



STATE OF NEW HAMPSHIRE

DEPARTMENT OF HEALTH AND HUMAN SERVICES

29 HAZEN DRIVE, CONCORD, NH 03301-6527
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MJT
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Nicholas A. Toumpas
Commissioner

José Thier Montero
Director

April 28, 2014

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

REQUESTED ACTION

100% Federal funds

Authorize the Department of Health and Human Services, Division of Public Health Services, to exercise renewal options with four vendors by increasing the Price Limitation by \$1,483,782 from \$1,217,491 to \$2,701,273 to provide statewide home visiting services to families in accordance with the Healthy Families America model, and extend the Completion Date from June 30, 2014 to June 30, 2016, effective July 1, 2014. These agreements were originally approved by Governor and Council on August 8, 2012, Item numbers 49, 50, 51 and 52.

Summary of contracted amounts by vendor:

Table with 3 columns: Vendor, Location, SFY 2015/2016 Amount. Rows include Community Action Program Belknap and Merrimack Counties, Child and Family Services of New Hampshire, The Family Resource Center at Gorham, VNA at HCS, Inc., and a TOTAL row.

Funds to support this request are available in the following accounts for SFY 2015 and are anticipated to be available in SFY 2016 upon availability and continued appropriation of funds in the future operating budget, with authority to adjust amounts within the price limitation and amend the related terms of the contract without further approval from Governor and Executive Council.

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

See attachment for financial details

EXPLANATION

This requested action seeks approval of 4 amendments to continue to support home visiting services in the counties of Belknap, Cheshire, Grafton, Hillsborough (not inclusive of Manchester),

Merrimack, and Rockingham counties for families at risk for poor health outcomes and child maltreatment. This voluntary home visiting program follows an evidence-based model and curriculum, proven through research to improve outcomes for health, reduce child maltreatment and improve family economic self-sufficiency. Home visitors provide support and education to families in their homes. Each family receives an assessment of their strengths and needs, and home-visiting services are provided in accordance with those individual assessments. Families and home visitors discuss prenatal health, child development, positive parenting practices, health and safety concerns, family planning and smoking cessation.

In the interest of efficiency, the contract amendments are being bundled as they are providing the same services, and because of the size of the resulting Governor and Council submission, the copies provided are abbreviated in the interest of saving resources. The Councilors and the public can view the entire submission package on the Secretary of State's website.

Services will be provided on a voluntary basis with priority given to pregnant women who meet one or more of the following criteria:

- are first time mothers
- have low incomes
- are pregnant women who have not attained age 21
- have a history of child abuse or neglect or have had interactions with child welfare services
- have a history of substance abuse or need substance abuse treatment
- are users of tobacco products in the home
- had low student achievement themselves, or have children with low student achievement
- have children with developmental delays or disabilities
- are in families that include individuals who are serving or have formerly served in the armed forces

Agencies may narrow their target populations, based on local needs.

By the nature of this agreement, Home Visiting New Hampshire – Healthy Families America is a collaborative service designed to avoid duplication. Agencies are required to collaborate with other agencies and organizations providing family support services in the community. In addition to home visiting services provided directly to families, this agreement supports infrastructure building through the coordination of home visiting with other early childhood programs such as health, education and family support.

By targeting the delivery of Home Visiting New Hampshire – Healthy Families America in communities that have been identified as having a high-risk population, the program aims to reduce differences in health outcomes. Risk factors for which the rates in the Counties are higher than the State mean include child maltreatment, unemployment, illicit drug use, binge drinking, and preterm births.

Should Governor and Executive Council not authorize this Request, families will not receive home visiting services that have been shown to improve conditions for young families leading to healthy and productive communities. In addition, New Hampshire will not fulfill its requirement to provide services as outlined in federal legislation.

Contracts were awarded to these four vendors through a competitive bid process. A Request for Proposals was posted on the Department of Health and Human Services' web site from March 27, 2012 through May 4, 2012. In addition, a bidder's conference was held April 12, 2012.

In response to the Request for Proposals for Home Visiting New Hampshire-Healthy Families America services to be provided in six geographic areas, seven proposals were submitted. A committee of nine reviewers evaluated the proposals, including five Department of Health and Human Services personnel and four external reviewers. Each reviewer had between seven and twenty-three years' experience providing direct services in the community and/or managing programs that serve children and families. Areas of specific expertise include Early Childhood Education, Maternal and Child Health, Healthy Homes, Immunization, Minority Health, Tobacco Cessation and Substance Use, Child Abuse Prevention, and Family Support. Proposals were scored taking an average of all reviewers' scores. Reviewers recommended funding six proposals to serve the six geographic areas. The Bid Summary is attached.

As referenced in the Request for Proposals, Renewals Section, these competitively procured Agreements have the option to renew for two (2) additional years, contingent upon satisfactory delivery of services, available funding, agreement of the parties and approval of the Governor and Council. The Department is exercising this renewal option.

Home Visiting agencies throughout New Hampshire have demonstrated success in meeting the healthcare needs of the uninsured and under-insured citizens of the state. The Division of Public Health Services funds agencies that employ home visiting providers who participate in rigorous quality improvement efforts utilizing standard performance measures that focus attention on improving health outcomes to families. All Home Visiting agencies are making adequate progress in meeting their performance measures.

The performance measures as described in the contract amendment Exhibit A – Amendment 1 – Performance Measures, will be used to continue to measure the effectiveness of the agreement.

Area to be served is Belknap, Cheshire, Grafton, Hillsborough (not inclusive of Manchester), Merrimack, and Rockingham counties.

Source of Funds: 100% Federal Funds from US Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau, Division of Child, Adolescent and Family Health CFDA #93.505, Federal Award Identification Number (FAIN), D89MC26361.

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

Respectfully submitted,



José Thier Montero, MD, MHCDS
Director

Approved by:



Nicholas A. Toumpas
Commissioner

**FINANCIAL DETAIL ATTACHMENT SHEET
Home Visiting NH - Health Families America**

**05-95-90-902010-0831 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF POPULATION HEALTH AND COMMUNITY SERVICES, ACA MIEC
100% Federal Funds**

Community Action Program Belknap and Merrimack Counties

Vendor #177203-B003

PO # 1024889

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102/500731	Contracts for Program Svcs	90083100	66,817	-	66,817
SFY 2014	102/500731	Contracts for Program Svcs	90083100	67,967	-	67,967
SFY 2015	102/500731	Contracts for Program Svcs	90083100	-	77,583	77,583
SFY 2016	102/500731	Contracts for Program Svcs	90083100	-	77,583	77,583
			Sub-Total	\$134,784	\$155,166	\$289,950

Child and Family Services of New Hampshire

Vendor #177166-B002

PO # 1024890

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102/500731	Contracts for Program Svcs	90083100	368,909	-	368,909
SFY 2014	102/500731	Contracts for Program Svcs	90083100	375,260	-	375,260
SFY 2015	102/500731	Contracts for Program Svcs	90083100	-	421,860	421,860
SFY 2016	102/500731	Contracts for Program Svcs	90083100	-	421,860	421,860
			Sub-Total	\$744,169	\$843,720	\$1,587,889

The Family Resource Center at Gorham

Vendor #162412-B001

PO # 1024886

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102/500731	Contracts for Program Svcs	90083100	88,898	-	88,898
SFY 2014	102/500731	Contracts for Program Svcs	90083100	90,429	-	90,429
SFY 2015	102/500731	Contracts for Program Svcs	90083100	-	121,224	121,224
SFY 2016	102/500731	Contracts for Program Svcs	90083100	-	121,224	121,224
			Sub-Total	\$179,327	\$242,448	\$421,775

VNA at HCS, Inc.

Vendor #177274-B002

PO # 1024895

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102/500731	Contracts for Program Svcs	90083100	78,926	-	78,926
SFY 2014	102/500731	Contracts for Program Svcs	90083100	80,285	-	80,285
SFY 2015	102/500731	Contracts for Program Svcs	90083100	-	121,224	121,224
SFY 2016	102/500731	Contracts for Program Svcs	90083100	-	121,224	121,224
			Sub-Total	\$159,211	\$242,448	\$401,659
			TOTAL	\$1,217,491	\$1,483,782	\$2,701,273

Program Name Home Visiting NH - Healthy Families America
 Contract Purpose Implement the evidence-based Healthy Families America home visiting model
 RFP Score Summary

REAF RFP CRITERIA	Max. Pts	Child and Family Service of New Hampshire, 464 Chestnut St., Manchester, NH 03105 - Rockingham County	Child and Family Service of New Hampshire, 464 Chestnut St., Manchester, NH 03105 - Hillsborough County	Child and Family Service of New Hampshire, 464 Chestnut St., Manchester, NH 03105 - Merrimack County	VNA at HCS, Inc., PO Box 564, 312 Marlboro St., Keene, NH 03431 - Cheshire County	The Family Resource Center at Gorham, 123 Main St., Gorham, NH 03581 - Grafton County	Lakes Region Community Services Council, 67 Communication Drive, Lacross, NH 03247 - Belknap County	Community Action Program Belknap and Merrimack Counties, Inc., 2 Industrial Park Drive, Concord, NH 03301 - Belknap County
Agency Capacity	30	27.00	29.00	28.00	27.00	28.00	24.00	28.00
Program Structure	50	45.00	49.00	49.00	46.00	45.00	41.00	44.00
Budget & Justification	15	13.00	14.00	14.00	12.00	13.00	15.00	15.00
Format	5	5.00	5.00	5.00	5.00	5.00	4.00	5.00
Total	100	90.00	97.00	96.00	90.00	91.00	84.00	92.00

BUDGET REQUEST	Year 01	Year 02	Year 03	TOTAL BUDGET REQUEST	BUDGET AWARDED
Year 01	\$110,623.00	\$148,019.00	\$110,267.00	\$368,919.00	\$66,817.00
Year 02	\$112,528.00	\$150,567.00	\$112,165.00	\$375,260.00	\$67,967.00
Year 03	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
TOTAL BUDGET REQUEST	\$223,151.00	\$298,586.00	\$222,432.00	\$744,169.00	\$134,784.00
Year 01	\$110,623.00	\$148,019.00	\$110,267.00	\$368,919.00	\$66,817.00
Year 02	\$112,528.00	\$150,567.00	\$112,165.00	\$375,260.00	\$67,967.00
Year 03	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
TOTAL BUDGET AWARDED	\$223,151.00	\$298,586.00	\$222,432.00	\$744,169.00	\$134,784.00

Name	Job Title	Dept/Agency	Qualifications
1 Patty Ewen	Consultant	DOE/Office of Early Childhood Education	Each reviewer had between seven and twenty-three years experience providing direct services in the community and/or managing programs that serve children and families
2 Kristin Booth	Child Care Development Fund Program Specialist	DHHS/DCYF	Areas of specific expertise include Early Childhood Education, Maternal and Child Health, Healthy Homes, Immunizations, Minority Health, Tobacco Cessation, Child Abuse Prevention, and Family Support.
3 Mary MacCaffrie	Public Education Administrator	DOS/Office of the State Fire Marshal	
4 Marcia Lavoobkin	Newborn Screening Program Coordinator	DHHS/DPHS	
5 Trinidad Teller	Director	DHHS/Office of Minority Health & Refugee Affairs	
6 Donna Fleming	Supervisor	DHHS/DPHS	
7 Megan Shedd	Assistant Professor, Early Childhood Studies	Plymouth State University	
8 Paul Garrison	Public Health Advisor, Immunization Section	DHHS/DPHS	
9 Kerie Brandt	Program evaluation consultant for community-based family support programs	Self-employed	



**State of New Hampshire
Department of Health and Human Services
Amendment #1 to the
Community Action Program Belknap Merrimack Counties, Inc.**

This 1st Amendment to the Community Action Program Belknap Merrimack Counties, Inc., contract (hereinafter referred to as "Amendment One") dated this 16th day of April, 2014, is by and between the State of New Hampshire, Department of Health and Human Services (hereinafter referred to as the "State" or "Department") and Community Action Program Belknap Merrimack Counties, Inc., (hereinafter referred to as "the Contractor"), a corporation with a place of business at 2 Industrial Park Drive, PO Box 1016, Concord, New Hampshire 03302-1016.

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on August 8, 2012 the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract as amended and in consideration of certain sums specified; and

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

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

WHEREAS, the Department desires to provide additional home visiting services to families in accordance with Healthy Families America model;

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

To amend as follows:

- Form P-37, to change:
Block 1.7 to read: June 30, 2016
Block 1.8 to read: \$289,950
- Exhibit A, Scope of Services to add:
Exhibit A – Amendment 1
- Exhibit B, Purchase of Services, Contract Price, to add:

Paragraph 1.1 to Paragraph 1:

The contract price shall increase by \$77,583 for SFY 2015 and \$77,583 for SFY 2016.

Paragraph 1.2 to Paragraph 1:

Funding is available as follows:

- \$155,166 from 05-95-90-902010-0831-102-500731, 100% Federal Funds from the US Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau, Division of Child, Adolescent and



Family Health CFDA #93.505, Federal Award Identification Number (FAIN), D89MC26361.

Delete Paragraph 6

Replace with:

6. Written requests for adjustments to amounts within the price limitation will not be accepted after May 30th of each contract year.

Add Paragraph 8

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

- Budget, to add:
 - Exhibit B-1 (2015) - Amendment 1
 - Exhibit B-1 (2016) - Amendment 1

This amendment shall be effective July 1, 2014 or upon the date of Governor and Executive Council approval, whichever is later.

New Hampshire Department of Health and Human Services



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

State of New Hampshire
Department of Health and Human Services

4/30/14

Date

[Signature]

Brook Dupee
Bureau Chief

Community Action Program Belknap
Merrimack Counties, Inc.

