for universal access to education, #Pages4Progress, that reached over 2,600 participants in 82 countries and raised over \$57,000.

nhtreatment.org

Designed and built the first online alcohol and/or drug misuse treatment locator for the state of New Hampshire. Collaborated with data mapping colleague to adapt content for responsive website.

maps.jsi.com/titlexmappist/

Designed and implemented interactive tour of UI for mapping/data reporting tool. Customized ArcGIS mapping interface and provided UX/UI guidance for content developers for DHHS/Office of Population Affairs.

insupply.jsi.com

Web design for JSI Research & Training, Inc. project, Innovations for Public Health Supply Chains.

healthystartepic.org

Web design for the Healthy Start EPIC Center website for grantee training and online community of practice, supported by HRSA.

nyopce.com

Designed and built public website for NY Obesity Prevention Center for Excellence project and integrated calendar function with external data feed. Provided TA for project staff who maintain site.

rhinonet.org

Redesigned existing site, incorporated online community of practice for RHINO project members.

JSI, Boston, Massachusetts

Assistant Webmaster, 2010 – 2014

Designed and developed front-end websites. Developed templates and stylesheets for websites and e-newsletters. Edited and prepared multimedia content for websites. Provided technical assistance and training on content management software used to maintain sites and supports users by developing documentation and assistance tools. Maintenance of intranet and other internal sites for JSI and World Education.

Selected project work:

stdtac.org

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

aims.worlded.org

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

Web Specialist, 2006 – 2009

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

World Education, Boston, Massachusetts

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

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

Selected project work:

www.massliteracyhotline.org

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

Field Notes

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

EDUCATION

MASSACHUSETTS COLLEGE OF ART AND DESIGN, BOSTON, MASSACHUSETTS

Graphic Design, Interaction Design, and Computer Arts coursework

SMITH COLLEGE, NORTHAMPTON, MASSACHUSETTS

B.A., Biological Sciences & Spanish Literature

ONGOING PROFESSIONAL DEVELOPMENT

Selected Conferences and Workshops

- 15th Annual User Experience Conference, (UXPA Boston, 2016)
- Member, UXPA Boston
- Introduction to D3.js + Introduction to Mapping with Open Tools & Data (OpenViz Conf, 2016)
- Choosing the Right UX Research Method for Your Project (Health Experience Refactored HxR Conference, 2015)
- Responsive Design Workflow + Cross-Platform Perfection (Artifact PVD Conference, 2014)
- Google Analytics & AdWords (LunaMetrics, 2014)
- Multi-device Web Design (An Event Apart, 2013)
- Real World Applications of Responsive Web Design (Microsoft NERD Center, 2012)
- Presenting Data and Information: One-Day Course by Edward Tufte (Boston, 2011)

JONATHAN A. STEWART

Community Health Institute/JSI, 501 South Street, Bow, New Hampshire 03304 (603) 573-3300 jstewart@jsi.com

EDUCATION

DUKE UNIVERSITY SCHOOL OF MEDICINE, DURHAM, NORTH CAROLINA
Department of Health Administration, Master of Health Administration, 1986
Department of Biochemistry, Master of Arts, Biochemistry, 1984

UNIVERSITY OF DELAWARE, NEWARK, DELAWARE
School of Arts & Sciences, Bachelor of Arts, Biology, 1981

EXPERIENCE

JSI Research and Training Institute/Community Health Institute, Bow, New Hampshire

Regional Director, September 2000 to present

Provide technical assistance, training and evaluation to health and human service organizations to support the development of effective public health and health care systems.

Selected Technical Assistance & Training Projects

NH Community and Public Health Development Program: Project Director providing technical assistance and training support to communities involved in development of improved local public health infrastructure; worked with multiple partners to develop the statewide New Hampshire Public Health Network.

Boston Metropolitan Area Hazard Vulnerability Assessment: Technical Assistance including planning, facilitation and analytic support to Massachusetts and New Hampshire state health departments and regional partners for assessment of hazards, risks and preparedness for health care, behavioral health and public health infrastructure.

Metrowest Community Health Care Foundation (Massachusetts): Capacity and readiness assessment of seven municipalities in Metro-Boston for developing collaborative models for local public health service delivery.

NH Division of Public Health Services: Project team member providing assistance on development of a Comprehensive HIV Needs Assessment; role is focused on client and community stakeholder engagement and qualitative needs assessment.

Robert Wood Johnson Foundation; New Hampshire Turning Point Initiative: Project Director for multi-year initiative to develop sustainable strategies for improved local public health capacity.

HRSA, Bureau of Primary Health Care, Uniform Data System: Trainer and editor for annual Uniform Data System reporting for the federal Community and Migrant Health Center program.

Selected Program Evaluation Projects

Endowment for Health & NH Department of Health & Human Services: Project Evaluator of NH Systems Transformation and Realignment (NH STAR) initiative to pilot improved service delivery and funding systems for supporting children with behavioral health needs who are in or at-risk for out-of-home placement.

Central New Hampshire Health Partnership: Evaluator for two federal Rural Health Outreach Grant Initiatives: the first for improving care coordination of socially and medically vulnerable populations; the second for improving care transitions from hospital to home and community.

Communities for Alcohol and Drug free Youth (Plymouth, NH): Program Evaluator for community-based coalition involved in multiple initiatives to promote positive and healthy school and community environments for youth.

NH Division of Alcohol & Drug Prevention & Recovery: Project Director for evaluation of state-wide ATOD prevention initiative involving multiple community-based coalitions implementing a range of programs including family strengthening, school-based education, mentoring and community action for environmental change.

Family Planning Private Sector Project (Nairobi, Kenya): Operations research on cost effectiveness and sustainability of FP/MCH service delivery sites throughout Kenya to assist USAID in resource allocation decisions and to improve cost recovery capability of clinics.

New York State Department of Health (Albany, New York): Qualitative Evaluation of New York State Healthy Heart Program; an initiative intended to influence CVD risk factors through community intervention and social marketing.

Selected Research Projects

National Network of Public Health Institutes and Robert Wood Johnson Foundation: Qualitative Assessment of Local and State Health Officials awareness of, interest in, and capacity to employ computer modeling for emergency preparedness.

Endowment for Health: Study of the effect of New Hampshire's Community Benefits Law for Health Care Charitable Trusts. Cooperative effort with NHDHHS Office of Health Planning and the NH Office of the Attorney General.

Bureau of Health Professions (Rockville, MD): Study of the effect of AIDS Education and Training Centers on physician attitudes and practices; Comparative analysis of parallel CDC-funded study of the general primary care physician population.

Bureau of Primary Health Care Delivery and Assistance (Rockville, MD): Study to assess preparedness of C/MHC's to respond to HIV-related service needs

Bureau of Primary Health Care, Rockville, Maryland: Survey project designed to gather information on provider practices in Community and Migrant Health Services relative to recommendations of the 1988 US Preventive Services Task Force.

North Country Health Consortium, Littleton, New Hampshire

Executive Director, 12/97 to 8/00 Founding Director of rural health network formed by four hospitals, two community health centers, two home health agencies, a mental health and developmental services organization, and a community action program.

Ammonoosuc Community Health Services, Littleton, New Hampshire

Operations Director, 11/94 to 12/97 of federally-funded, multi-site rural Community Health Center Network.

John Snow, Inc., Boston, Massachusetts

Consultant, 10/86 to 7/94 providing assistance in health services evaluation, financial analysis and program management.

SELECTED PUBLICATIONS | REPORTS

Rosenfeld, LA, Fox CE, Kerr D, Marziale E, Cullum A, Lota K, **Stewart J**, and Thompson MZ. "Use Of Computer Modeling For Emergency Preparedness Functions By Local And State Health Officials: A Needs Assessment". J Public Health Management Practice, 15(2), 96–104, 2009.