4/16/2014

Date

[Signature]

Name: Ralph Littlefield
Title: Executive Director

Acknowledgement:

State of New Hampshire, County of Merrimack on 4/16/2014, before the undersigned officer, personally appeared the person identified above, or satisfactorily proven to be the person whose name is signed above, and acknowledged that s/he executed this document in the capacity indicated above.

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

Kathy L. Howard, Notary
Name and Title of Notary or Justice of the Peace



New Hampshire Department of Health and Human Services



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

OFFICE OF THE ATTORNEY GENERAL

5-9-14
Date

Rosemary Wiant
Name: Rosemary Wiant
Title: Assistant Attorney General

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

OFFICE OF THE SECRETARY OF STATE

Date

Name:
Title:



EXHIBIT A – AMENDMENT 1
Scope of Services

The Department desires to continue the relationship with the Home Visiting Healthy Family America agencies to provide home visiting services to families in accordance with Healthy Families America model.

I. General Provisions

A. Eligibility and Income Determination

1. The Contractor shall provide home visiting services to pregnant and parenting women with children up to age three according to the priorities described in the Healthy Families America Home Visiting Model.
2. Priority shall be given to participants who:
 - Are first time mothers;
 - Have low incomes;
 - Are pregnant women who have not attained age 21;
 - Have a history of child abuse or neglect or have had interactions with child welfare services;
 - Have a history of substance abuse or need substance abuse treatment;
 - Are users of tobacco products in the home;
 - Have, or have children with, low student achievement;
 - Have children with developmental delays or disabilities;
 - Are in families that include individuals who are serving or have formerly served in the armed forces, including such families that have members of the armed forces who have had multiple deployments outside of the United States.
3. The Contractor shall provide documentation of income determination, inform clients of Medicaid, and/or assist with applications.

B. Numbers Served

Services are to be provided to a minimum number of families, as outlined in the table below, throughout the contract term, for the service area(s) for which the contractor is selected.

Exhibit A – Amendment 1, Scope of Services Contractor Initials

RE

Date

4/16/14



EXHIBIT A – AMENDMENT 1

Area to be served:	Minimum families served
Belknap County	16
Cheshire County	25
Grafton County	25
Hillsborough County (exclusive of the City of Manchester)	35
Merrimack County	26
Rockingham County	26

C. Culturally and Linguistically Appropriate Standards of Care

The Department of Health and Human Services (DHHS) recognizes that culture and language have considerable impact on how consumers access and respond to public health services. Culturally and linguistically diverse populations experience barriers in efforts to access health services. To ensure equal access to quality health services, the Division of Public Health Services (DPHS) expects that Contractors shall provide culturally and linguistically appropriate services according to the following guidelines:

1. Assess the ethnic/cultural needs, resources and assets of their community.
2. Promote the knowledge and skills necessary for staff to work effectively with consumers with respect to their culturally and linguistically diverse environment.
3. When feasible and appropriate, provide clients of limited English proficiency (LEP) with interpretation services. Persons of LEP are defined as those who do not speak English as their primary language and whose skills in listening to, speaking, or reading English are such that they are unable to adequately understand and participate in the care or in the services provided to them without language assistance.
4. Offer consumers a forum through which clients have the opportunity to provide feedback to providers and organizations regarding cultural and linguistic issues that may deserve response.
5. The Contractor shall maintain a program policy that sets forth compliance with Title VI, Language Efficiency and Proficiency. The policy shall describe the way in which the items listed above were addressed and shall indicate the circumstances in which interpretation services are provided and the method of providing service (e.g. trained interpreter, staff person who speaks the language of the client or language line).

Exhibit A – Amendment 1, Scope of Services Contractor Initials RS

Date 4/16/14



EXHIBIT A – AMENDMENT 1

D. State and Federal Laws

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

1. The Contractor shall report all cases of communicable diseases according to New Hampshire RSA 141-C and He-P 30, effective 01/05.
2. Persons employed by the Contractor shall comply with the reporting requirements of New Hampshire RSA 169:C, Child Protection Act; RSA 161:F46, Protective Services to Adults and RSA 631:6, Assault and Related Offenses.

E. Relevant Policies and Guidelines

1. The contractor shall maintain the confidentiality of public assistance clients and use the information only for program administration and/or evaluation purposes.
 - a) All staff must understand that the receipt of this information is confidential and cannot be disclosed except in direct administration and/or evaluation of the program.
 - b) All staff must adhere to the Division of Family Assistance confidentiality policy in the General Manual and sign a statement saying that they agree to uphold the confidentiality standards. Failure to maintain confidentiality shall result in disciplinary actions.
2. Receipt of public assistance and other confidential information may be shared as a part of the medical record only with the properly signed release of information from the client.

F. Publications Funded Under Contract

1. The DHHS and/or its funders will retain COPYRIGHT ownership for any and all original materials produced with DHHS contract funding, including, but not limited to, brochures, resource directories, protocols or guidelines, posters, or reports.
2. All documents (written, video, audio) produced, reproduced or purchased under the contract shall have prior approval from DPHS before printing, production, distribution, or use.
3. The Contractor shall credit DHHS on all materials produced under this contract following the instructions outlined in Exhibit C.

R-Q

4/16/14



EXHIBIT A – AMENDMENT 1

G. 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:

- Evaluate the prospective subcontractor's ability to perform the activities, before delegating the function
- 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
- Monitor the subcontractor's performance on an ongoing basis
- Provide to DHHS an annual schedule identifying all subcontractors, delegated functions and responsibilities, and when the subcontractor's performance will be reviewed
- 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.

II. Minimal Standards of Core Services

A. Service Requirements

1. Implement Healthy Families America home visiting model with fidelity using the 12 Healthy Families America Critical Elements listed below.
 - i. Initiate services prenatally or at birth.
 - ii. Use standardized screening and assessment tools to systematically identify and assess families most in need of services. These tools should assess the presence of various factors associated with increased risk for child maltreatment or other adverse childhood experiences.

Exhibit A – Amendment 1, Scope of Services Contractor Initials

R-Q

Date

4/16/19



EXHIBIT A – AMENDMENT 1

- iii. Offer services voluntarily and use positive, persistent outreach efforts to build family trust.
 - iv. Offer services intensely and over the long term, with well-defined criteria for increasing or decreasing intensity of service.
 - v. Services are culturally sensitive such that staff understands, acknowledges, and respects cultural differences among families; staff and materials used should reflect the cultural, language, geographic, racial and ethnic diversity of the population served.
 - vi. Services focus on supporting the parent(s) as well as the child by cultivating the growth of nurturing, responsive parent-child relationships and promoting healthy childhood growth and development.
 - vii. At a minimum, all families are linked to a medical provider to assure optimal health and development. Depending on the family's needs, they may also be linked to additional services related to: finances, food, housing assistance, school readiness, child care, job training, family support, substance abuse treatment, mental health treatment, and domestic violence resources.
 - viii. Services should be provided by staff with limited caseloads to assure that home visitors have an adequate amount of time to spend with each family to meet their unique and varying needs and to plan for future activities.
 - ix. Service providers should be selected based on their personal characteristics, their willingness to work in or their experience working with culturally diverse communities, and their skills to do the job.
 - x. Service providers receive intensive training specific to their role to understand the essential components of family assessment, home visitation and supervision.
 - xi. Service providers should have a framework, based on education or experience, for handling the variety of experiences they may encounter when working with at-risk families. All service providers should receive basic training in areas such as cultural competency, reporting child abuse, determining the safety of the home, managing crisis situations, responding to mental health, substance abuse, and/or domestic violence issues, drug-exposed infants, and services in their community.
 - xii. Service providers receive ongoing, effective supervision so they are able to develop realistic and effective plans to empower families.
2. HVNH-HFA will include home visits by nurses as an enhancement to the HFA Model. The schedule of visits should adhere closely to the following:
- a. In the prenatal period: three nurse visits at home or office, or a minimum of one nurse visit during each trimester in which a woman is enrolled.

Exhibit A – Amendment 1, Scope of Services Contractor Initials

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Date

4/16/19



EXHIBIT A – AMENDMENT 1

- b. A minimum of one postpartum/newborn home visit by nurse, Advanced Practice Registered Nurse (APRN), or physician offered to **all** families.
 - c. A minimum of 3, maximum of 10 nurse visits per year for the child.
3. Contractors considering clinical or sociological research using clients as subjects must adhere to the legal requirements governing human subjects' research. Contractors must inform the DPHS, MCHS prior to initiating any research related to this contract.

B. Staffing Provisions

1. New Hires

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

2. Vacancies

The Contractor must notify the MCHS in writing if the executive director or program coordinator position is vacant for more than three months. This may be done through a budget revision. In addition, the MCHS must be notified in writing if at any time any site funded under this agreement does not have adequate staffing to perform all required services for more than one month.

3. Staff employed or subcontracted by the contractor shall meet the following qualifications:

The HFA Critical Elements state that direct service staff should not be hired based on their formal education alone. Service providers and site management staff should be selected because of a combination of personal characteristics, experiential, and educational qualifications.

- a. **Program Managers shall have a Master's degree** in public health or human services administration or fields related to working with children and families, or Bachelor's degree with 3 years of relevant experience. Note: Program Managers and Supervisors hired prior to July 1, 2014 may have a Bachelor's degree.
- b. Direct Service staff including but not limited to **Family Assessment Workers (FAW), Family Support Workers (FSW)**, Community Health Workers, volunteers, and interns (if performing the same function) shall:
 - i. Have a minimum of a high school diploma or equivalent
 - ii. Have 2 years' experience working with or providing services to children and families in a health care or family support capacity
 - iii. Work in coordination with a licensed multidisciplinary team, including but not limited to Registered Nurses (RN's), APRNs, licensed clinical

Exhibit A – Amendment 1, Scope of Services Contractor Initials R-A



EXHIBIT A – AMENDMENT 1

social workers (LCSW), licensed marriage and family therapists, and/or other licensed health care professionals.

c. **Nurses** shall have:

- i. A current license to practice as a registered nurse in accordance with RSA 326-B.
- ii. A minimum of 2 years of experience in maternal and child health nursing.

4. **Supervision:**

All full-time direct service staff (assessment and home visit) shall receive weekly individual supervision for 1.5 to 2 hours and part-time staff receive at least 1 to 1.5 hours as described in the HFA Standards. Supervision sessions must be received individually each week. Please note: For sites that use reflective consultation groups, one session per month may apply towards the weekly supervision rates, when done in accordance with the expectations outlined in the Standards.

5. **HFA Core training** is required for all home visitors, assessment workers, supervisors, and program managers within six months of hire. This training must be provided by a nationally certified HFA Core trainer. HFA Core Supervisory training is also required for supervisors and program managers within six months of date of hire. This training must be provided by a certified trainer who has been trained to train others, to understand the essential components of the role of a supervisor, as well as the role of family assessment staff and home visitors.)

C. Coordination of Services

- 1. The contractor shall coordinate with other service providers within the contractor’s community.
- 2. At a minimum, such collaboration shall include:
 - i. representation on and logistical support to a local early childhood collaborative/council (such as the Infant Mental Health Team)
 - ii. interagency referrals, coordination of care and data sources for their target populations
- 3. The contractor shall examine current membership in the local council to identify gaps in representation in order to resemble the membership of Spark NH.
- 4. Agencies that deliver services in a community or communities that are part of a Public Health Network (PHN) region should be active participants in the PHN. As appropriate, agencies should participate in community needs assessments, public health performance assessments, and the development of regional public health improvement plans. Agencies should also engage

Exhibit A – Amendment 1, Scope of Services Contractor Initials R-R

Date 4/16/19



EXHIBIT A – AMENDMENT 1

PHN staff as appropriate to enhance the implementation of community-based public health prevention initiatives being implemented by the agency.

D. Meetings and Trainings

The Contractor will be responsible to send staff to meetings and training required by the MCHS program, including but not limited to:

1. MCH Coordinators meetings
2. Home Visiting Quarterly Meetings
3. Healthy Families America Core Trainings
4. Leadership, Evaluation, and Data System trainings
5. Other trainings as required for Healthy Families America accreditation as outlined by the Model
6. Parents as Teachers and/or Growing Great Kids training

III. Quality or Performance Improvement (QI/PI)

A. Workplans

1. Performance Workplans are required bi-annually for this program and are used to monitor achievement of standard measures of performance of the services provided under this contract. The workplans are a key component of the MCHS performance- based contracting system and of this contract.
2. The Contractor shall incorporate required and developmental performance measures, defined by the MCHS into the agency's Performance Workplan. Reports on Workplan Progress/Outcomes shall detail plans and activities that monitor and evaluate the agency's progress toward performance measure targets.
3. The Contractor shall comply with minor modifications and/or additions to the workplan and annual report format as requested by the MCHS. The MCHS will provide the Contractor with advance notice of such changes and the Contractor is not expected to incur any substantial costs relative to such changes.

B. Data and Reporting Requirements

In addition to Performance Workplans, the Contractor shall submit to the MCHS the following data used to monitor program performance:

1. Workplans and Workplan Outcome reports according to the schedule and instructions provided by the MCHS. The MCHS shall notify the Contractor at least 30 days in advance of any changes in the submission schedule.

Exhibit A – Amendment 1, Scope of Services Contractor Initials

Handwritten initials of the contractor, appearing to be 'R-G'.

Handwritten date: 4/16/19



EXHIBIT A – AMENDMENT 1

2. The data required for the federal Maternal, Infant & Early Childhood Home Visiting Program benchmark reporting, must be reported in the ETO Home Visiting Data System and updated weekly, at minimum
3. In years when contracts or amendments are not required, the DPHS Budget Form, Budget Justification, Sources of Revenue and Program Staff List forms must be completed according to the relevant instructions and submitted as requested by DPHS and, at minimum, by April 30 of each year.
4. The Sources of Revenue report must be resubmitted at any point when changes in revenue threaten the ability of the agency to carry out the planned program.
5. The Contractor shall collaborate with the Divisions of Public Health Services and Family Assistance to collect client and program data and information for the purpose of program evaluation and federal reporting.
6. The Contractor shall, for purposes of program evaluation and federal reporting, enter all information and data, including personally identifiable health data, for all clients served under this contract, into the ETO Home Visiting Data System. Contractors shall be responsible for obtaining any authorizations for release of information from the clients that is necessary to comply with federal and state laws and regulations. All forms developed for authorization for release of information must be approved by DPHS prior to their use.
7. An annual summary of program-specific patient satisfaction results obtained during the prior contract period and the method by which the results were obtained shall be submitted annually as an addendum to the Workplan Outcome/Progress reports.

C. On-Site Reviews

1. The Contractor shall allow a team or person authorized by the MCHS to periodically review the Contractor's systems of governance, administration, data collection and submission, clinical, and financial management in order to assure systems are adequate to provide the contracted services.
2. Reviews shall include client record reviews to measure compliance with this Exhibit.
3. The Contractor shall make corrective actions as advised by the review team if contracted services are not found to be provided in accordance with this Exhibit.

Exhibit A – Amendment 1, Scope of Services Contractor Initials

RE

4/16/14



EXHIBIT A – AMENDMENT 1

4. On-Site reviews may be waived or abbreviated at the discretion of the MCHS, upon submission of satisfactory reports of reviews from nationally accreditation organizations such as Healthy Families America. Abbreviated reviews will focus on any deficiencies found in previous reviews, issues of compliance with this Exhibit, and actions to strengthen performance as outlined in the agency Performance Workplan.

Exhibit A – Amendment 1, Scope of Services Contractor Initials

P-a

Date

4/16/14



EXHIBIT A- AMENDMENT 1 – PERFORMANCE MEASURES

**Home Visiting New Hampshire- Healthy Families America (HVNH-HFA)
Fiscal Year 2015 & 2016**

I. Performance Measures

Performance Measure #1

HFA Standard 7-5.B

Measure: 70% percent of women enrolled in the program received at least one Edinburgh Postnatal Depression Scale screening between 6-8 weeks postpartum.

Goal: All post-partum women enrolled in HVNH-HFA will receive this formal, validated screening for depression at the optimal time.

Definition: Numerator-
Of those in the denominator, the number of women that received an Edinburgh Postnatal Depression Scale screening between 6-8 weeks postpartum

Denominator-
The total number of women in the program who gave birth in the past fiscal year, who are at least 8 weeks post partum and who were enrolled prior to 6 weeks after the birth of their baby.

Data Source: HVNH-HFA Data Records

Performance Measure #2

HFA Standard 3-4.A

Measure: Increase the percent of families who remain enrolled in HFA for at least 6 months from the baseline¹.

Goal: Families stay connected and maintain involvement with HFA services.

Definition: Numerator-
Of those in the denominator, the number of families that remained in HFA services at least 6 months.

Denominator-
The number of families who received a first home visit during the period 7/1/14 – 12/31/14

Data Source: HVNH-HFA Data Records, HFA methodology for measuring retention rates

¹ MCH will provide Baseline from SFY 2014 data



EXHIBIT A– AMENDMENT 1 – PERFORMANCE MEASURES

Performance Measure #3

HFA Standard 6-7.A

Measure: 95% of children receive further evaluation after scoring below the "cutoff" on the ASQ-3

Goal: All children served who are determined to be at risk for developmental delays, will receive further evaluation.

Definition: Numerator-

Of those in the denominator, the number of children that received follow-up health care when determined necessary by a formal, validated developmental screening (ASQ-3).

Denominator-

The total number of children served in HVNH-HFA in the past fiscal year who received at least one ASQ-3 in which they scored below the cutoff.

Data Source: HVNH-HFA Data Records, and ASQ-3, results

II. Process Measures

Process Measure #1

HFA Standard 12-1.B

Measure: All direct service staff receive a minimum of 75% of required weekly individual supervision according to the HFA Standards.

Goal: Service providers receive ongoing, effective supervision so they are able to develop realistic and effective plans to empower families.

Definition: Numerator-

Of those in the denominator, the number of direct service staff who received 75% of required weekly individual supervision for a minimum of 1.5 hours for full time (.75 to 1.0 FTE) and 1 hour for part time staff (less than .75 FTE).

Denominator-

The number of direct service staff/home visitors employed in the HVNH-HFA Program in the past fiscal year.

Data Source: HVNH-HFA Data Records

Exhibit B-1 (2015) - Amendment 1

Budget

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: Community Action Program Belknap Merrimack Counties, Inc.

Budget Request for: Home Visiting NH - Healthy Families America
(Name of RFP)

Budget Period: SFY 2015

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	\$ 42,618.00	\$ -	\$ 42,618.00	
2. Employee Benefits	\$ 20,055.00	\$ -	\$ 20,055.00	
3. Consultants	\$ -	\$ -	\$ -	
4. Equipment:	\$ -	\$ -	\$ -	
Rental	\$ -	\$ -	\$ -	
Repair and Maintenance	\$ -	\$ -	\$ -	
Purchase/Depreciation	\$ -	\$ -	\$ -	
5. Supplies:	\$ 960.00	\$ -	\$ 960.00	
Educational	\$ -	\$ -	\$ -	
Lab	\$ -	\$ -	\$ -	
Pharmacy	\$ -	\$ -	\$ -	
Medical	\$ -	\$ -	\$ -	
Office	\$ -	\$ -	\$ -	
6. Travel	\$ -	\$ -	\$ -	
7. Occupancy	\$ -	\$ -	\$ -	
8. Current Expenses	\$ -	\$ -	\$ -	
Telephone	\$ -	\$ -	\$ -	
Postage	\$ -	\$ -	\$ -	
Subscriptions	\$ -	\$ -	\$ -	
Audit and Legal	\$ -	\$ -	\$ -	
Insurance	\$ -	\$ -	\$ -	
Board Expenses	\$ -	\$ -	\$ -	
9. Software	\$ -	\$ -	\$ -	
10. Marketing/Communications	\$ -	\$ -	\$ -	
11. Staff Education and Training	\$ 100.00	\$ -	\$ 100.00	
12. Subcontracts/Agreements	\$ 9,600.00	\$ -	\$ 9,600.00	
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	
Application Fees	\$ 1,850.00	\$ -	\$ 1,850.00	
Peer Review Team Travel Expenses	\$ 2,400.00	\$ -	\$ 2,400.00	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
TOTAL	\$ 77,583.00	\$ -	\$ 77,583.00	

Indirect As A Percent of Direct

0.0%

Contractor Initials: R-R
Date: 4/16/14

Exhibit B-1 (2016) - Amendment 1

Budget

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: Community Action Program Belknap Merrimack
Counties, Inc.

Budget Request for: Home Visiting NH - Healthy Families America
(Name of RFP)

Budget Period: SFY 2016

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	\$ 42,618.00	\$ -	\$ 42,618.00	
2. Employee Benefits	\$ 20,055.00	\$ -	\$ 20,055.00	
3. Consultants	\$ -	\$ -	\$ -	
4. Equipment:	\$ -	\$ -	\$ -	
Rental	\$ -	\$ -	\$ -	
Repair and Maintenance	\$ -	\$ -	\$ -	
Purchase/Depreciation	\$ -	\$ -	\$ -	
5. Supplies:	\$ 960.00	\$ -	\$ 960.00	
Educational	\$ -	\$ -	\$ -	
Lab	\$ -	\$ -	\$ -	
Pharmacy	\$ -	\$ -	\$ -	
Medical	\$ -	\$ -	\$ -	
Office	\$ -	\$ -	\$ -	
6. Travel	\$ -	\$ -	\$ -	
7. Occupancy	\$ -	\$ -	\$ -	
8. Current Expenses	\$ -	\$ -	\$ -	
Telephone	\$ -	\$ -	\$ -	
Postage	\$ -	\$ -	\$ -	
Subscriptions	\$ -	\$ -	\$ -	
Audit and Legal	\$ -	\$ -	\$ -	
Insurance	\$ -	\$ -	\$ -	
Board Expenses	\$ -	\$ -	\$ -	
9. Software	\$ -	\$ -	\$ -	
10. Marketing/Communications	\$ -	\$ -	\$ -	
11. Staff Education and Training	\$ 100.00	\$ -	\$ 100.00	
12. Subcontracts/Agreements	\$ 12,000.00	\$ -	\$ 12,000.00	
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	
Application Fees	\$ 1,850.00	\$ -	\$ 1,850.00	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
TOTAL	\$ 77,583.00	\$ -	\$ 77,583.00	

Indirect As A Percent of Direct

0.0%

Contractor Initials: RA

Date: 4/16/14

State of New Hampshire Department of State

CERTIFICATE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that COMMUNITY ACTION PROGRAM BELKNAP AND MERRIMACK COUNTIES, INC. is a New Hampshire nonprofit corporation formed May 28, 1965. I further certify that it is in good standing as far as this office is concerned, having filed the return(s) and paid the fees required by law.



In TESTIMONY WHEREOF, I hereto set my hand and cause to be affixed the Seal of the State of New Hampshire, this 10th day of April A.D. 2014

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

William M. Gardner
Secretary of State

Community Action Program Belknap-Merrimack Counties, Inc.

CERTIFICATE OF VOTE

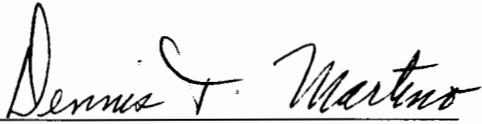
I, Dennis T. Martino, Secretary-Clerk of Community Action Program Belknap-Merrimack Counties, Inc. (hereinafter the "Corporation"), a New Hampshire corporation, hereby certify that: (1) I am the duly elected and acting Secretary-Clerk of the Corporation; (2) I maintain and have custody and am familiar with the minute books of the Corporation; (3) I am duly authorized to issue certificates with respect to the contents of such books; (4) that the Board of Directors of the Corporation have authorized, on 12/12/13, such authority to be in force and effect until 6/30/16 (contract termination date). (see attached)

The person(s) holding the below listed position(s) are authorized to execute and deliver on behalf of the Corporation any contract or other instrument for the sale of products and services:

Ralph Littlefield, Executive Director

(5) The meeting of the Board of Directors was held in accordance with New Hampshire, (state of incorporation) law and the by-laws of the Corporation; and (6) said authorization has not been modified, amended or rescinded and continues in full force and effect as of the date hereof. Excerpt of dated minutes or copy of article or section of authorizing by-law must be attached.

IN WITNESS WHEREOF, I have hereunto set my hand as the Clerk/Secretary of the corporation this 16th day of April, 2014.


Secretary-Clerk

STATE OF NEW HAMPSHIRE
COUNTY OF MERRIMACK

On this 16th day of April, 2014, before me, Kathy L. Howard the undersigned Officer, personally appeared Dennis T. Martino who acknowledged her/himself to be the Secretary-Clerk of Community Action Program Belknap-Merrimack Counties, Inc., a corporation and that she/he as such Secretary-Clerk being authorized to do so, executed the foregoing instrument for the purposes therein contained.

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


Kathy L. Howard, Notary
Notary Public/Justice of the Peace

Commission Expiration Date:



COMMUNITY ACTION PROGRAM
BELKNAP-MERRIMACK COUNTIES, INC.

CORPORATE RESOLUTION

The Board of Directors of Community Action Program Belknap-Merrimack Counties, Inc. authorizes the Executive Director, Deputy Director, Chief Accountant, President, Vice-President(s) or Treasurer of the Agency to sign contracts and reports with the State of New Hampshire, Departments of the Federal Government, which include all federal #269 and #272 Forms, and public or private nonprofit agencies *including, but not limited to, the following:*

- Department of Administrative Services for food distribution programs
- Department of Education for nutrition programs
- Department of Health and Human Services
 - Bureau of Elderly and Adult Services for elderly programs
 - Bureau of Homeless and Housing Services for homeless/housing programs
 - Division of Children, Youth, and Families for child care programs
 - Division of Family Assistance for Community Services Block Grant
 - Division of Public Health Services for public health programs
- Department of Justice for child advocacy/therapy programs
- Department of Transportation-Public Transportation Bureau for transportation programs
- Public Utilities Commission for utility assistance programs
- Workforce Opportunity Council for employment and job training programs
- Department of Resources and Economic Development
- Governor's Office of Energy and Planning for Head Start, Low Income Energy Assistance, Weatherization and Block Grant programs
- New Hampshire Community Development Finance Authority
- New Hampshire Housing Finance Authority
- New Hampshire Secretary of State
- U. S. Department of Housing and Urban Development
- U. S. Department of the Treasury – Internal Revenue Service
- and other departments and divisions as required

This Resolution authorizes the signing of all supplementary and subsidiary documents necessary to executing the authorized contracts as well as any modifications or amendments relative to said contracts or agreements.

This Resolution was approved by the Board of Directors of Community Action Program Belknap-Merrimack Counties, Inc. on December 12, 2013, and has not been amended or revoked and remains in effect as of the date listed below.

April 16, 2014

Date



Dennis T. Martino
Secretary/Clerk

SEAL



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/3/2014

PRODUCER (603) 669-3218 FAX: (603) 645-4331

Cross Insurance

Laura Perrin

1100 Elm Street

Manchester

NH 03101

INSURED

Community Action Program

Belknap-Merrimack Counties Inc.