Stewart J, Kassler W, McLeod M. "Public Health Partnerships: A New Hampshire Dance". Transformations in Public Health, Volume 3, Issue 3, Winter 2002.

Stewart, JA, Wroblewski S, Colapietro J, Davis H. "Survey of US Physicians Trained by Regional AIDS Education and Training Centers". Abstract No. PO-D21-4047; IXth International Conference on AIDS. Berlin, Germany, June –I, 1993.

Kibua T, **Stewart JA**, Njiru S, Gitari A. "Sustainability and Cost Effectiveness of Family Planning Private Sector Subprojects". United States Agency for International Development; Nairobi, Kenya, March 1990.

SELECTED WORKSHOPS | PRESENTATIONS

Dartmouth College, The Dartmouth Institute, MPH Program, (formerly CECS) guest lecturer - project management, evaluation, coalition development, Public Health 101; community health needs assessment; academic review of capstone theses; 2004–2016.

Public Health Performance Improvement – The New Hampshire Experience (with Joan Ascheim, NHDHHS); 6th Annual National Public Health Performance Standards Training Workshop; Nashville, TN; April 1–6, 2008.

Building the Public Health Infrastructure: State Lessons Learned and Keys to Success; Nebraska Health and Human Services, Expanding Our Vision – Transforming Vital Public Health Systems, October 2006.

Building Infrastructure in Public Health - RWJF National Turning Point Showcase Conference, Denver, CO; May 2004

Community Benefits Exemplary Practices – New Hampshire statewide conference; November 2002

SELECTED BOARDS | AFFILIATIONS

National Network of Public Health Institutes, Board of Directors, 2008 to present, Chair, 2014 - present

New Hampshire Public Health Services Improvement Council, 2008 to present

NH Prescription Monitoring Program, Advisory Council, 2012 to present

New Hampshire Healthy People 2010 Leadership Council; Co-chair, 2000–2002

New Hampshire Public Health Association; Treasurer, 1999–2003



KATHERINE ROBERT, MPA

JSI Research & Training Institute, Inc.

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krobert@jsi.com

EDUCATION

UNIVERSITY OF NEW HAMPSHIRE, DURHAM, NEW HAMPSHIRE

Master of Public Administration, 2009

Bachelor of Arts in Political Science, 2006

EXPERIENCE

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

Consultant, December 2007 to present

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

Healthy Start EPIC Center *December 2014 to present* Provide technical assistance and training to Healthy Start grantees to ensure program effectiveness in achieving the goals to reduce infant mortality and health disparities, and improve perinatal health outcomes. This project focuses on providing comprehensive and innovative capacity building assistance to community-based grantees, measuring project success by the degree to which grantees achieve core competencies essential for effective implementation of the Healthy Start model and institutionalize a culture of QI and evaluation based on a foundation of documented program effectiveness. Primary responsibilities include coordination of technical assistance.

NH Home Visiting Statewide Training Coordination *July 2015 to present* Develop, coordinate, and implement a statewide training plan for the state's 11 MIECHV-funded home visiting agencies currently implementing the Healthy Families America program. Conduct annual needs assessment, identify subject-matter expert trainers, and engage in continuous dialogue with agencies to most effectively providing training and technical assistance resources.

Trauma Informed Care for Early Childhood Services (TIECS) Training Coordination *July 2014 to present* Engaged subject matter experts and early childhood service professionals from around the state to complete a Train the Trainer exercise and subsequent 50+ community trainings to train over 600+ professionals serving young children and their families. Work with technical staff to translate the in-person training curriculum to an e-learning format, and with subject matter experts to develop and facilitate a learning collaborative to train interested professionals in becoming early childhood trauma consultants.

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

Public Health Program Services and Supports *June 2010 to present* Serve as fiscal manager for the master contract by which various programs within the NH Department of Health and Human Services engages JSI for work. Coordinate monthly review of invoices across 10+ tasks, and a \$1.2 million budget. Manage all contract set up and documentation.

NH Immunization Marketing *June 2010 to December 2015* Provided project coordination support, and worked with the NH DHHS Immunization Program staff and community stakeholders to research, and assist in the development and implementation of a statewide marketing and awareness campaign aimed at increasing immunization rates for the priority population.

NH Environmental Public Health Tracking Program Data Utilization and Outreach Project *April 2012 to November 2015* Worked with NH DHHS Environmental Public Health Tracking Program (EPHT) staff and partners to



increase the utilization of the EPHT's data portal and other communication tools by developing a communication plan consisting of contemporary marketing and outreach strategies. Assist EPHT in developing a user analytics data collection process for web-based tools.

Poison Control Innovation/Transformation Project *September 2013 to December 2014* Developed market research protocol to inform the development of a three-year innovation/transformation plan for the American Association for Poison Control Centers. Designed a survey to assess poison control centers' (PCC) use and inclination to use new communications modalities to reach consumers of PCC services, conducted an environmental scan of organizations with characteristics similar to PCCs, and conducted focus groups and key informant interviews. Produced market research report focusing on identification of opportunities for PCCs to expand their role and visibility through the use of new partnerships and communications modalities while maintaining quality in the assessment triage and management of poison exposures.

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

Nashua Community Health Assessment *September 2013 to January 2014* Worked with client to develop appropriate protocols for focus groups with targeted segments of population, varying from topic-specific issues, to general health issues. Facilitated and summarized focus group findings.

Nutrition and Physical Activity Self-Assessment for Child Care (NAP SACC) Services *May 2012 to June 2013* Recruit and hire qualified consultants to implement NAP SACC in targeted NH communities. Provide technical assistance to consultants during the project period through program recruitment support, logistical support, and implementation support. Conduct an evaluation of past NAP SACC interventions from the perspective of trained sites and trainers.

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

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

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

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

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

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

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

PROFESSIONAL ASSOCIATIONS

NH Public Health Association, President

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

NH Home Visiting Coordinating Council

- Member, 2015 - Present

American Public Health Association

- Member, 2013 - Present

COMPUTER SKILLS

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

KARYN DUDLEY MADORE

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

EDUCATION

NATIONAL PUBLIC HEALTH INFORMATION COALITION, MARIETTA, GEORGIA
Certified Communicator in Public Health, 2015

UNIVERSITY OF SOUTH FLORIDA, TAMPA, FLORIDA
Graduate Certificate Degree, Social Marketing for Public Health, 2014

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

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

EXPERIENCE

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

JSI-NH Operations Director

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

JSI-NH Health Communications Director

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

Rivier University, Division of Nursing and Health Professions, Nashua, New Hampshire (Fall 2015 – Present)

Introduction to Public Health
Introduction to Environmental Health
Health Promotion, Marketing and Communication
Behavioral Health and Health Promotion

Consultancies:

Maternal and Child Health Bureau, Division of Healthy Start and Perinatal Services (July 2014 – Present)

Serve as Communications and Branding lead to 100 Healthy Start grantees to ensure program effectiveness in achieving the goals to reduce infant mortality, reduce health disparities and improve perinatal health outcomes. Capacity Building Assistance incorporates technical assistance, training, technology transfer and information transfer and dissemination.

NH Opioid Awareness Media Campaign: Anyone.Anytime.NH™ (August 2015 – present)

Serve as Project Director to develop and implement an opioid public awareness campaign to educate the public and professionals about addiction, emergency overdose medication and accessibility to support services for those experiencing opioid addiction. This campaign is designed to help anyone affected by this crisis including: people experiencing addiction; parents, family and friends of those experiencing addiction; health care, safety, and other system staff working with people who may be experiencing addiction; and those most at risk of overdose and death.

NH Young Adult Prevention Messaging (August 2016 – present)

Serve as Project Director to develop and implement communication and outreach strategies to increase awareness among the young adult population (ages 18 – 25 years) of the risks of underage, high risk alcohol use (i.e., binge drinking) and to prevent and reduce the misuse of prescription drugs such as illicit opioids.