P.O. Box 1016

Concord

NH 03302

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURERS AFFORDING COVERAGE

NAIC #

INSURER A: Arch Insurance Company

INSURER B: QBE

INSURER C: Hanover Insurance Co

18058

INSURER D: N.H.M.M. JUA

INSURER E:

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS MADE <input checked="" type="checkbox"/> OCCUR	NCPKG02266000	6/17/2013	6/17/2014	EACH OCCURRENCE \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC				DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO	NCAUT0226600	6/17/2013	6/17/2014	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	ALL OWNED AUTOS				BODILY INJURY (Per person) \$
	SCHEDULED AUTOS				BODILY INJURY (Per accident) \$
	HIRED AUTOS				PROPERTY DAMAGE (Per accident) \$
	NON-OWNED AUTOS				
	GARAGE LIABILITY ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY AGG \$
A	EXCESS / UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE	NCUMB02266000	6/17/2013	6/17/2014	EACH OCCURRENCE \$ 5,000,000
	DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$ 10,000				AGGREGATE \$ 5,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under SPECIAL PROVISIONS below	QWC3000372 (3a.) NH All officers included	6/17/2013	6/17/2014	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
A	OTHER Directors & Officers	PHSD727025	4/1/2014	4/1/2015	\$1,000,000
C	Blanket Crime	BDV1649128	3/27/2014	3/27/2015	500,000
D	Professional	NHJUA11882	12/30/2013	12/30/2014	1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

Refer to policy for exclusionary endorsements and special provisions.

CERTIFICATE HOLDER

Department of Health & Human Services
Contracts and Procurement Unit
129 Pleasant St, Brown Bldg
Concord, NH 03301

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

Laura Perrin/KS5

**COMMUNITY ACTION PROGRAM
BELKNAP - MERRIMACK COUNTIES, INC.**

**FOR THE YEARS ENDED
FEBRUARY 28, 2013 AND 2012
AND
INDEPENDENT AUDITORS' REPORT**

To the Board of Directors
Community Action Program of Belknap-Merrimack Counties, Inc.
Concord, New Hampshire

INDEPENDENT AUDITORS' REPORT

Report on the Financial Statements

We have audited the accompanying financial statements of Community Action Program of Belknap-Merrimack Counties, Inc. (a New Hampshire nonprofit organization), which comprise the statements of financial position as of February 28, 2013 and February 29, 2012, and the related statements of activities and cash flows for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

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

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

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

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Community Action Program of Belknap-Merrimack Counties, Inc. as of February 28, 2013 and 2012, and the changes in its net assets and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Leone, McDonnell + Roberts
Professional Association

October 10, 2013
Concord, New Hampshire

COMMUNITY ACTION PROGRAM BELKNAP - MERRIMACK COUNTIES, INC.

STATEMENTS OF FINANCIAL POSITION
FEBRUARY 28, 2013 AND FEBRUARY 29, 2012

	<u>2013</u>	<u>2012</u>
<u>ASSETS</u>		
CURRENT ASSETS		
Cash	\$ 1,205,452	\$ 2,027,864
Accounts receivable	3,484,861	3,431,174
Prepaid expenses	<u>424,367</u>	<u>527,020</u>
Total current assets	<u>5,114,680</u>	<u>5,986,058</u>
PROPERTY		
Land and buildings	4,618,289	4,618,289
Equipment	<u>5,935,585</u>	<u>5,909,477</u>
	10,553,874	10,527,766
Less accumulated depreciation	<u>(5,928,189)</u>	<u>(5,492,531)</u>
Property, net	<u>4,625,685</u>	<u>5,035,235</u>
OTHER ASSETS		
Investments	82,419	74,291
Due from related party	<u>139,441</u>	<u>139,441</u>
Total other assets	<u>221,860</u>	<u>213,732</u>
TOTAL ASSETS	<u>\$ 9,962,225</u>	<u>\$ 11,235,025</u>
<u>LIABILITIES AND NET ASSETS</u>		
CURRENT LIABILITIES		
Current portion of notes payable	\$ 129,407	\$ 122,029
Accounts payable	2,022,052	2,442,548
Accrued expenses	1,179,626	1,149,313
Refundable advances	<u>1,070,024</u>	<u>1,504,542</u>
Total current liabilities	4,401,109	5,218,432
LONG TERM LIABILITIES		
Notes payable, less current portion shown above	<u>1,744,319</u>	<u>1,871,566</u>
Total liabilities	<u>6,145,428</u>	<u>7,089,998</u>
NET ASSETS		
Unrestricted	2,909,675	3,127,371
Temporarily restricted	<u>907,122</u>	<u>1,017,656</u>
Total net assets	<u>3,816,797</u>	<u>4,145,027</u>
TOTAL LIABILITIES AND NET ASSETS	<u>\$ 9,962,225</u>	<u>\$ 11,235,025</u>

See Notes to Financial Statements

COMMUNITY ACTION PROGRAM BELKNAP - MERRIMACK COUNTIES, INC.

STATEMENT OF ACTIVITIES
FOR THE YEAR ENDED FEBRUARY 28, 2013
WITH COMPARATIVE TOTALS FOR THE YEAR ENDED FEBRUARY 29, 2012

	<u>Unrestricted</u>	<u>Temporarily Restricted</u>	<u>2013 Total</u>	<u>2012 Total</u>
REVENUES AND OTHER SUPPORT				
Grant awards	\$ 19,545,688		\$ 19,545,688	\$ 21,051,500
Other funds	3,708,706	\$ 2,333,637	6,042,343	6,269,875
In-kind	1,066,723		1,066,723	1,143,537
United Way	150,918		150,918	145,880
	<u>24,472,035</u>	<u>2,333,637</u>	<u>26,805,672</u>	<u>28,610,792</u>
Total revenues and other support				
	24,472,035	2,333,637	26,805,672	28,610,792
NET ASSETS RELEASED FROM RESTRICTIONS	<u>2,444,171</u>	<u>(2,444,171)</u>		
Total	<u>26,916,206</u>	<u>(110,534)</u>	<u>26,805,672</u>	<u>28,610,792</u>
EXPENSES				
Compensation	8,633,277		8,633,277	9,208,281
Payroll taxes and benefits	2,245,454		2,245,454	2,305,424
Travel	318,080		318,080	334,076
Occupancy	1,191,059		1,191,059	1,144,249
Program services	11,379,654		11,379,654	11,588,545
Other costs	1,780,824		1,780,824	2,549,575
Depreciation	518,831		518,831	529,623
In-kind	1,066,723		1,066,723	1,143,538
	<u>27,133,902</u>	<u></u>	<u>27,133,902</u>	<u>28,803,311</u>
Total expenses				
	27,133,902		27,133,902	28,803,311
CHANGE IN NET ASSETS	(217,696)	(110,534)	(328,230)	(192,519)
NET ASSETS - BEGINNING OF YEAR	<u>3,127,371</u>	<u>1,017,656</u>	<u>4,145,027</u>	<u>4,337,546</u>
NET ASSETS - END OF YEAR	<u>\$ 2,909,675</u>	<u>\$ 907,122</u>	<u>\$ 3,816,797</u>	<u>\$ 4,145,027</u>

See Notes to Financial Statements

COMMUNITY ACTION PROGRAM BELKNAP - MERRIMACK COUNTIES, INC.

**STATEMENTS OF CASH FLOWS
FOR THE YEARS ENDED FEBRUARY 28, 2013 AND FEBRUARY 29, 2012**

	<u>2013</u>	<u>2012</u>
CASH FLOWS FROM OPERATING ACTIVITIES		
Change in net assets	\$ (328,230)	\$ (192,519)
Adjustments to reconcile change in net assets to net cash provided by operating activities:		
Depreciation	518,831	529,623
Donated equipment	26,080	-
Gain on sale of property	(3,242)	(19,068)
(Increase) decrease in current assets:		
Accounts receivable	(53,687)	1,195,179
Prepaid expenses	102,653	(88,703)
Increase (decrease) in current liabilities:		
Accounts payable	(420,496)	(112,608)
Accrued expenses	30,313	153,178
Refundable advances	<u>(434,518)</u>	<u>(245,677)</u>
NET CASH (USED IN) PROVIDED BY OPERATING ACTIVITIES	<u>(562,296)</u>	<u>1,219,405</u>
CASH FLOWS FROM INVESTING ACTIVITIES		
Additions to property	(139,369)	(464,455)
Investment in partnership	(8,128)	(6,362)
Proceeds from sale of property	<u>7,250</u>	<u>20,000</u>
NET CASH USED IN INVESTING ACTIVITIES	<u>(140,247)</u>	<u>(450,817)</u>
CASH FLOWS FROM FINANCING ACTIVITIES		
Repayment of long term debt	<u>(119,869)</u>	<u>(131,193)</u>
NET CASH USED IN FINANCING ACTIVITIES	<u>(119,869)</u>	<u>(131,193)</u>
NET (DECREASE) INCREASE IN CASH	(822,412)	637,395
CASH BALANCE, BEGINNING OF YEAR	<u>2,027,864</u>	<u>1,390,469</u>
CASH BALANCE, END OF YEAR	<u>\$ 1,205,452</u>	<u>\$ 2,027,864</u>
SUPPLEMENTAL DISCLOSURE OF CASH FLOW INFORMATION:		
Cash paid during the year for interest	<u>\$ 116,248</u>	<u>\$ 122,905</u>

See Notes to Financial Statements

**COMMUNITY ACTION PROGRAM
BELKNAP-MERRIMACK COUNTIES, INC.**

(Approved by Agency Board of Directors on 02/24/05
as part of the Agency Bylaws.)

STATEMENT OF PURPOSE

The purpose the corporation includes providing assistance for the reduction of poverty, the revitalization of low-income communities, and the empowerment of low-income families and individuals to become fully self-sufficient through planning and coordinating the use of a broad range of federal, state, local, and other assistance (including private resources) related to the elimination of poverty; the organization of a range of services related to the needs of low-income families and individuals, so that these services may have a measurable and potentially major impact on the causes of poverty and may help the families and individuals to achieve self-sufficiency; the maximum participation of residents of the low-income communities and members of the groups served to empower such residents and members to respond to the unique problems and needs within their communities; and to secure a more active role in the provision of services for private, religious, charitable, and neighborhood-based organizations, individual citizens, and business, labor, and professional groups, who are able to influence the quantity and quality of opportunities and services for the poor.



Community Action Program Belknap—Merrimack Counties, Inc.



P.O. Box 1016 ♦ 2 Industrial Park Drive ♦ Concord, NH 03302-1016
Phone (603) 225-3295 ♦ Toll Free (800) 856-5525 ♦ Fax (603) 228-1898 ♦ Web www.bm-cap.org

Effective 12/2/13

BOARD OF DIRECTORS

	<u>Term Expires</u>
Sara A. Lewko, <i>President</i>	Indefinite
Charles Russell, Esq., <i>Vice-President</i>	3/2014
Dennis Martino, <i>Secretary-Clerk</i>	Indefinite
Kathy Goode, <i>Treasurer</i>	Indefinite
Heather Brown	1/2015
Nicolette Clark	1/2016
Susan Koerber	1/2016
Bill Johnson	Indefinite
Theresa Cromwell	3/2014
Cindy Cantelo	1/2015
Andrea MacEachern	1/2016

Public Sector – Indefinite
Elected Sector – 3-year term
Private Sector – 3-year term

ALTON
Senior Center 875-7102
Phosphor View Housing ... 876-3111

BELMONT
Senior Center 267-8987
Heritage Hill Housing ... 267-8901

BRADFORD
Senior Center 838-2194

CONCORD
Area Center 225-4888
Head Start 224-4482
Early Head Start 224-4482
Concord Area
Meals on Wheels 225-8682
Concord Area Thrift 225-1988
Horseshoe Pond Place 225-6986
WIC/SFP 225-2096
Workplace Success 223-3385

EPSOM
Meadow Brook Housing ... 736-4258

FRANKLIN
Area Center 854-3444
Head Start 854-2181
Early Head Start 854-2181
Senior Center 854-4191
Riverside Housing 854-8348

KEARSARGE VALLEY
Area Center 456-2287
Head Start 456-2288
North Ridge Housing ... 456-3588

LACONIA
Area Center 824-8512
Head Start 828-8334
Early Head Start 828-8334
Senior Center 824-7688
Family Planning 824-6483
Prenatal 824-6452
Winnepississete Transd. ... 828-3498
Workplace Success 824-4587

MEREDITH
Area Center 278-4694
Senior Center 278-8621

GOSSIPPEE
Family Planning 539-7552
Prenatal 539-7552

PEMBROKE
Village at Pembroke Farms
Housing 489-1842

PITTSFIELD
Senior Center 435-8482
Head Start 435-8678
Early Head Start 435-8678

SUNCOOK
Area Center 489-7624
Senior Center 489-4254

TILTON
Senior Center 827-8291

KEY ADMINISTRATIVE PERSONNEL

NH Department of Health and Human Services

Contractor Name: Community Action Program Belknap Merrimack Counties Inc

Name of Bureau/Section: Maternal and Child Health Section-HV-HFA

BUDGET PERIOD: SFY 15

Program Area: MCHS-HV-HFA

NAME	JOB TITLE	SALARY	PERCENT PAID FROM THIS CONTRACT	AMOUNT PAID FROM THIS CONTRACT
Linda Clairmont	Pgm Supervisor/Manager/FAW	\$17,146	83.48%	\$14,313.29
Aurelia Moran	Home Visitor	\$33,898	83.50%	\$28,304.71
Ralph Littlefield	Executive Director	\$0	0.00%	\$0.00
Julie Sackett	Head Start & Child Care Director	\$0	0.00%	\$0.00
Vanessa Gordon	Edu/Disabilities Serv. Specialist	\$0	0.00%	\$0.00
		\$0	0.00%	\$0.00
		\$0	0.00%	\$0.00
		\$0	0.00%	\$0.00
TOTAL SALARIES (Not to exceed Total/Salary Wages, Line Item 1 of Budget request)				\$42,618.00

BUDGET PERIOD: SFY 16

Program Area: MCHS-HV-HFA

NAME	JOB TITLE	SALARY	PERCENT PAID FROM THIS CONTRACT	AMOUNT PAID FROM THIS CONTRACT
Linda Clairmont	Pgm Supervisor/Manager/FAW	\$17,146	83.48%	\$14,313.29
Aurelia Moran	Home Visitor	\$33,898	83.50%	\$28,304.71
Ralph Littlefield	Executive Director	\$0	0.00%	\$0.00
Julie Sackett	Head Start & Child Care Director	\$0	0.00%	\$0.00
Vanessa Gordon	Edu/Disabilities Serv. Specialist	\$0	0.00%	\$0.00
		\$0	0.00%	\$0.00
		\$0	0.00%	\$0.00
		\$0	0.00%	\$0.00
TOTAL SALARIES (Not to exceed Total/Salary Wages, Line Item 1 of Budget request)				\$42,618.00

Linda S. Clairmont

Education: Rivier College – BA in Home Economics Education
Plymouth State University, UNH and Wheelock College - Graduate level
courses in Early Childhood Education, Secondary Education,
Mathematics, Social Services and Counseling

Training: Parents as Teachers Program Certified
Trained in the Parenting the Young Child Curriculum
Trained in Touchpoints Program
More than 300 hours of in-service and other professional trainings while
with the Head Start program

Experience: **Community Action Program Belknap-Merrimack Counties, Inc.**
2/16/93 - Present

Manager/Supervisor/Family Assessment Worker – 18 mos.

Responsible for implementation of quality services in the Healthy
Families America Program. Also responsible for direct
supervision of the home visitor and for conducting family
assessments.

Family & Community Services Manager - 9 years

Responsible for the implementation of high quality family support
in the Early Head Start/Head Start/Home Visiting N.H. programs.
Responsible for developing community relationships and
partnerships that enhance the support offered to families.
Responsible for maintaining enrollment requirements and a waitlist
of eligible applicants.

Home Visitor - 10 years

Responsible for providing a quality program for prenatal women
and families in Early Head Start with emphasis on the social,
emotional and cognitive development of infants and toddlers.
Responsible for providing home visits promoting the optimal
development of the children and enhancing parenting skills and the
parent-child relationship. Responsible for planning group
activities and educational opportunities for parents.

Shaker Regional School District 9/95 – 6/00

Taught classes in mathematics

Inter-Lakes School District 9/91 – 6-95

Taught classes in consumer education, adult roles and functions,
sewing, and mathematics

EDUCATION

Plymouth State University • Current Student

- Working toward my M.Ed. in Mental Health Counseling

University of New Hampshire • 2006

- B.A. in Psychology
 - Double minor in Race, Culture, & Power and Women's Studies
-

EXPERIENCE

Belknap-Merrimack Counties Community Action Program

Healthy Families America Home Visitor 10/2012-current

- Complete assessments to determine eligibility into the Healthy Families America program
- Work collaboratively with community agencies to provide optimal outcomes for families.
- Home visits with prenatal women, their partners, and families to provide support, referrals, and information and assist with development and achievement of goals.

Early Head Start Home Visitor 3/2012-10/2012

- Conduct weekly visits with families of children 0-3 with focus on nutrition, family services, health, mental health, safety, and parent involvement.
- Assess children using Creative Curriculum Gold
- Work as part of a team to plan weekly school year socializations for families

Family Service Worker • 8/2010 – 10/2012

- Conduct monthly visits with families of children in center based programming.
- Work on setting goals with families.
- Work as part of a team with teachers, mental health consultant, and health coordinator.

Home Visitor for Home Visiting New Hampshire 8/2010-6/30/2012

- Conduct weekly and bi-weekly visits of Medicaid eligible prenatal families and children up to age one.
- Participate in outreach to community partners and possible clients of HVNH.
- Met regularly with healthcare providers and social workers to enhance positive outcomes for families involved in HVNH.

Family Planning Program 6/2007-8/2010

Site Manager

- Developed and implemented curriculum for local schools and community organizations on reproductive health.
 - Maintained office, including billing, records, and reception.
 - Provided pregnancy testing, options counseling, HIV counseling and testing.
-

SPECIALIZED TRAINING

- Healthy Families America Core Training (FAW & FSW)
 - Parents as Teachers certification
 - Lactation Counselor
-

REFERENCES AVAILABLE UPON REQUEST

RALPH LITTLEFIELD

EDUCATION

High School – Winnacunnet High School, Graduated June 1966
College – Keene State College, Keene, NH, Graduated May 1971
Degree – Bachelor of Education

EMPLOYMENT

January 1980 – Present

Community Action Program Belknap-Merrimack Counties, Inc.
Executive Director

Responsible for the general administration of the agency which is comprised of 85 major programs and has an annual budget in excess of \$37 million dollars and a staff of 410 employees.

June 1978 – January 1980

Southwestern Community Services, Inc., Keene, New Hampshire
Deputy Director

1976 – June 1978

Southwestern Community Services, Inc., Keene, New Hampshire
Head Start Director

1974 – 1975

Southwestern Community Services, Inc., Keene, New Hampshire
Program Coordinator-Food Stamp Program, Green Thumb Project,
Nutrition West

1974 – Head Counselor, Summer Neighborhood Youth Corps

1972 – Assistant Head Start Director, Cheshire County Head Start
Claremont, New Hampshire

June 1971 – General Services Director

Julie Sackett, M.Ed., M.S.

Summary

An effective communicator with experience in management, as proprietor of a small business, executive director of a nonprofit agency, and program director within a larger non-profit organization. Skilled at relationship development and team building. Facilitate continuous improvement through development of innovative systems and policy.

Experience

- Community Action Program Belknap-Merrimack Counties, Inc. July, 2009-Present
Director, Head Start/Early Head Start/Child Care
- Oversee 100 employees at 6 sites, with 6 direct reports, annual budgets totaling over \$5,000,000
 - All sites are accredited with the National Association for the Education of Young Children.
 - Provide leadership for operations, implementation of program expansion, and strategic planning
 - Participate in state-level systems building and strategic planning
- Lakes Region Child Care Services; 2003-July, 2009
Executive Director
- Prepare and effectively administer annual budget over \$1,200,000.
 - Oversee 35-40 employees at 6 sites, with 3 direct reports.
 - Achieved Accreditation for program quality from the National Association for the Education of Young Children.
 - Manage all operations; review, improve, and create internal systems and policy for effectiveness and efficiency, promoting continuous improvements, and innovative ideas.
 - Research and planning for site relocation: facility design/construction, and business acquisition.
 - Other recognition: Most Improved Program, Lakes Region United Way, 2005 and 2008; Golden Trowel Award, Greater Laconia Chamber of Commerce, 2009.
- Plymouth State University; Plymouth, NH. Spring 2008
Adjunct Faculty, Early Childhood Education
- Plymouth State University; Plymouth, NH. 1997-2001, 2004
Mentor
Shared operational expertise with five practicum students from Plymouth State University.
- Plymouth State University; Plymouth, NH 2002-2003
Administrative Manager
- Participated in the development of systems to address updated teacher education standards.
 - Communicated with faculty, staff, and students about accreditation issues.
 - Provided technical assistance for accreditation efforts.
 - Participated in development of an electronic exhibit room.
 - Researched, edited, organized data and information for accreditation-related reports.
- Toddle Town Childcare Center and Preschool; Plymouth, NH 1990-2001
State licensed, full service childcare and preschool facility, for infants through kindergarten.
Owner and Director
- Developed clientele from 3 children to full enrollment capacity, with consistent wait list.
 - Managed all aspects of operations, including planning, budgeting, human resources and organizational management.
 - Excellent reputation in the community for high quality early care and education programs.

Julie Sackett – Experience cont.

Plymouth State College; Plymouth, NH. 1999
Instructor
Taught 13 students individually on curriculum development, providing feedback throughout their process of preparing developmentally appropriate learning activities for children.

Child and Family Services, FamilyWorks; Plymouth, NH 1996-2000
Provider Counselor

- Provided technical assistance to childcare providers in the greater Plymouth area.
- Initiated provider group, meeting monthly.
- Presented eight childcare workshops.
- Served on a committee to develop a school aged childcare program.

Child Care & Company; Plymouth State College, Plymouth, NH. 1993-1996
Child Care Resource & Referral

- Facilitated Child Care Basics workshops.
- Provided all aspects of childcare resource and referral 6/94-6/96, for the greater Plymouth area.

McCord Winn Textron; Derry, NH. 1986-1990
Site Employee Relations Representative

- Sole Employee Relations Representative in branch facility of over 100 employees.
- Initiated and facilitated Quality Circles in branch location.

Education and Credential

Master of Education, Plymouth State University
Elementary Education with focus on Early Childhood Administration.

Master of Science in Human Services, New Hampshire College
Community Psychology, with a concentration in Drug and Alcohol Services.

Bachelor of Science in Business Administration, Plymouth State College
Concentration in Marketing, minor in Psychology. Graduated Cum Laude.

Professional Associations

Spark NH; Council Member, Policy Committee
Child Care Advisory Council, Co-Chair
National Head Start Association
Early Learning New Hampshire
National Association for the Education of Young Children
Granite United Way; Plymouth Community Impact Team
Lakes Region Community Services, Family Resource Center of Central NH
Preschool Technical Assistance Network
Lakes Region Community College, Advisory Board
Huot Technical Child Care Program, Advisory Board
Whole Village Family Resource Center
Tenney Village Condominium Association

References available up on request

Vanessa Gordon

Education:

Plymouth State University, Plymouth, NH
Bachelor of Science Early Childhood Studies, May 2004
Kappa Delta Pi, International Honor Society

New Hampshire Technical Institute, Concord, NH
Associate of Science Early Childhood Studies, May 2001

Professional Experience:

Education/Disabilities Services Specialist, Birth to Three, Belknap-Merrimack Early Head Start, Concord, NH

January 2013-Present

- Responsible for the education, disability and parent education components of the Early Head Start program for prenatal women and children ages 0-3.

Community Action Program Belknap Merrimack Counties, Inc.

Supervisor/Healthy Families America

February 2013-Present

Direct supervision of the Family Assessment Worker/HFA Home Visitor Supervisor

Education/Disabilities Services Manager Concord Head Start, Early Head Start and Community Child Care
October 2010-December 2012

- Providing ongoing support, technical assistance, and direct supervision to Early Head Start, Head Start and Community Child Care teaching staff in nine classrooms.
- Ensuring implementation of the Creative Curriculum, Teaching Strategies GOLD, and many other supplemental curriculums.
- Ensuring compliance with state licensing, Head Start Performance Standards and naeyc accreditation.

Lead Teacher, Early Head Start, Concord, NH

September 2005- October 2010

- Providing high quality care for children aged 6 weeks to 3 plus years.
- Creating weekly curriculum and individualized weekly goals.
- Conducting homevisits and parent teacher conferences.
- Working with families to develop goals through child observations.

Assistant Teacher, Early Head Start, Concord, NH

September 2004-September 2005

- Worked closely with Lead Teacher to provide high quality care for children aged 6 weeks to 3 plus years.
- Assisting with curriculum and child observations.

Professional Memberships:

National Association for the Education of Young Children

References:

Julie Sackett,
(603)225-3295

Belknap-Merrimack Head Start Director, Concord, NH
jsacket@bm-cap.org

Anya Twarog
(603) 491-5702

BM CAP Ed. and D/S Specialist, Concord, NH

atwarog@bm-cap.org

SK
P



Nicholas A. Toumpas
Commissioner

José Thier Montero
Director

STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN
SERVICES

29 HAZEN DRIVE, CONCORD, NH 03301-6527
603-271-4517 1-800-852-3345 Ext. 4517
Fax: 603-271-4519 TDD Access: 1-800-735-2964



July 6, 2012

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

G&C Approval Date: 8-8-12

G&C Item # 50

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division of Public Health Services, Bureau of Population Health and Community Services, Maternal and Child Health Section, to enter into an agreement with Community Action Program Belknap and Merrimack Counties, Inc. (Vendor #177203-B003), 2 Industrial Park Drive, PO Box 1016, Concord, NH 03302-1016, in an amount not to exceed \$134,784.00, to provide home visiting services to families in accordance with the Healthy Families America model, to be effective July 1, 2012 or date of Governor and Council approval, whichever is later, through June 30, 2014. Funds are available in the following account for SFY 2013 and are anticipated to be available in SFY 2014 upon availability and continued appropriation of funds in the future operating budget.

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

Fiscal Year	Class/Object	Class Title	Job Number	Total Amount
SFY 2013	102-500731	Contracts for Program Services	90083100	\$66,817
SFY 2014	102-500731	Contracts for Program Services	90083100	\$67,967
			Total	\$134,784

EXPLANATION

Funds in this agreement will be used to support home visiting services in Belknap County for families at risk for poor health outcomes and child maltreatment. This voluntary home visiting program will follow an evidence-based model and curriculum, proven through research to improve outcomes for health, reduce child maltreatment and improve family economic self-sufficiency. Home visitors provide support and education to families in their homes. Each family receives an assessment of their strengths and needs, and home-visiting services are provided in accordance with those individual assessments. Families and home visitors discuss prenatal health, child development, positive parenting practices, health and safety concerns, family planning and smoking cessation.

Services will be provided on a voluntary basis with priority given to pregnant women who meet one or more of the following criteria:

- are first time mothers
- have low incomes
- are pregnant women who have not attained age 21
- have a history of child abuse or neglect or have had interactions with child welfare services
- have a history of substance abuse or need substance abuse treatment
- are users of tobacco products in the home
- had low student achievement themselves, or have children with low student achievement
- have children with developmental delays or disabilities
- are in families that include individuals who are serving or have formerly served in the armed forces

Agencies may narrow their target populations, based on local needs.