New Hampshire Juvenile Court Diversion Video (present)

Serve as Project Director to research and create a selection of videos with the purpose of highlighting the benefits of enrolling youth in one of the many NH Juvenile Court Diversion Programs. The objective is to provide a uniform tool for the NH Network to use to increase participation in the programs, understanding of the program in priority populations, and to be able to speak in one voice. These videos will include champions of the process including: judges, police chiefs, parents, youth, etc.

NH Lyme Disease Prevention Campaign (Spring 2016 - present)

Serve as Project Director to develop a grass-roots and marketing campaign for a private funder via the NH Charitable Foundation in order to reduce tick encounters and cases of Lyme disease in NH. This project identifies priority audiences affected by tick bites, best-practice outreach strategies, partner communication channels for grass-roots interventions, and effective educational outreach materials to advance the understanding of the health risks of tick encounter, and how to prevent tick bites and Lyme disease. Tick Free NH (TickFreeNH.org) includes the development and creation of a Public Service Announcement, mass-media campaign, social media campaign, and website.

NH Immunization Marketing (SFY2011 to SFY2016)

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

National Healthy Start Branding and Communications Lead

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

Communication Training

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

ORAL PRESENTATIONS

Anyone Anytime. NH: New Hampshire Heroin Awareness Campaign. (June 2016). 24th Social Marketing Conference, Building on the Legacy: Forging New Paths. Clearwater Beach, FL.

Dear Me New Hampshire: Low-cost Marketing with a Big Impact. (April 2012). Break Free Alliance, Promising Practices. New Orleans, LA.

Marketing on a Shoestring Budget. (August 2009). National Conference on Health Communication Marketing and Media. Atlanta, GA.

HONORS AND AWARDS

- ❖ *"Start the Conversation Physician Toolkit" (2014)* GOLD MEDAL, Health Literacy, National Public Health Information Coalition (NPHIC)
- ❖ *"Start the Conversation Billboard" (2014)* SILVER MEDAL, NPHIC
- ❖ *"Start the Conversation Posters" (2014)* BRONZE MEDAL, NPHIC
- ❖ *Dear Me New Hampshire 2013-2014 Campaign Summary Report. (2015)* BRONZE MEDAL, NPHIC

PROFESSIONAL ASSOCIATIONS

Public Relations Society of America, Member

National Public Health Information Coalition (NPHIC), Member

American Marketing Association, Member

MARTHA BRADLEY, MS

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mbradley@jsi.com

EDUCATION

SPRINGFIELD COLLEGE, MANCHESTER, NEW HAMPSHIRE
M.S., Human Service Administration, May, 2001

UNIVERSITY OF NEW HAMPSHIRE, DURHAM, NEW HAMPSHIRE
B.A., Psychology, May, 1987

EXPERIENCE

JSI, Bow, New Hampshire

Project Manager, December 2002 to present

Areas of technical expertise include: Project management and implementation, health education and material development, training, and qualitative research.

New Hampshire SBIRT Initiative, December 2015 to present

Funded by the NH Charitable Foundation in partnership with the Conrad N. Hilton Foundation, provide training to NH health care providers in varying stages of implementation participating in an action learning collaborative of 10 pediatric-behavioral health partners including hospital-based and FQHC-based practices to make SBIRT (Screening, Brief Intervention, and Referral to Treatment) a standard of care. The training builds knowledge and skills through role play and practice on utilizing motivational interviewing techniques with patients identified at greater risk of substance misuse.

Child Abuse Needs Assessment, April–October 2015

Conducted a comprehensive needs assessment to increase knowledge regarding the factors that impact the competencies and capacities of healthcare providers to provide special medical exams to child victims of suspected physical abuse and neglect.

Partnerships for Quitline Sustainability, August 2014 to present

A multi-year contract with the CDC to work with the state health department to develop strategy and material to engage insurance professionals to consider cost sharing arrangements for Helpline services. Strategy based on model developed by North American Quitline Consortium and key informant interviews with insurance stakeholders.

Prediabetes Media Development and Placement Services, March 2015 to present

Responsible for developing a statewide media campaign that encourages those at risk to enroll in a National Diabetes Prevention Program which includes quantitative research of the target audience, audience testing, and message and material development.

Arsenic in Private Well Water, March to August 2015

Worked with the Dartmouth Toxic Metals Superfund Research Program to create intervention material to increase home owners' readiness to voluntarily test their well water for arsenic. Developed message themes and conducted end user testing to identify factors influencing home owners' interest in testing.

NH Immunization Marketing, June 2010 to present

NH Department of Health and Human Services, NH Immunization Program: Worked with community stakeholders to research, develop, and implement a statewide marketing and awareness campaign aimed at increasing immunization rates for the priority population.

NH Environmental Public Health Tracking Program Data Utilization and Outreach Project, April 2012 to present

NH Department of Health and Human Services, Environmental Public Health Tracking Program: works to increase the utilization of the EPHT's data portal and other communication tools by developing a communication plan consisting of contemporary marketing and outreach strategies. Conducted formative research and wrote current communication plan. Conducted end user testing on a web-based tool to assess the probability of arsenic in well water.

New Hampshire Public Health Emergency Planning Technical Assistance and Training, December 2008 to present
New Hampshire Department of Health and Human Services, Division of Public Health Services, Office of Community and Public Health: Provide technical assistance and support to two of the 14 regional public health regions. Developed and delivered a five hour *Risk Communication* training designed to build skills for professionals serving as a public information officer during a public health emergency, Family and Individual Preparedness train-the-trainer, Continuity of Operations Planning training and several other Homeland Security Emergency Planning compliant exercises to assist the regions build knowledge and skills to plan and respond to public health emergencies. Support, participate in and evaluate training exercises.

Nashua Community Health Assessment, September 2013 to May 2014

Worked with client to develop appropriate protocols for focus groups with targeted segments of population, varying from topic-specific issues, to general health issues. Facilitated 10 focus groups and wrote summary report of findings.

SHARE Needs Assessment, September 2013 to May 2014

Developed methodology for local non-profit needs assessment, covering five towns in Southern NH. Developed protocols for focus groups and key informant interviews and developed needs assessment report.

HNH Foundation, December 2012–2013

Worked with 12 community groups across NH to plan, coordinate, implement and evaluate 12 screening and education events of the *Challenges* film from the HBO series *Weight of the Nation*. The aim of the project is to increase awareness among NH residents of the social costs and implications of obesity and to encourage local and regional strategies to address access to healthy food and opportunities for physical activity.

NH Department of Education, Child and Adult Care Food Program (CACFP), January–June 2013

Created content for two lessons and supplemental activities on the topics of nutrition and physical activity for CACFP for professionals working in family-based child care programs that are enrolled in CACFP and their sponsoring agencies.

Dartmouth-Hitchcock Colorectal Cancer Screening Program Focus Groups, Summer 2012

Catholic Medical Center, Abstinence Education Program, Why Am I Tempted Curriculum, Summer 2012

Convened, facilitated, and summarized findings of qualitative and market research of target audiences. Developed line of questioning and facilitator's script, developed relevant recruitment and logistical materials, and wrote summary of findings with recommendations for material development and program improvement.

Tobacco and Obesity Policy Project, June 2010 to December 2011

Worked with NH Department of Health and Human Services, Tobacco Prevention & Control Program and Obesity Prevention Program staff and partners to develop strategy and create training and materials for licensed childcare settings and schools to adopt national standards around nutrition, physical activity, screen time, and tobacco exposure. Conducted quantitative research of childcare professionals and developed baseline and follow-up survey to assess changes to policies.