By the nature of this agreement, Home Visiting New Hampshire – Healthy Families America home visiting is a collaborative service designed to avoid duplication. Agencies are required to collaborate with other community agencies providing family support services in the community. In addition to home visiting services provided directly to families, this agreement supports infrastructure building through the coordination of home visiting with other early childhood programs such as early intervention, Head Start and prevention of child abuse and neglect.

By targeting the delivery of Home Visiting New Hampshire – Healthy Families America in communities that have been identified as having a high-risk population, the program aims to reduce differences in health outcomes. Risk factors for which the rate in Belknap County is higher than the State mean include child maltreatment, unemployment, illicit drug use, binge drinking, and preterm births.

Should Governor and Executive Council not authorize this Request, families will not receive home visiting services that have been shown to improve conditions for young families leading to healthy and productive communities. In addition, New Hampshire will not fulfill its requirement to provide services as outlined in federal legislation.

Community Action Program Belknap and Merrimack Counties, Inc. was selected for this project through a competitive bid process. A Request for Proposals was posted on The Department of Health and Human Services' web site from March 27, 2012 through May 4, 2012. In addition, emails were sent to community agencies and various listserves, which provided broad distribution throughout the state. A bidders' conference was held April 12, 2012 to alert bidders to this opportunity.

In response to the Request for Proposals for Home Visiting New Hampshire-Healthy Families America services to be provided in six geographic areas, seven proposals were submitted. A committee of nine reviewers evaluated the proposals, including five Department of Health and Human Services personnel and four external reviewers. Each reviewer had between seven and twenty-three years experience providing direct services in the community and/or managing programs that serve children and families. Areas of specific expertise include Early Childhood Education, Maternal and Child Health; Healthy Homes, Immunization; Minority Health; Tobacco Cessation; Child Abuse Prevention; and Family Support. Proposals were scored taking an average of all reviewers' scores. Reviewers recommended funding six proposals to serve the six geographic areas. The proposal from Community Action Program Belknap and Merrimack Counties, Inc. was selected to serve Belknap County. The Bid Summary is attached.

As referenced in the Request for Proposals, Renewals Section, this competitively procured Agreement has the option to renew for two additional years, contingent upon satisfactory delivery of services, available funding, agreement of the parties and approval of the Governor and Council. This is the initial agreement with this Contractor for these services.

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

Performance Measure #1: The percent of women enrolled in Home Visiting New Hampshire – Healthy Families America who receive at least one Edinburgh Post Natal Depression Scale screening between six and eight weeks after giving birth.

Performance Measure #2: The percent of families who receive a Healthy Homes One-Touch assessment by the birth of their child.

Performance Measure #3: The percent of children who receive further evaluation after scoring below the cutoff on the Ages & Stages Questionnaire, 3rd ed., which is a developmental screening tool.

Area served: Belknap County.

Source of Funds: 100% Federal Funds from United States Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau, Division of Child, Adolescent and Family Health.

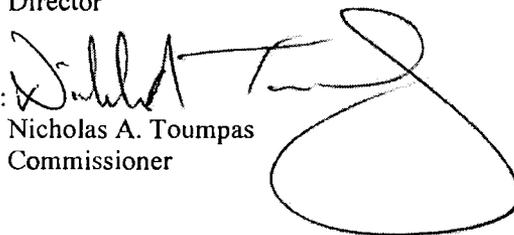
In the event that the Federal Funds become no longer available, General Funds will not be requested to support this program.

Respectfully submitted,



José Thier Montero, MD
Director

Approved by:



Nicholas A. Toumpas
Commissioner

JTM/TT/DD/SW/sc

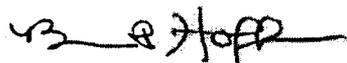
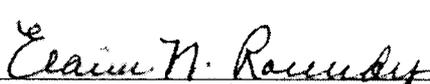
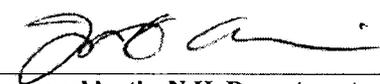
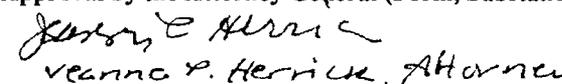
Subject: Home Visiting New Hampshire - Healthy Families America

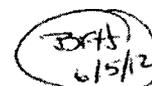
AGREEMENT

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

GENERAL PROVISIONS

1. IDENTIFICATION.

1.1 State Agency Name NH Department of Health and Human Services Division of Public Health Services		1.2 State Agency Address 29 Hazen Drive Concord, NH 03301-6504	
1.3 Contractor Name Community Action Program Belknap and Merrimack Counties, Inc.		1.4 Contractor Address 2 Industrial Park Drive PO Box 1016 Concord, New Hampshire 03302-1016	
1.5 Contractor Phone Number 603-225-3295	1.6 Account Number 05-95-90-902010-0831-102-500731	1.7 Completion Date June 30, 2014	1.8 Price Limitation \$134,784
1.9 Contracting Officer for State Agency Joan H. Ascheim, Bureau Chief		1.10 State Agency Telephone Number 603-271-4501	
1.11 Contractor Signature 		1.12 Name and Title of Contractor Signatory Brian F. Hoffman, Deputy Director	
1.13 Acknowledgement: State of <u>NH</u> , County of <u>Merrimack</u> 6/5/12 On _____, 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 ELAINE N. ROUNDY, Notary Public My Commission Expires August 24, 2016			
1.14 State Agency Signature 		1.15 Name and Title of State Agency Signatory Joan H. Ascheim, Bureau Chief	
1.16 Approval by the N.H. Department of Administration, Division of Personnel (if applicable) By: _____ Director, On: _____			
1.17 Approval by the Attorney General (Form, Substance and Execution) By:  Joanna P. Herrick, Attorney On: 17 Jul. 2012			
1.18 Approval by the Governor and Executive Council By: _____ On: _____			

 JAH
6/5/12

NH Department of Health and Human Services

Exhibit A

Scope of Services

Home Visiting New Hampshire -- Healthy Families America

CONTRACT PERIOD: July 1, 2012 or date of G&C approval, whichever is later, through June 30, 2014

CONTRACTOR NAME: Community Action Program Belknap and Merrimack Counties, Inc.

ADDRESS: 2 Industrial Park Drive, PO Box 1016
Concord, New Hampshire 03302-1016

Executive Director: Ralph Littlefield

TELEPHONE: 603-225-3295

The Contractor shall:

Provide Home Visiting New Hampshire – Healthy Families America services as specified below.

I. General Provisions

A. Eligibility and Income Determination

1. The Contractor shall provide home visiting services to pregnant and parenting women with children up to age three according to the priorities described in the Healthy Families America Home Visiting Model.
2. Priority shall be given to participants who:
 - Are first time mothers;
 - Have low incomes;
 - Are pregnant women who have not attained age 21;
 - Have a history of child abuse or neglect or have had interactions with child welfare services;
 - Have a history of substance abuse or need substance abuse treatment;
 - Are users of tobacco products in the home;
 - Have, or have children with, low student achievement;
 - Have children with developmental delays or disabilities;
 - Are in families that include individuals who are serving or have formerly served in the armed forces, including such families that have members of the armed forces who have had multiple deployments outside of the United States.
3. The Contractor shall provide documentation of income determination and need to inform clients of Medicaid and/or Health Kids and Medicaid and/or to assist with applications.

B. Numbers Served

Services are to be provided to a minimum number of families, as outlined in the table below, throughout the contract term, for the service area(s) for which the contractor is selected.

Area to be served:	Minimum families served
Belknap County	16
Cheshire County	19
Grafton County	21
Hillsborough County (exclusive of the City of Manchester)	35
Merrimack County	26
Rockingham County	26

C. Culturally and Linguistically Appropriate Standards of Care

The Department of Health and Human Services (DHHS) recognizes that culture and language have considerable impact on how consumers access and respond to public health services. Culturally and linguistically diverse populations experience barriers in efforts to access health services. To ensure equal access to quality health services, the Division of Public Health Services (DPHS) expects that Contractors shall provide culturally and linguistically appropriate services according to the following guidelines:

1. Assess the ethnic/cultural needs, resources and assets of their community.
2. Promote the knowledge and skills necessary for staff to work effectively with consumers with respect to their culturally and linguistically diverse environment.
3. When feasible and appropriate, provide clients of limited English proficiency (LEP) with interpretation services. Persons of LEP are defined as those who do not speak English as their primary language and whose skills in listening to, speaking, or reading English are such that they are unable to adequately understand and participate in the care or in the services provided to them without language assistance.
4. Offer consumers a forum through which clients have the opportunity to provide feedback to providers and organizations regarding cultural and linguistic issues that may deserve response.
5. The Contractor shall maintain a program policy that sets forth compliance with Title VI, Language Efficiency and Proficiency. The policy shall describe the way in which the items listed above were addressed and shall indicate the circumstances in which interpretation services are provided and the method of providing service (e.g. trained interpreter, staff person who speaks the language of the client or language line).

D. State and Federal Laws

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

1. The Contractor shall report all cases of communicable diseases according to New Hampshire RSA 141-C and He-P 30, effective 01/05.
2. Persons employed by the Contractor shall comply with the reporting requirements of New Hampshire RSA 169:C, Child Protection Act; RSA 161:F46, Protective Services to Adults and RSA 631:6, Assault and Related Offenses.

Contractor Initials: BFA
Date: 6/5/12

E. Relevant Policies and Guidelines

1. The contractor shall maintain the confidentiality of public assistance clients and use the information only for program administration purposes.
 - a) All staff must understand that the receipt of this information is confidential and cannot be disclosed except in direct administration of the program.
 - b) All staff must adhere to the Division of Family Assistance confidentiality policy in the General Manual and sign a statement saying that they agree to uphold the confidentiality standards. Failure to maintain confidentiality shall result in disciplinary actions.
2. Receipt of public assistance and other confidential information may be shared as a part of the medical record only with the properly signed release of information from the client.

F. Publications Funded Under Contract

1. The DHHS and/or its funders will retain COPYRIGHT ownership for any and all original materials produced with DHHS contract funding, including, but not limited to, brochures, resource directories, protocols or guidelines, posters, or reports.
2. All documents (written, video, audio) produced, reproduced or purchased under the contract shall have prior approval from DPHS before printing, production, distribution, or use.
3. The Contractor shall credit DHHS on all materials produced under this contract following the instructions outlined in Exhibit C-1 (5).

G. Subcontractors

If services required to comply with this Exhibit are provided by a subcontracted agency or provider, the DPHS, Maternal and Child Health Section (MCHS) must be notified in writing prior to initiation of the subcontract. In addition, subcontractors must be held responsible to fulfill all relevant requirements included in this Exhibit.

II. Minimal Standards of Core Services

A. Service Requirements

1. Implement Healthy Families America home visiting model with fidelity using the 12 Healthy Families America Critical Elements listed below.
 - i. Initiate services prenatally.
 - ii. Use the Parent Survey, a standardized assessment tool, to systematically identify families who are most in need of services.
 - iii. Offer services voluntarily and use positive outreach efforts to build family trust.
 - iv. Offer services to participating families until the child's third birthday, using well-defined criteria for increasing or decreasing frequency of services. These criteria will be developed by the statewide Home Visiting Advisory Group.
 - v. Services should be culturally competent; materials used should reflect the diversity of the population served.
 - vi. Services are comprehensive, focusing on supporting the parent as well as supporting parent-child interaction and child development.
 - vii. All families should be linked to a medical provider; they may also be linked to additional services.

- viii. Staff members should have limited caseloads.
 - ix. Service providers are selected based on their personal characteristics, such as ability to establish a trusting relationship; their willingness to work in or their experience working with culturally diverse communities; and their skills to do the job.
 - x. All service providers should receive basic training in areas such as cultural competency, substance abuse, reporting child abuse, domestic violence, drug-exposed infants, and services in their community.
 - xi. Service providers should receive thorough training specific to their role to understand the essential components of family assessment and home visitation.
 - xii. Service providers receive ongoing, effective accountable, clinical and reflective supervision.
2. HVNH-HFA will include home visits by nurses as an enhancement to the HFA Model. The schedule of visits should adhere closely to the following:
 - a. In the prenatal period: three nurse visits at home or office, or a minimum of one nurse visit during each trimester in which a woman is enrolled.
 - b. A minimum of one postpartum/newborn home visit by nurse, Advanced Registered Nurse Practitioner (ARNP), or physician offered to *all* families.
 - c. A minimum of 3, maximum of 10 nurse visits per year for the child.
 3. Contractors considering clinical or sociological research using clients as subjects must adhere to the legal requirements governing human subjects' research. Contractors must inform the DPHS, MCHS prior to initiating any research related to this contract.

B. Staffing Provisions

1. New Hires

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

2. Vacancies

The Contractor must notify the MCHS in writing if the executive director or program coordinator position is vacant for more than three months. This may be done through a budget revision. In addition, the MCHS must be notified in writing if at any time any site funded under this agreement does not have adequate staffing to perform all required services for more than one month.

3. Staff employed or subcontracted by the contractor shall meet the following qualifications:

The HFA Critical Elements state that direct service staff should not be hired based on their formal education alone. Service providers should be selected because of their personal characteristics (i.e., a non-judgmental attitude, compassion, the ability to establish a trusting relationship, etc.), their willingness to work in or experience working with culturally diverse communities, and their skills to do the job.