Engaging Smokers in Cessation through Financial Assistance Program, June 2009–2011

Through funding from the American Legacy Foundation coordinated with financial assistance programs in NH and RI to implement a demonstration project to connect low-income individuals who smoke with evidence-based cessation services. Trained credit counselors to assess smoking status of all clients, advise on the high personal costs of smoking and impact on their budget and refer clients to the state's quitline and developed tools to track progress of project.

Manchester Community Sustainable Access Project: Community Benefits Assessment, January–May 2009

Through funding from Elliot Health Systems, Catholic Medical Center and the Manchester Health Department developed a strategy to collect qualitative data from community members represented in six towns served by agencies in Manchester, NH. The purpose of the research was to determine the extent to which the community benefited from their services a non profit organization. Qualitative research methods included 13 focus groups and 15 key informant interviews. Wrote report with recommendations based on data from assessment.

Training Oral Health Providers to Motivate Patients to Quit Smoking, October 2005 to May 2007

Year one of this project included planning and convening phase to assess the readiness of oral health providers to engage patients who use tobacco in a brief intervention. Data was collected through key informant interviews, focus groups, literature review and a curricula search. Wrote report with recommendations. In subsequent years, recruited practices and

conducted 50 trainings reaching over 500 oral health professions on an evidence-based model for reaching tobacco users in a practice setting.

Healthy Eating Active Living, June 2006 to December 2007

Facilitated a strategic planning process with NH worksite representatives to draft statewide recommendations to increase healthy eating and active living for NH employees. Reviewed the literature. Coordinated statewide NH conference to present the strategic plan to reduce obesity rates for NH children and adults with over 200 stakeholders present.

Tobacco & Literacy in NH: A Pilot Program for Young Adults, October 2006 to December 2007

Through funding from the American Legacy Foundation coordinated with three Adult Education Programs in NH to develop and pilot test three lessons that advanced adult literacy skills and tobacco knowledge to adult learners. Disseminated lesson plans to national adult literacy and tobacco control programs.

Smoking Cessation: State-of-the-Art Tobacco Treatment, July 2004 to June 2006

Provided project management for the NHDHHS, Tobacco Prevention and Control Program. Recruited and trained 120 healthcare clinical sites to assist patients who use tobacco in the 5A tobacco treatment model and provided technical assistance to sites to adopt the recommendations in the Public Health Services' Clinical Practice Guideline, Treating Tobacco Use and Dependence. Developed curriculum. Track results of the intervention with baseline and post surveys using SPSS.

Tobacco Free in the Queen City, September 2004 to December 2005

Provided project management to the NH Chapter of March of Dimes in partnership with the Elliot Wellness Center to train health and human service providers serving pregnant women or new families in the 5A tobacco treatment model through the Elliot Health Systems. Trained and provided technical assistance to staff from various programs or departments.

Smoking Cessation for Women of Reproductive Age: State-of-the-Art Tobacco Treatment, December 2002 to June 2004

Provided project management for the NHDHHS, Tobacco Prevention and Control Program in partnership with Southern and Northern NH Area Health Education Centers and the NH Foundation for Healthy Communities. The goal of the project was to increase the capacity of NH health providers serving perinatal and reproductive age women to systematically provide effective smoking cessation interventions in their clinical setting. Responsibilities included: contract monitoring, recruitment and training of health educators to deliver the guideline-based tobacco treatment intervention and the recommended practice improvements to both publicly and privately funded clinical sites throughout NH. Promoted and recruited the clinical sites, designed training materials and survey tools. Monitored project.

PRESENTATIONS

- Presented Poster at Moffitt Cancer Center: *Cancer, Culture and Literacy Conference* in 2008 & 2010.
- Presented at the NH Conference for Adult Educators on *Tobacco & Literacy in NH: A Pilot Program for Young Adults*, February 2007 and abstract accepted at the ACCESS 08 Conference.
- Presented Poster and presentation at the Break Free Alliance conference, *Promising Practice to Eliminate Tobacco Related Disparities: the Power of Communities*, April 2012.
- Presented Poster Break Free Alliance conference on *Supporting Healthy Practices in Child Care: Nutrition, Physical Activity & Tobacco Exposure*, April 2012.
- Presented at National Conference on Tobacco or Health, *Engaging Low-Income Smokers in Tobacco Cessation via Credit Counseling Programs*, 2012.

OTHER EDUCATION

- National Institutes of Health, Office of Extramural Research, Protecting Human Research Participants, September 2009
- New Hampshire Department of Safety, Division of Fire Standards and Training:
 - IS-700: NIMS an Introduction*, January 2009
 - IS-100: Introduction to ICS*, January 2009
 - Public Information Office*, April 2009
- Homeland Security Exercise & Evaluation Program (HSEEP) Training Course, December 2008
- Attended National Conference on Tobacco or Health, Minneapolis, MN, 2007

- Attended World Tobacco Conference, Washington, D.C., 2006
- Completed *Motivational Interviewing* workshop at Health Education and Training Institute, Portland, ME, 2005
- Attended National Tobacco Conference, Boston, MA, 2004
- Completed *Basic Skills for Working with Smokers*, University of Massachusetts Medical School, 2002

NAOMI CLEMMONS

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EDUCATION

UNIVERSITY OF MASSACHUSETTS SCHOOL OF PUBLIC HEALTH, AMHERST, MASSACHUSETTS

Master of Public Health

W. K. Kellogg Foundation Community Based Public Health Initiative Research Assistantship

AMERICAN UNIVERSITY, WASHINGTON, D.C.

Bachelor of Arts, Anthropology

EXPERIENCE

JSI, Burlington, Vermont

Senior Consultant, May 2004 to present

Serve as Project Director, Project Manager or Lead Content Expert on maternal and child health, early childhood and family planning projects. Areas of technical expertise include capacity building assistance, quality improvement, program monitoring and evaluation, and needs assessments.

Selected projects:

U.S. Department of Health and Human Services, Maternal and Child Health Bureau of Health Resources Service Administration. Supporting Healthy Start Performance Project (SHSPP). Lead Technical Assistance Coordinator to oversee the provision of technical assistance to Healthy Start (HS) grantees to ensure program effectiveness in achieving the goals to reduce infant mortality and health disparities, and improve perinatal health outcomes. Capacity Building Assistance (CBA) incorporates technical assistance, training, technology transfer and information transfer and dissemination within a framework of continuous quality improvement framework to ensure effectiveness of evidence based interventions and best practices.

Centers for Disease Control and Prevention (CDC), Teenage Pregnancy Prevention: Integrating Clinical Services, Evidence-Based Programs and Strategies through Community-Wide Initiatives Program. *Senior Technical Advisor* for a CDC initiative to demonstrate the effectiveness of multi-component, community-wide initiatives in reducing rates of teen pregnancy and births in communities with the highest rates with a focus on reaching African American and Hispanic youth aged 15-19, as well as hard-to-reach populations such as youth living in foster care, out-of-school youth, and 18-19 year olds who are at increased risk of pregnancy. Tasks include the coordination and provision of training and technical assistance to all national, state, and community partners on working with diverse communities and the social determinants of health that impact teen pregnancy; developing resources (webinars, written materials, reports, manuscripts); ensuring access to clinical services; and supporting project assessment and evaluation activities.

Quality Improvement Network for Contraceptive Access, NYC Department of Health and Mental Hygiene, Bureau of Maternal, Infant and Reproductive Health, *Quality Improvement Technical Assistance Coach*

Provide technical assistance to 10 NYC Hospitals participating in an ongoing Learning Collaborative to increase access to all methods of contraception, including Long Acting Reversible Methods of Contraception in the primary care, post-abortion, and postpartum services in the participating NYC hospitals.