- a. Family Assessment Workers (FAW) and Family Support Workers (FSW)/Home Visitors shall:

- i. Have a high school diploma or general equivalency diploma
 - ii. Have 2 years' experience working with families in a health care support capacity
 - iii. Work in coordination with a licensed multidisciplinary team, including but not limited to Registered Nurses (RN's), APRNs, licensed clinical social workers (LCSW), licensed marriage and family therapists, and/or other licensed health care professionals.
 - b. Nurses shall have:
 - i. A current license to practice as a registered nurse in accordance with RSA 326-B.
 - ii. A minimum of 2 years of experience in maternal and child health nursing.
 - c. Nutritionists shall have:
 - i. A bachelor's degree in foods and nutrition or home economics, or a master's degree in nutrition, nutrition education, or nutrition in public health or current Registered Dietitian status in accordance with the Commission on Dietetic Registration of the American Dietetic Association.
 - ii. Individuals who perform functions similar to a nutritionist but do not meet the above qualifications shall not use the title of nutritionist.
 - d. Social workers shall have:
 - i. A bachelor's degree in social work or a master's or bachelor's degree in a related social science or human behavior field, or master's degree in social work (MSW).
 - ii. A minimum of 2 years experience working with children or families in a support or counseling capacity.
 - iii. Individuals who perform social work functions similar to a social worker but do not meet the above qualifications shall not use the title of social worker.
- 4. Home visitors shall be supervised by a nurse, social worker or other professional with relevant experience with approval from the Division of Public Health Services, and meet with their supervisor individually for no less than 1.5 hours per week for full-time home visitors. Group meetings with other home visitors to share information and coordinate services are required no less than every two weeks.

All direct service personnel (FSW, FAW, Supervisor) involved in the HFA Program (both paid and in-kind) must attend the HFA CORE training provided by a nationally certified HFA trainer. The required initial training for both a Family Support Worker and a Family Assessment Worker is 4 days. The Supervisor must attend both the Family Support Worker and Family Assessment Worker training and attend the fifth day, which is for supervisors only (a total of 10 days of training).

C. Coordination of Services

- 1. The contractor shall coordinate, where possible, with other service providers within the contractor's community. At a minimum, such collaboration shall include interagency referrals and coordination of care.
- 2. Agencies that deliver services in a community or communities that are part of a Public Health Network (PHN) region should be active participants in the PHN. As appropriate, agencies should participate in community needs assessments, public health performance assessments, and the development of regional public health improvement plans. Agencies should also engage PHN staff as appropriate to enhance the implementation of community-based public health prevention initiatives being implemented by the agency.

D. Meetings and Trainings

The Contractor will be responsible to send staff to meetings and training required by the MCHS program, including but not limited to: HVNH Quarterly Meetings, Healthy Families America Core Trainings, and Data System trainings.

III. Quality or Performance Improvement (QI/PI)

A. Workplans

1. Performance Workplans are required annually for this program and are used to monitor achievement of standard measures of performance of the services provided under this contract. The workplans are a key component of the MCHS performance- based contracting system and of this contract.
2. The Contractor shall incorporate required and developmental performance measures, defined by the MCHS into the agency's Performance Workplan. Reports on Workplan Progress/Outcomes shall detail the Performance Workplan and activities that monitor and evaluate the agency's progress toward performance measure targets.
3. The Contractor shall comply with minor modifications and/or additions to the workplan and annual report format as requested by the MCHS. The MCHS will provide the Contractor with advance notice of such changes and the Contractor is not expected to incur any substantial costs relative to such changes.

B. Data and Reporting Requirements

In addition to Performance Workplans, the Contractor shall submit to the MCHS the following data used to monitor program performance:

1. Submit Workplans and Workplan Outcome reports according to the schedule and instructions provided by the MCHS. The MCHS shall notify the Contractor at least 30 days in advance of any changes in the submission schedule.
2. The data required for the federal Maternal, Infant & Early Childhood Home Visiting Program benchmark reporting, reported in the Home Visiting Data System.
3. In years when contracts or amendments are not required, the DPHS Budget Form, Budget Justification, Sources of Revenue and Program Staff List forms must be completed according to the relevant instructions and submitted as requested by DPHS and, at minimum, by April 30 of each year.
4. The Sources of Revenue report must be resubmitted at any point when changes in revenue threaten the ability of the agency to carry out the planned program.
5. The Contractor shall collaborate with the Divisions of Public Health Services and Family Assistance to collect client and program data and information for the purpose of program evaluation.
6. The Contractor shall, for purposes of program evaluation and federal reporting, enter personally identifiable health data, for all clients served under this contract, into the Home Visiting Data System. Contractors shall be responsible for obtaining any authorizations for release of information from the clients that is necessary to comply with federal and state laws and regulations. All forms developed for authorization for release of information must be approved by DPHS prior to their use.

C. On-Site Reviews

1. The Contractor shall allow a team or person authorized by the MCHS to periodically review the Contractor's systems of governance, administration, data collection and submission, clinical, and financial management in order to assure systems are adequate to provide the contracted services.

2. Reviews shall include client record reviews to measure compliance with this Exhibit.
3. The Contractor shall make corrective actions as advised by the review team if contracted services are not found to be provided in accordance with this Exhibit.
4. On-Site reviews may be waived or abbreviated at the discretion of the MCHS, upon submission of satisfactory reports of reviews such as Primary Care Effectiveness Reviews (PCER), or reviews from nationally accreditation organizations such as the Joint Commission for the Accreditation of Health Care Organizations (JCAHO), Medicare, or the Community Health Accreditation Program (CHAP). Abbreviated reviews will focus on any deficiencies found in previous reviews, issues of compliance with this Exhibit, and actions to strengthen performance as outlined in the agency Performance Workplan.

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NH Department of Health and Human Services

Exhibit B

**Purchase of Services
Contract Price**

Home Visiting New Hampshire – Healthy Families America

CONTRACT PERIOD: July 1, 2012 or date of G&C approval, whichever is later, through June 30, 2014

CONTRACTOR NAME: Community Action Program Belknap and Merrimack Counties, Inc.

**ADDRESS: 2 Industrial Park Drive, PO Box 1016
Concord, New Hampshire 03302-1016**

**Executive Director: Ralph Littlefield
TELEPHONE: 603-225-3295**

Vendor #177203-B003

Job #90083100

Appropriation #05-95-90-902010-0831-102-500731

1. The total amount of all payments made to the Contractor for cost and expenses incurred in the performance of the services during the period of the contract shall not exceed:

\$134,784 for Home Visiting New Hampshire – Healthy Families America, funded from 100% federal funds from the U.S. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau, Division of Child, Adolescent and Family Health CFDA #93.505.

TOTAL: \$134,784

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

Service category. Such amendments shall only be made upon written request to and written approval by the State. Budget revisions will not be accepted after June 20th of each contract year.

7. The Contractor shall have written authorization from the State prior to using contract funds to purchase any equipment with a cost in excess of three hundred dollars (\$300) and with a useful life beyond one year.

The remainder of this page is intentionally left blank.



**State of New Hampshire
Department of Health and Human Services
Amendment #1 to the
Child and Family Services of New Hampshire**

This 1st Amendment to the Child and Family Services of New Hampshire contract (hereinafter referred to as "Amendment One") dated this 15th day of April, 2014, is by and between the State of New Hampshire, Department of Health and Human Services (hereinafter referred to as the "State" or "Department") and Child and Family Services of New Hampshire (hereinafter referred to as "the Contractor"), a corporation with a place of business at 464 Chestnut Street, Manchester, New Hampshire 03101.

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on August 8, 2012 the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract as amended and in consideration of certain sums specified; and

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

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

WHEREAS, the Department desires to provide additional home visiting services to families in accordance with Healthy Families America model;

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

To amend as follows:

- Form P-37, to change:
Block 1.7 to read: June 30, 2016
Block 1.8 to read: \$1,587,889
- Exhibit A, Scope of Services to add:
Exhibit A – Amendment 1
- Exhibit B, Purchase of Services, Contract Price, to add:

Paragraph 1.1 to Paragraph 1:

The contract price shall increase by \$421,860 for SFY 2015 and \$421,860 for SFY 2016.

Paragraph 1.2 to Paragraph 1:

Funding is available as follows:

- \$843,720 from 05-95-90-902010-0831-102-500731, 100% Federal Funds from the US Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau, Division of Child, Adolescent and Family Health CFDA #93.505, Federal Award Identification Number (FAIN), D89MC26361.



Delete Paragraph 6

Replace with:

6. Written requests for adjustments to amounts within the price limitation will not be accepted after May 30th of each contract year.

Add Paragraph 8

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

- Budget, to add:
 - Exhibit B-1 (2015) - Amendment 1
 - Exhibit B-1 (2016) - Amendment 1

This amendment shall be effective July 1, 2014 or upon the date of Governor and Executive Council approval, whichever is later.

New Hampshire Department of Health and Human Services



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

State of New Hampshire
Department of Health and Human Services

4/30/14
Date

Brook Dupee
Brook Dupee
Bureau Chief

Child and Family Services of New Hampshire

4/15/14
Date

Borja Alvarez de Toleon
Name: BORJA ALVAREZ DE TOLEON
Title: PRESIDENT & CEO

Acknowledgement:

State of New Hampshire County of Hillsborough on 4/15/14, before the undersigned officer, personally appeared the person identified above, or satisfactorily proven to be the person whose name is signed above, and acknowledged that s/he executed this document in the capacity indicated above.

Marybeth D'Amico
Signature of Notary Public or Justice of the Peace

Marybeth D'Amico, Administrative Asst.
Name and Title of Notary or Justice of the Peace



Contractor Initials: BT
Date: 4/15/14

New Hampshire Department of Health and Human Services



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

OFFICE OF THE ATTORNEY GENERAL

5-9-14
Date

Rosemary Wiant
Name: Rosemary Wiant
Title: Assistant Attorney General

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

OFFICE OF THE SECRETARY OF STATE

Date

Name:
Title:



EXHIBIT A – AMENDMENT 1

Scope of Services

The Department desires to continue the relationship with the Home Visiting Healthy Family America agencies to provide home visiting services to families in accordance with Healthy Families America model.

I. General Provisions

A. Eligibility and Income Determination

1. The Contractor shall provide home visiting services to pregnant and parenting women with children up to age three according to the priorities described in the Healthy Families America Home Visiting Model.
2. Priority shall be given to participants who:
 - Are first time mothers;
 - Have low incomes;
 - Are pregnant women who have not attained age 21;
 - Have a history of child abuse or neglect or have had interactions with child welfare services;
 - Have a history of substance abuse or need substance abuse treatment;
 - Are users of tobacco products in the home;
 - Have, or have children with, low student achievement;
 - Have children with developmental delays or disabilities;
 - Are in families that include individuals who are serving or have formerly served in the armed forces, including such families that have members of the armed forces who have had multiple deployments outside of the United States.
3. The Contractor shall provide documentation of income determination, inform clients of Medicaid, and/or assist with applications.

B. Numbers Served

Services are to be provided to a minimum number of families, as outlined in the table below, throughout the contract term, for the service area(s) for which the contractor is selected.



EXHIBIT A – AMENDMENT 1

Area to be served:	Minimum families served
Belknap County	16
Cheshire County	25
Grafton County	25
Hillsborough County (exclusive of the City of Manchester)	35
Merrimack County	26
Rockingham County	26

C. Culturally and Linguistically Appropriate Standards of Care

The Department of Health and Human Services (DHHS) recognizes that culture and language have considerable impact on how consumers access and respond to public health services. Culturally and linguistically diverse populations experience barriers in efforts to access health services. To ensure equal access to quality health services, the Division of Public Health Services (DPHS) expects that Contractors shall provide culturally and linguistically appropriate services according to the following guidelines:

1. Assess the ethnic/cultural needs, resources and assets of their community.
2. Promote the knowledge and skills necessary for staff to work effectively with consumers with respect to their culturally and linguistically diverse environment.
3. When feasible and appropriate, provide clients of limited English proficiency (LEP) with interpretation services. Persons of LEP are defined as those who do not speak English as their primary language and whose skills in listening to, speaking, or reading English are such that they are unable to adequately understand and participate in the care or in the services provided to them without language assistance.
4. Offer consumers a forum through which clients have the opportunity to provide feedback to providers and organizations regarding cultural and linguistic issues that may deserve response.
5. The Contractor shall maintain a program policy that sets forth compliance with Title VI, Language Efficiency and Proficiency. The policy shall describe the way in which the items listed above were addressed and shall indicate the circumstances in which interpretation services are provided and the method of providing service (e.g. trained interpreter, staff person who speaks the language of the client or language line).

Exhibit A – Amendment 1, Scope of Services Contractor Initials

JA



EXHIBIT A – AMENDMENT 1

D. State and Federal Laws

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

1. The Contractor shall report all cases of communicable diseases according to New Hampshire RSA 141-C and He-P 30, effective 01/05.
2. Persons employed by the Contractor shall comply with the reporting requirements of New Hampshire RSA 169:C, Child Protection Act; RSA 161:F46, Protective Services to Adults and RSA 631:6, Assault and Related Offenses.

E. Relevant Policies and Guidelines

1. The contractor shall maintain the confidentiality of public assistance clients and use the information only for program administration and/or evaluation purposes.
 - a) All staff must understand that the receipt of this information is confidential and cannot be disclosed except in direct administration and/or evaluation of the program.
 - b) All staff must adhere to the Division of Family Assistance confidentiality policy in the General Manual and sign a statement saying that they agree to uphold the confidentiality standards. Failure to maintain confidentiality shall result in disciplinary actions.
2. Receipt of public assistance and other confidential information may be shared as a part of the medical record only with the properly signed release of information from the client.

F. Publications Funded Under Contract

1. The DHHS and/or its funders will retain COPYRIGHT ownership for any and all original materials produced with DHHS contract funding, including, but not limited to, brochures, resource directories, protocols or guidelines, posters, or reports.
2. All documents (written, video, audio) produced, reproduced or purchased under the contract shall have prior approval from DPHS before printing, production, distribution, or use.
3. The Contractor shall credit DHHS on all materials produced under this contract following the instructions outlined in Exhibit C.