U.S. Department of Health and Human Services, Maternal and Child Health Bureau of Health Resources Service Administration, Division of Services for Children with Special Health Needs (DSCSHN). Performance Measurement and Impact for Achieving Healthy People 2020 Goals for Children and Youth with Special Healthcare Needs *Senior Evaluation Analyst* providing training and technical assistance to grantees to further systems integration by enhancing states' capacity to monitor and improve program outcomes through institutionalizing continuous quality improvement processes. Activities included identification of best practices and evaluation of performance measures (access to a medical home, family/professional partnerships; access to coordinated ongoing comprehensive care within a medical home; access to adequate financing and private and/or public insurance to pay for needed services; early and continuous screening for special health needs; organization of community services for easy use; and, youth transition to adult health care); evaluation of program effectiveness; analysis of grantee progress and final reports; and,

documentation and resources to determine sustainable practices to be used as models for spreading integrated systems of care for CYSHN.

U.S. Department of Health and Human Services, Maternal and Child Health Bureau of Health Resources Service Administration, Division of Services for Children with Special Health Needs (DSCSHN). Celebrating 2010, Envision 2020 - Systems of Care for Children and Youth with Special Healthcare Needs (CYSHN) Program *Manager* assisting in the provision of policy support for new policies, programs and activities; supporting funded programs on evaluation and achievement of project activities, including a review of evidence-based and best practices that can be replicated in other states, and measuring progress toward achieving six performance measures (access to a medical home, family/professional partnerships; access to coordinated ongoing comprehensive care within a medical home; access to adequate financing and private and/or public insurance to pay for needed services; early and continuous screening for special health needs; organization of community services for easy use; and, youth transition to adult health care).

Vermont's Project LAUNCH (Linking Actions for Unmet Needs in Children's Health), Building Bright Future *Project Director* for VT Project LAUNCH, a grant program of the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA). The program seeks to promote the wellness of young children birth to age eight by focusing on improving the systems (primary care, early education and behavioral health) that serve young children with the goal of helping all children reach physical, social, emotional, behavioral, and cognitive milestones. VT Project LAUNCH serves children through 8 years of age and their families as well as refugee communities. JSI is responsible for the collection, management and analysis of primary (through survey research and qualitative research methods) and secondary (service provider, claims, public health surveillance, etc.) data that will inform both the local and SAMHSA's cross-site evaluation.

Delaware Health and Social Services, Delaware Family Health Epidemiology and Evaluation Support Services *Task Lead* for the Delaware 2015 Title V Needs Assessment, the CYSHCN Strategic Plan and the Family Health and Support Services Strategic Plan. The purpose of this contract is to provide epidemiology, analytic, and evaluation services for the Department of Family Health Systems & Management. JSI manages nine sub-projects ranging from evaluation design, implementation, data analysis, systems design and strategic planning for that State's maternal and child health (MCH) programmatic efforts.

Vermont Maternal and Child Health Program, Maternal, Infant and Early Childhood Home Visiting Program. *Project Director* for the evaluation of Vermont's MIECHV 3-year program. Evaluation activities include the collection of quantitative and qualitative data, development and dissemination of results to key stakeholders, and the identification of key recommendations that will support program replication and sustainability.

Vermont Department of Health, Division of MCH (Title V) Maternal and Child Health Needs Assessment *Project Director* for three statewide assessment cycles (2005, 2010, 2015) of Vermont's maternal and child health (MCH) priority populations. The assessment provided qualitative and quantitative analysis of relevant MCH data to support the state's MCH Title-V program in identifying ten priority needs for the subsequent federal grant and planning years.

Vermont Department of Health, 2010 Inventory of Vermont Maternal, Infant, Early Childhood Home Visiting Programs *Project Director* for a statewide inventory of all the known home visiting programs throughout the state serving mothers, infants, and children up to age six. The inventory consisted of a literature review, survey of Vermont's home visiting programs including those provided by Head Start, the home health agencies, community mental health agencies and programs funded through Temporary Aid for Needy Families (TANF).

U.S. Department of Health and Human Services, Office of Women's Health (OWH), Gender-responsive HIV Prevention Capacity Building *Capacity Building Assistance Provider* for an OWH initiative to provide capacity building assistance to community-based organizations (CBOs) serving racial and ethnic minority communities on integrating gender-responsive approaches into evidence-based interventions and public health strategies.

Office of Adolescent Pregnancy Programs (OAPP), Training and Technical Assistance to Adolescent Family Life (AFL) Grantees *Senior Technical Advisor* providing training and technical assistance to federal Project Officers and funded grantees on the social determinants of health that impact teen pregnancy.

Vermont Department of Health, Division of Maternal and Child Health, Title X Family Planning Needs Assessment *Project Director* for a comprehensive statewide needs assessment of to assess family planning and reproductive public health and clinical health needs of Vermont women and their partners.

U.S. Department of Health and Human Services, Health Resources and Services Administration, HIV/AIDS Bureau, Minority AIDS Initiative Evaluation. *Senior Evaluator.* Served on the evaluation team in the implementation of a qualitative impact evaluation of 21 HRSA/HAB programs funded by the Minority AIDS Initiative (MAI).

Vermont Department of Health, Division of Maternal and Child Health, Title X Family Planning Needs Assessment *Project Director* for a comprehensive statewide needs assessment of to assess family planning and reproductive public health and clinical health needs of Vermont women and their partners.

Quality Assurance Monitoring and Evaluation Services, Smoking Cessation during Pregnancy Program *Project Director* for the evaluation and quality assurance monitoring of the tobacco cessation during pregnancy brief intervention and incentives program. The objective of the incentive program is to support and encourage women to quit smoking early in and for the duration of throughout pregnancy.

Bi-State Primary Care Association, Vermont Migrant Health Services *Project Manager.* The project goal was to address the health needs of Vermont's migrant farmworkers by developing health care outreach programs in targeted counties, conducting a statewide assessment of unmet needs, and setting the stage for a long-term, sustainable solution to farmworker health access through development of a HRSA Bureau of Primary Health Care Federally Qualified Health Center (FQHC) Section 330(g)/(e) migrant and seasonal health center program. JSI was the lead evaluator for this three year project which involved a consortium of FQHCs, free clinics and the University of Vermont.

SHASTA A. JORGENSEN, M.P.H.

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sjorgensen@jsi.com

EDUCATION

BOSTON UNIVERSITY SCHOOL OF PUBLIC HEALTH, BOSTON, MASSACHUSETTS
Master of Public Health, Concentration in Social and Behavioral Science, 2010

UNIVERSITY OF REDLANDS, REDLANDS, CALIFORNIA
Bachelor of Arts, International Relations, 2001

EXPERIENCE

JSI, Bow, New Hampshire

Project Manager, February 2012 to present

Project Coordinator, March 2009 to 2012

Project Assistant, February 2003 to February 2009

JSI provides consultation to health care organizations in the areas of health services delivery, public health, practice management, information for decision-making, and program evaluation. Clients include government agencies, public and private health care providers (hospitals, group practices, community health centers, family planning organizations, health maintenance organizations, community-based coalitions and social service agencies). JSI is a health care consulting firm working with clients in the public and private sectors. Areas of technical expertise include: Project management and implementation, health education and material development, training, and quality improvement.

New Hampshire SBIRT Initiative, Trainer

Funded by the NH Charitable Foundation in partnership with the Conrad N. Hilton Foundation, provide training to NH health care providers in varying stages of implementation participating in an action learning collaborative of 10 pediatric-behavioral health partners including hospital-based and FQHC-based practices to make SBIRT (Screening, Brief Intervention, and Referral to Treatment) a standard of care. The training builds knowledge and skills through role play and practice on utilizing motivational interviewing techniques with patients identified at greater risk of substance misuse.

Partnerships for Quitline Sustainability, Project Director

Provide consultation and technical assistance to the health department on the development of quitline cost sharing relationships with private health plans insurers in an effort to support tobacco quitline operations. Develop strategies based on research around health plan cessation programs/benefits to engage private health plans in a cost sharing partnership with NH Tobacco Helpline.

Asthma Program: Quality Improvement (QI) Action Learning Collaborative and Technical Assistance, Connecticut Department of Public Health Services (CT DPHS), Quality Improvement Coach, 2015

Develop and deliver a QI Action Learning Collaborative for community-based programs, including school-based health centers and community health centers, to improve asthma management. This two-year project will support programs to develop QI capacity through an ALC, and provide support through ongoing coaching.

NH Tobacco Helpline

New Hampshire Department of Health and Human Services, Tobacco Prevention and Control Program

Responsible for program and administrative management of the NH Tobacco Helpline. Serve as primary contact, along with the Project Director, for contract with TPCP for the NH Tobacco Helpline and subcontractors. In collaboration with the management team, monitor progress in meeting goals of overall contract workplan and overall project. Assist TPCP in promoting the Helpline services to statewide organizations. Facilitate alliances among state agencies and/or organizations that serve similar priority populations. Oversee budget and serve as fiscal contact for additional services as determined by TPCP. Provide technical assistance regarding counter-marketing and public awareness initiatives. Oversee Program Assistant and Program Support staff activities and duties.

Expand and Promote the Try-TO-STOP TOBACCO Resource Center of NH

New Hampshire Department of Health and Human Services

Served as Project Coordinator to expand, promote and increase awareness and utilization of the evidence-based cessation



tools and resources offered through the Try-To-STOP TOBACCO Resource Center of NH through the creation of a strategic plan that includes a population based media campaign and outreach to NH physicians and other clinical and public health professionals such as the Community Health Access Network (CHAN), the NH Medical Society, NH health insurance providers as well as statewide partners to implement systemic adoption of the US PHSG.

Dover Youth Empowerment Model Evaluation

City of Dover

Data Manager for the Dover Youth Empowerment Model Evaluation. Collected evidence of effectiveness of this youth empowerment model for the innovators of this model. Efforts included getting the program elected as a Center for Substance Abuse Prevention's Service-to-Science program and furthering the program along the continuum of evidence for eligibility in the SAMHSA National Registry of Evidence-based Programs.

Multistate Learning Collaborative

Robert Wood Johnson Foundation

Project Coordinator for the RWJF-funded Multistate Learning Collaborative (MLC-3), a national collaborative effort to improve public health services and the health of communities by linking public health processes to health outcomes. Managed two learning collaboratives addressing childhood obesity and health improvement planning, and tobacco cessation among pregnant women and workforce development. Developed assessment tools and conduct public health network capacity assessments to inform NH public health regionalization process.

Engaging Smokers in Cessation through Financial Assistance Program

Legacy Foundation

Through funding from the American Legacy Foundation coordinated with financial assistance programs in NH and RI to implement a demonstration project to connect low-income individuals who smoke with evidence-based cessation services. Trained credit counselors to assess smoking status of all clients, advise on the high personal costs of smoking and impact on their budget and refer clients to the state's quitline and developed tools to track progress of project.

New Hampshire Tobacco Use Cessation and Counter Marketing

New Hampshire Department of Health and Human Services

Project Assistant of the New Hampshire Tobacco Cessation and Counter Marketing Project funded by the NH DHHS. This project incorporates three major components: 1) the toll free NH Smokers' Helpline offering services in English, Spanish and Portuguese through which smokers and other citizens of New Hampshire receive information on any aspect of tobacco and may be referred to state-of-the-art prevention and tobacco treatment resources, if appropriate; 2) the promotion of the NH Smokers' Helpline through a variety of traditional and non-traditional media outlets; and 3) a Tobacco Education Clearinghouse, which develops and distributes in bulk quantities high quality, culturally appropriate tobacco education materials.

Rural Health and Primary Care Section

New Hampshire Department of Health and Human Services

Project Assistant for the Healthcare Workforce Shortage Designation process for the state of New Hampshire. Purpose of project is to identify areas of the state that meet the federal criteria for Healthcare Professional Shortage Areas (HPSAs) and Medically Underserved Areas/Populations (MUA/Ps). Primary responsibilities include data managing of provider survey and make follow up calls to non-responsive providers.

Vulnerable Populations Emergency Preparedness Needs Assessment

NH Bureau of Emergency Management

Responsible for providing administrative and logistical support to the project including meeting logistics, focus group transcription and data management of emergency management director survey. The assessment includes collaboration with agencies working with special populations and in disaster response, an emergency management director survey and focus group data collection to detail emergency preparedness needs of these populations, identify gaps in organized emergency planning related to special populations, and develop recommendations to improve the capacity of emergency response system to meet these needs.

OTHER EDUCATION

Attended Public Health Improvement Training: Advancing Performance in Agencies, Systems and Communities, 2015

Completed *Motivational Interviewing* workshop at Health Education and Training Institute, Concord, NH, 2010

Completed *Basic Skills for Working with Smokers*, University of Massachusetts Medical School, 2008

Attended National Conference on Tobacco or Health, Minneapolis, MN, 2007

Attended World Tobacco Conference, Washington, D.C., 2006

Attended National Tobacco Conference, Boston, MA, 2004

STEVE SCHAFFER

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sschaffer@jsi.com

EDUCATION

UNIVERSITY OF FLORIDA, GAINESVILLE, FLORIDA
Masters work in Geography (All but Thesis)

MARY WASHINGTON UNIVERSITY, FREDERICKSBURG, VIRGINIA
BA, Political Science, 1996

EXPERIENCE

JSI, Boston, Massachusetts
Lead GIS Analyst, 2010

UDS Service Area Mapping & Analysis

Creation of service area and penetration mapping for the Uniform Data System (UDS) project. This included creating service areas, mapping and applying the results to analyze the effectiveness and rationality of service areas. GIS methods include spatial overlay geo-tagging linking zip codes with Zip Code Tabulation Areas (ZCTA), make table queries to create grantee specific overlapping service areas from non-unique grantee by ZCTA tables, minimum bounding envelopes to identify irrational service areas and data-driven pages that focus on one grantee's patient origin service area at a time.

HPSA/MUA/P Shortage Designation

GIS lead for mapping and analysis for the project included: Gathering Census demographic and health access related data at multiple geographic levels and mapping the results, conducting a small area analysis to provide model testing inputs at any geographic area, building impact testing models, linked in GIS to maps, that provided detailed indicators on the impact of designation method changes, designed interactive web mapping of model test results, conducted network and other spatial analysis to identify rational service areas and analyzed, in GIS, the relationship between current federal resources and new impact testing designation areas. Coordinated with HRSA staff on the building, results and analysis of impact testing models.

Primary care Utilization Surge from Affordable care Act

Mapping and analysis support for the project included: Spatial Analysis to estimate the Primary care utilization increase expected from full implementation of the Affordable Care Act. This included integrating demographic data and predictive model output at the local level and presenting results in detailed maps. Conducted a small area analysis to spread expected coverage gainers from Census PUMA5 areas to small local geographies based on age and income factors.

Geographic Analysis of Claims/patient Origin Data

Examined travel patterns and geographic accessibility using all payer claims (APCD) and Medicaid databases for projects in NH, FL and MD. This process involves: developing network based origin/destination drive-time matrices, creating natural or claims -based, service areas and assessing the population demand for services against provider supply.

Interactive Web Mapping

Created interactive web mapping applications that allow clients and the public to explore mapped information, search by addresses or postal codes, pan, zoom and identify on map features. A web map for New Hampshire Affordable Care Act implementation (<http://nhaca.jsi.com/webmap.html>) thematically displayed eligibility across insurance types and locations of assisters and brokers. Other developed web applications include primary care locations in Maine, Drug and Alcohol Treatment services in NH (<http://nhtreatment.org/>) and federally supported Healthy Start Service sites nationwide.

Needs Assessments

Mapping and geo-spatial analysis in support of health center needs analysis for regional health systems and individual

clinics and hospitals. Including mapping of income, race/ethnicity, age, gender and social determinate demographics; mapping of health status, vital statistics and preventable indicators; geo-location of service sites and patient based and drive-time accessibility based service area analysis.

Hazard Mitigation Mapping

Geocoded facilities and hazards to assist in public health mitigation strategies for natural and man-made disasters. This included: mapping and analysis of floodplains, hazardous material sites, utilities, government and community support facilities, large gathering places, identification of possible shelters, special needs populations and potential evacuation routes.

Nashua Regional Planning Commission, Merrimack, New Hampshire

GIS Manager, 2004

Manage the GIS program for the agency. Write reports and handle technical analysis. Responsible for the day-to-day operation of the GIS section, Project Management, GIS database management, map creation and analysis, and hiring, supervising, and evaluating of staff.

University of Florida College of Health Professions, Gainesville, Florida

GIS Consultant, 2002

Conducted health related service area spatial analysis of Medicaid providers to identify gaps in medical coverage. Analyzed Census Demographic data to create a risk of no insurance atlas for the Florida KidCare Program.

Adjunct Academic Appointments

Plymouth State University, Plymouth, New Hampshire

Adjunct Professor of Geography, 2003–2014

SKILLS

- ArcGIS and extensions
- ArcGIS Online and Google Maps API
- Focus on demographic and Spatial Accessibility Analysis
- Comprehensive knowledge of Census data including American Community Survey
- Transportation and land use modeling
- Spatial statistical analysis

FAITH BOUCHARD

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

faith_bouchard@jsi.com

EDUCATION

COLBY-SAWYER COLLEGE

Bachelor of Fine Arts in Graphic Design, Minor in Psychology, 2015

EXPERIENCE

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

Graphic Designer & Staff Associate, September 2015 to present

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

Current Projects:

Healthy Home and Lead Poisoning Prevention Program

Provide graphic design and general administrative support for the CDC's Healthy Homes and Lead Poisoning Prevention Program (HHLPPP). Primary role responsibilities include supporting the operational functions of the program, preparing various design materials, both digital and print, geared toward health providers, parents and contractors. HHLPPP is committed to maintaining and improving the health of Americans by supporting state and city public health programs, educating communities and promoting healthy living environments.

Diabetes Prevention Program and Prediabetes Media Development

Assist with graphic design for the statewide media campaign to target adults at high risk of developing prediabetes. Also provide general administrative assistance for the Diabetes Prevention Program.

NH Home Visiting Statewide Training Coordination

Assist with coordination and implementation of the statewide training plan for the state's 11 MIECHV-funded home visiting agencies currently implementing the Healthy Families America program. Work with agencies to provide technical assistance resources and provide graphic design assistance as needed.

NH Immunization Marketing Graphic Designer

Graphic Designer for a statewide marketing and awareness campaign to advance the understanding of the health benefits of vaccines and immunizations and increase NH immunization rates for the priority population.

New Hampshire Center for Excellence Graphic Designer

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

National Healthy Start Branding and Communications Graphic Designer

Maternal and Child Health Bureau (MCHB), Division of Healthy Start and Perinatal Services (DHSPS), Washington, DC. Assisted with graphic design for the Healthy Start EPIC Center to provide capacity building assistance (CBA) to approximately 100 Healthy Start grantees to ensure program effectiveness in achieving the goals to reduce infant mortality, reduce health disparities and improve perinatal health outcomes.

New Hampshire Tobacco Helpline Media, Marketing & Health Communications

Serve as Graphic Designer for the NH Tobacco Use Cessation and Counter Marketing Projects. This contract serves as communication hub for the NH Tobacco Helpline and its social media, web (www.QuitNowNH.org) and text counterparts and QuitWorks-NH a resource for NH clinicians working with their patients to quit using tobacco by providing them with a single portal for referring their patients who use tobacco for state-of-the-art treatment (www.quitworksnh.org). Annually, statewide media campaigns are conducted to expand and promote the NH Tobacco Helpline.



COMPUTER SKILLS

Adobe InDesign

Adobe Illustrator

Adobe Photoshop

Adobe Premiere

Microsoft Office

Constant Contact (Email Marketing Platform)

CHRISTIN H. D'OVIDIO

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EDUCATION

NATIONAL PUBLIC HEALTH INFORMATION COALITION, MARIETTA, GEORGIA
Certified Communicator in Public Health, 2015

UNIVERSITY OF SOUTH FLORIDA, TAMPA, FLORIDA
Graduate Certificate Degree, Social Marketing for Public Health, 2013

NEW SCHOOL UNIVERSITY, NEW YORK, NEW YORK
Master of Fine Arts, Acting & Fine Arts Production, 2002

MILLS COLLEGE, OAKLAND, CALIFORNIA
Bachelor of Arts, Dramatic Arts & Communications, 1998

EXPERIENCE

JSI, Bow, New Hampshire

Marketing and Communications Coordinator, 2016

New Hampshire Lyme Disease Prevention Campaign (present)

Serve as Project Manager to develop a grass-roots and marketing campaign for a private funder via the NH Charitable Foundation in order to reduce tick encounters and cases of Lyme disease in NH. This project identifies priority audiences affected by tick bites, best-practice outreach strategies, partner communication channels for grass-roots interventions, and effective educational outreach materials to advance the understanding of the health risks of tick encounter, and how to prevent tick bites and Lyme disease. Tick Free NH (TickFreeNH.org) includes the development and creation of a Public Service Announcement, mass-media campaign, social media campaign, and website.

New Hampshire Tobacco Helpline Media, Marketing & Health Communications (present)

Serve as Marketing and Communications Coordinator for the NH Tobacco Use Cessation and Counter Marketing Projects. This contract serves as communication hub for the NH Tobacco Helpline and its social media, web (QuitNowNH.org) and text counterparts and QuitWorks-NH (QuitWorksNH.org) a resource for NH clinicians working with their patients to quit using tobacco by providing them with a single portal for referring their patients who use tobacco for state-of-the-art treatment (www.quitworksnh.org). Annually, statewide media campaigns are conducted to expand and promote the NH Tobacco Helpline. Mass-media campaigns are recognized by the Centers for Disease Control and Prevention as a best practice for tobacco control; all campaigns utilize formative research and make use of best practices in social marketing for behavioral change. All campaigns include program planning, implementation and evaluation. This project includes tailored and tested, as well as originally created, population-based media campaigns that promote quitting tobacco use, free Nicotine Replacement Therapy, and the use of current best practices in treating tobacco use and dependence.

New Hampshire Opioid Awareness Campaign: Anyone.Anytime.NH™ (present)

Serve as Marketing and Communications Coordinator for the awareness campaign, Anyone.Anytime.NH™, created to reduce stigma around opioid addiction, increase awareness around the passage of two laws developed to save lives in an overdose situation, and encourage treatment and recovery in New Hampshire. This statewide traditional and media campaign includes the production of original Public Service Announcements, a website (AnyoneAnytimeNH.org) and web and social marketing.

New Hampshire Youth Prevention Campaigns (present)

Serve as Project Manager to research, evaluate, and implement two young-adult focused prevention campaigns: Binge Drinking Reduction and Heroin and Illicit Opioid Misuse Prevention in New Hampshire. The campaign will involve the theories of social marketing and may involve social media, traditional media, and youth leadership.

New Hampshire Juvenile Court Diversion Video (present)

Serve as Project Manager to research and create a selection of videos with the purpose of highlighting the benefits of enrolling youth in one of the many NH Juvenile Court Diversion Programs. One, five to seven minute video and three, 60 sec videos, each with varying distribution strategies will be created. The objective is to provide a uniform tool for the NH Network to use to increase participation in the programs, understanding of the program in priority populations, and to be able to speak in one voice. These videos will include champions of the process including: judges, police chiefs, parents, youth, etc.

NH Immunization Program Marketing, Communication & Web Development (present)



Serve as Project Manager to develop a creative health marketing campaigns for the NH Immunization Program that identifies priority audiences, best-practice outreach strategies, partner communication channels, and effective educational outreach materials to advance the understanding of the health benefits of vaccines and immunizations and increase NH immunization rates. Currently developing a new website to promote a statewide media campaign, "Start the Conversation", and evaluating current social media usage for coordination and adjustments.

National Healthy Start Branding and Communications Team Member (present)

Maternal and Child Health Bureau (MCHB), Division of Healthy Start and Perinatal Services (DHSPS), Washington, DC. Branding and communications team member for the Supporting Healthy Start Performance Project (SHSPP) to provide capacity building assistance (CBA) to approximately 100 Healthy Start grantees, to ensure program effectiveness in achieving the goals of reducing infant mortality, reducing health disparities and improving perinatal health outcomes. CBA incorporates technical assistance, training, technology transfer and information transfer and dissemination. Currently developing a National media campaign to extend the reach and recognition of Healthy Start and increase enrollment at the local level.

Rivier University, Division of Nursing and Health Professions, Nashua, New Hampshire

Adjunct Professor, 2016

State of New Hampshire, Department of Health and Human Services, Concord, New Hampshire

Health Communications Planner, 2008-2016

Responsible for the development, implementation and coordination of multiple Division of Public Health Services (DPHS) Programs' public relations, media, social media, counter-marketing, and social marketing activities statewide. Developed and implement Health Communication Interventions with a specialty in Social Marketing plan development including budget development, formative research, and evaluation planning. Acted as the media liaison between the Centers for Disease Control and Prevention's, Office of Smoking and Health and the DPHS. Developed federally required Communications Plans for the: NH Oral Health Program, NH Tobacco Prevention and Cessation Program, the NH Coordinated Chronic Disease Prevention and Screening Section, and assisted in the development of the NH Comprehensive Collaborative Communication Plan, and NH DPHS Strategic Plan and State Health Improvement Plan.

ORAL PRESENTATIONS

Anyone Anytime. NH: New Hampshire Heroin Awareness Campaign. (June 2016). 24th Social Marketing Conference, Building on the Legacy: Forging New Paths. Clearwater Beach, FL.

Public Health Chronic Disease Workforce. (November 2015). Presentation to Public Health 101 at Rivier University, Nashua, NH.

E-cigarettes and Current National and New Hampshire Policy. (September 2014). Public Policy Training for NH Comprehensive Cancer Collaborative members, Concord, NH.

Dear Me New Hampshire: Low-cost Marketing with a Big Impact. (April 2012). Break Free Alliance, Promising Practices. New Orleans, LA.

Marketing on a Shoestring Budget. (August 2009). National Conference on Health Communication Marketing and Media. Atlanta, GA.

HONORS AND AWARDS

Dear Me New Hampshire 2013-2014 Campaign Summary Report. (2015) BRONZE MEDAL, National Public Health Information Coalition

Certified Lean Green Belt, (2015). New Hampshire Bureau of Education and Training

Certified NH Supervisor Certificate Program, (2010). New Hampshire Department of Health & Human Services

PROFESSIONAL ORGANIZATIONS/VOLUNTEER ACTIVITIES

Board Member, Partnership for Drug Free New Hampshire, Member of the National Public Health Information Coalition. Member of the New Hampshire Public Health Association (Communications Committee Co-Chair), Comprehensive Cancer Collaborative Communications Workgroup (2014). Board President, Concord Commons Condominium Association (2015). Co-Chair, NH Department of Health and Human Services (DHHS), Division of Public Health Services (DPHS), Health Promotions User Group (2016). Co-Chair, NH Oral Health Communications Stakeholder Workgroup (2015). Co-Chair, Coordinated Chronic Disease Communications Committee (2014), DPHS. Strategic Planning, Public Health Messaging Strategy Workgroup and Internal Communications Workgroup Member (2011). CDC, Office on Smoking and Health Media Advisory Group –Member, former Steering Member (2015)

COMPUTER SKILLS

Adobe Creative Suite, MS Office, Google Analytics, basic WordPress, social media, the Internet.

ADELAIDE MURRAY

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adelaide_murray@jsi.com

EDUCATION

UNIVERSITY OF NEW HAMPSHIRE

Health Management and Policy: Public Health, 2016

EXPERIENCE

JSI Research & Training Institute, Bow, New Hampshire

Project Associate, 2016

New Hampshire Adolescent SBIRT: Screen and Intervene, NH Adolescent SBIRT supports the implementation of universal screening for substance misuse behaviors among youth ages 12-22 yrs old by adopting Screening, Brief Intervention, and Referral to Treatment (SBIRT) protocols in 24 practice sites across 10 organizations throughout the state of New Hampshire.

New Hampshire Center for Excellence, The Center for Excellence serves as a statewide technical assistance resource center for evidence-based practice in substance abuse services. JSI provides technical assistance in the selection and implementation of evidence-based practices in prevention of, treatment of, and recovery from alcohol and other drug disorders.

Needs Assessment of Specialized Medical Care for Abused and Neglected Children in New Hampshire, This project helps to advance the work of an interdisciplinary team of professionals from the Special Legislative Commission tasked with studying the issues impacting the delivery of special medical services to children in suspected cases of child abuse and neglect. The project now aims to create a network of stakeholders in the state to address recommendations made in the Needs Assessment.

PRIOR EXPERIENCE

Institute on Disability, Durham, New Hampshire

Research Assistant, 2013-2016

Provided data analyses for the New England Critical Congenital Heart Defect Newborn Screening Project, Contributed to the coordination of the New England Genetics Collaborative, Collaborated to develop policies and procedures for the strategic advancement of the Institute.

NH Department of Health and Human Services: Division of Public Health Services, Concord, New Hampshire

Director's Intern, 2015

Developed a formal policy system for the development, adoption, and integration of new DPHS policy, Assisted NH Public Health Laboratories in the development of blood sample reports for an ongoing Incident Management Situation, Collaborated with DHHS/DPHS leadership and Section Chiefs on ad hoc projects and needs.

PUBLICATIONS/PRESENTATIONS

Influenza Vaccination Challenges in an At-risk Student Population: Considerations for Health Services. International Journal of Adolescent Medicine and Health, In press.

Comparative Analysis of Seasonal Flu Prevention at New England Universities: Recommendations for Change. 2014-2015, oral presentation session at the 142nd American Public Health Association 2014 Annual Meeting, oral presentation session at the University of New Hampshire 2015 Undergraduate Research Conference, oral presentation session at the University of New Hampshire 2015 Grimes Research Competition.

Student Knowledge, Attitude, and Beliefs for Targeted Influenza Prevention Efforts at the University of New Hampshire. 2016, oral presentation session at the University of New Hampshire 2016 Undergraduate Research Conference, oral presentation session at the University of New Hampshire 2016 Grimes Research Competition.

NEGC's Health Care Access and Financing Work Group Studies Coverage Gaps for Families Affected by Genetic Conditions. 2014, National Coordinating Center Collaborator.



JSI Research & Training Institute, Inc. d/b/a Community Health Institute (CHI)

Key Personnel

Name	Job Title	Salary	% Paid from this Contract	Amount Paid from this Contract
Jonathan Stewart	Regional Director	\$136,008	0%	\$0.00
Katie Robert	Project Director	\$66,012	16%	\$13,477.00
Karyn Madore	Operations and Communications Director	\$101,500	24%	\$25,444.00
Martha Bradley	Senior Consultant	\$91,500	5%	\$4,242.22
Christin D'Ovidio	Marketing & Communications Coordinator	\$67,989	27%	\$20,245.62