Exhibit A – Amendment 1, Scope of Services Contractor Initials

RAF

4/15/14



EXHIBIT A – AMENDMENT 1

G. 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:

- Evaluate the prospective subcontractor's ability to perform the activities, before delegating the function
- 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
- Monitor the subcontractor's performance on an ongoing basis
- Provide to DHHS an annual schedule identifying all subcontractors, delegated functions and responsibilities, and when the subcontractor's performance will be reviewed
- 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.

II. Minimal Standards of Core Services

A. Service Requirements

1. Implement Healthy Families America home visiting model with fidelity using the 12 Healthy Families America Critical Elements listed below.
 - i. Initiate services prenatally or at birth.
 - ii. Use standardized screening and assessment tools to systematically identify and assess families most in need of services. These tools should assess the presence of various factors associated with increased risk for child maltreatment or other adverse childhood experiences.

Exhibit A – Amendment 1, Scope of Services Contractor Initials

JAT



EXHIBIT A – AMENDMENT 1

- iii. Offer services voluntarily and use positive, persistent outreach efforts to build family trust.
 - iv. Offer services intensely and over the long term, with well-defined criteria for increasing or decreasing intensity of service.
 - v. Services are culturally sensitive such that staff understands, acknowledges, and respects cultural differences among families; staff and materials used should reflect the cultural, language, geographic, racial and ethnic diversity of the population served.
 - vi. Services focus on supporting the parent(s) as well as the child by cultivating the growth of nurturing, responsive parent-child relationships and promoting healthy childhood growth and development.
 - vii. At a minimum, all families are linked to a medical provider to assure optimal health and development. Depending on the family's needs, they may also be linked to additional services related to: finances, food, housing assistance, school readiness, child care, job training, family support, substance abuse treatment, mental health treatment, and domestic violence resources.
 - viii. Services should be provided by staff with limited caseloads to assure that home visitors have an adequate amount of time to spend with each family to meet their unique and varying needs and to plan for future activities.
 - ix. Service providers should be selected based on their personal characteristics, their willingness to work in or their experience working with culturally diverse communities, and their skills to do the job.
 - x. Service providers receive intensive training specific to their role to understand the essential components of family assessment, home visitation and supervision.
 - xi. Service providers should have a framework, based on education or experience, for handling the variety of experiences they may encounter when working with at-risk families. All service providers should receive basic training in areas such as cultural competency, reporting child abuse, determining the safety of the home, managing crisis situations, responding to mental health, substance abuse, and/or domestic violence issues, drug-exposed infants, and services in their community.
 - xii. Service providers receive ongoing, effective supervision so they are able to develop realistic and effective plans to empower families.
2. HVNH-HFA will include home visits by nurses as an enhancement to the HFA Model. The schedule of visits should adhere closely to the following:
- a. In the prenatal period: three nurse visits at home or office, or a minimum of one nurse visit during each trimester in which a woman is enrolled.

Exhibit A – Amendment 1, Scope of Services Contractor Initials

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4/15/14



EXHIBIT A – AMENDMENT 1

- b. A minimum of one postpartum/newborn home visit by nurse, Advanced Practice Registered Nurse (APRN), or physician offered to **all** families.
 - c. A minimum of 3, maximum of 10 nurse visits per year for the child.
3. Contractors considering clinical or sociological research using clients as subjects must adhere to the legal requirements governing human subjects' research. Contractors must inform the DPHS, MCHS prior to initiating any research related to this contract.

B. Staffing Provisions

1. New Hires

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

2. Vacancies

The Contractor must notify the MCHS in writing if the executive director or program coordinator position is vacant for more than three months. This may be done through a budget revision. In addition, the MCHS must be notified in writing if at any time any site funded under this agreement does not have adequate staffing to perform all required services for more than one month.

3. Staff employed or subcontracted by the contractor shall meet the following qualifications:

The HFA Critical Elements state that direct service staff should not be hired based on their formal education alone. Service providers and site management staff should be selected because of a combination of personal characteristics, experiential, and educational qualifications.

- a. **Program Managers shall have a Master's degree** in public health or human services administration or fields related to working with children and families, or Bachelor's degree with 3 years of relevant experience. Note: Program Managers and Supervisors hired prior to July 1, 2014 may have a Bachelor's degree.
- b. Direct Service staff including but not limited to **Family Assessment Workers (FAW), Family Support Workers (FSW)**, Community Health Workers, volunteers, and interns (if performing the same function) shall:
 - i. Have a minimum of a high school diploma or equivalent
 - ii. Have 2 years' experience working with or providing services to children and families in a health care or family support capacity
 - iii. Work in coordination with a licensed multidisciplinary team, including but not limited to Registered Nurses (RN's), APRNs, licensed clinical

Exhibit A – Amendment 1, Scope of Services Contractor Initials BAF



EXHIBIT A – AMENDMENT 1

social workers (LCSW), licensed marriage and family therapists, and/or other licensed health care professionals.

c. **Nurses** shall have:

- i. A current license to practice as a registered nurse in accordance with RSA 326-B.
- ii. A minimum of 2 years of experience in maternal and child health nursing.

4. **Supervision:**

All full-time direct service staff (assessment and home visit) shall receive weekly individual supervision for 1.5 to 2 hours and part-time staff receive at least 1 to 1.5 hours as described in the HFA Standards. Supervision sessions must be received individually each week. Please note: For sites that use reflective consultation groups, one session per month may apply towards the weekly supervision rates, when done in accordance with the expectations outlined in the Standards.

5. **HFA Core training** is required for all home visitors, assessment workers, supervisors, and program managers within six months of hire. This training must be provided by a nationally certified HFA Core trainer. HFA Core Supervisory training is also required for supervisors and program managers within six months of date of hire. This training must be provided by a certified trainer who has been trained to train others, to understand the essential components of the role of a supervisor, as well as the role of family assessment staff and home visitors.)

C. Coordination of Services

1. The contractor shall coordinate with other service providers within the contractor's community.
2. At a minimum, such collaboration shall include:
 - i. representation on and logistical support to a local early childhood collaborative/council (such as the Infant Mental Health Team)
 - ii. interagency referrals, coordination of care and data sources for their target populations
3. The contractor shall examine current membership in the local council to identify gaps in representation in order to resemble the membership of Spark NH.
4. Agencies that deliver services in a community or communities that are part of a Public Health Network (PHN) region should be active participants in the PHN. As appropriate, agencies should participate in community needs assessments, public health performance assessments, and the development of regional public health improvement plans. Agencies should also engage

Exhibit A – Amendment 1, Scope of Services Contractor Initials BAT



EXHIBIT A – AMENDMENT 1

PHN staff as appropriate to enhance the implementation of community-based public health prevention initiatives being implemented by the agency.

D. Meetings and Trainings

The Contractor will be responsible to send staff to meetings and training required by the MCHS program, including but not limited to:

1. MCH Coordinators meetings
2. Home Visiting Quarterly Meetings
3. Healthy Families America Core Trainings
4. Leadership, Evaluation, and Data System trainings
5. Other trainings as required for Healthy Families America accreditation as outlined by the Model
6. Parents as Teachers and/or Growing Great Kids training

III. Quality or Performance Improvement (QI/PI)

A. Workplans

1. Performance Workplans are required bi-annually for this program and are used to monitor achievement of standard measures of performance of the services provided under this contract. The workplans are a key component of the MCHS performance-based contracting system and of this contract.
2. The Contractor shall incorporate required and developmental performance measures, defined by the MCHS into the agency's Performance Workplan. Reports on Workplan Progress/Outcomes shall detail plans and activities that monitor and evaluate the agency's progress toward performance measure targets.
3. The Contractor shall comply with minor modifications and/or additions to the workplan and annual report format as requested by the MCHS. The MCHS will provide the Contractor with advance notice of such changes and the Contractor is not expected to incur any substantial costs relative to such changes.

B. Data and Reporting Requirements

In addition to Performance Workplans, the Contractor shall submit to the MCHS the following data used to monitor program performance:

1. Workplans and Workplan Outcome reports according to the schedule and instructions provided by the MCHS. The MCHS shall notify the Contractor at least 30 days in advance of any changes in the submission schedule.

Exhibit A – Amendment 1, Scope of Services Contractor Initials


Date 4/15/14



EXHIBIT A – AMENDMENT 1

2. The data required for the federal Maternal, Infant & Early Childhood Home Visiting Program benchmark reporting, must be reported in the ETO Home Visiting Data System and updated weekly, at minimum
3. In years when contracts or amendments are not required, the DPHS Budget Form, Budget Justification, Sources of Revenue and Program Staff List forms must be completed according to the relevant instructions and submitted as requested by DPHS and, at minimum, by April 30 of each year.
4. The Sources of Revenue report must be resubmitted at any point when changes in revenue threaten the ability of the agency to carry out the planned program.
5. The Contractor shall collaborate with the Divisions of Public Health Services and Family Assistance to collect client and program data and information for the purpose of program evaluation and federal reporting.
6. The Contractor shall, for purposes of program evaluation and federal reporting, enter all information and data, including personally identifiable health data, for all clients served under this contract, into the ETO Home Visiting Data System. Contractors shall be responsible for obtaining any authorizations for release of information from the clients that is necessary to comply with federal and state laws and regulations. All forms developed for authorization for release of information must be approved by DPHS prior to their use.
7. An annual summary of program-specific patient satisfaction results obtained during the prior contract period and the method by which the results were obtained shall be submitted annually as an addendum to the Workplan Outcome/Progress reports.

C. On-Site Reviews

1. The Contractor shall allow a team or person authorized by the MCHS to periodically review the Contractor's systems of governance, administration, data collection and submission, clinical, and financial management in order to assure systems are adequate to provide the contracted services.
2. Reviews shall include client record reviews to measure compliance with this Exhibit.
3. The Contractor shall make corrective actions as advised by the review team if contracted services are not found to be provided in accordance with this Exhibit.

Exhibit A – Amendment 1, Scope of Services Contractor Initials

RAF

4/15/14



EXHIBIT A – AMENDMENT 1

4. On-Site reviews may be waived or abbreviated at the discretion of the MCHS, upon submission of satisfactory reports of reviews from nationally accreditation organizations such as Healthy Families America. Abbreviated reviews will focus on any deficiencies found in previous reviews, issues of compliance with this Exhibit, and actions to strengthen performance as outlined in the agency Performance Workplan.

3AT

4/15/14



EXHIBIT A– AMENDMENT 1 – PERFORMANCE MEASURES

**Home Visiting New Hampshire- Healthy Families America (HVNH-HFA)
Fiscal Year 2015 & 2016**

I. Performance Measures

Performance Measure #1

HFA Standard 7-5.B

Measure: 70% percent of women enrolled in the program received at least one Edinburgh Postnatal Depression Scale screening between 6-8 weeks postpartum.

Goal: All post-partum women enrolled in HVNH-HFA will receive this formal, validated screening for depression at the optimal time.

Definition: Numerator-
Of those in the denominator, the number of women that received an Edinburgh Postnatal Depression Scale screening between 6-8 weeks postpartum

Denominator-
The total number of women in the program who gave birth in the past fiscal year, who are at least 8 weeks post partum and who were enrolled prior to 6 weeks after the birth of their baby.

Data Source: HVNH-HFA Data Records

Performance Measure #2

HFA Standard 3-4.A

Measure: Increase the percent of families who remain enrolled in HFA for at least 6 months from the baseline¹.

Goal: Families stay connected and maintain involvement with HFA services.

Definition: Numerator-
Of those in the denominator, the number of families that remained in HFA services at least 6 months.

Denominator-
The number of families who received a first home visit during the period 7/1/14 – 12/31/14

Data Source: HVNH-HFA Data Records, HFA methodology for measuring retention rates

¹ MCH will provide Baseline from SFY 2014 data



EXHIBIT A– AMENDMENT 1 – PERFORMANCE MEASURES

Performance Measure #3

HFA Standard 6-7.A

Measure: 95% of children receive further evaluation after scoring below the "cutoff" on the ASQ-3

Goal: All children served who are determined to be at risk for developmental delays, will receive further evaluation.

Definition: Numerator-
Of those in the denominator, the number of children that received follow-up health care when determined necessary by a formal, validated developmental screening (ASQ-3).

Denominator-
The total number of children served in HVNH-HFA in the past fiscal year who received at least one ASQ-3 in which they scored below the cutoff.

Data Source: HVNH-HFA Data Records, and ASQ-3, results

II. Process Measures

Process Measure #1

HFA Standard 12-1.B

Measure: All direct service staff receive a minimum of 75% of required weekly individual supervision according to the HFA Standards.

Goal: Service providers receive ongoing, effective supervision so they are able to develop realistic and effective plans to empower families.

Definition: Numerator-
Of those in the denominator, the number of direct service staff who received 75% of required weekly individual supervision for a minimum of 1.5 hours for full time (.75 to 1.0 FTE) and 1 hour for part time staff (less than .75 FTE).

Denominator-
The number of direct service staff/home visitors employed in the HVNH-HFA Program in the past fiscal year.

Data Source: HVNH-HFA Data Records

**Exhibit B-1 (2015) - Amendment 1
Budget**

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: Child and Family Services of New Hampshire - Hillsborough

Budget Request for: Home Visiting NH - Healthy Families America

(Name of RFP)

Budget Period: SFY 2015

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	\$ 95,615.98	\$ 6,002.88	\$ 101,618.86	Allocated as percent of total Agency cost based on total program expense to total Agency expenses
2. Employee Benefits	\$ 32,509.42	\$ 1,500.72	\$ 34,010.14	Allocated as percent of total Agency cost based on total program expense to total Agency expenses
3. Consultants	\$ -	\$ 750.00	\$ 750.00	Allocated as percent of total Agency cost based on total program expense to total Agency expenses
4. Equipment:	\$ -	\$ -	\$ -	
Rental	\$ -	\$ -	\$ -	
Repair and Maintenance	\$ -	\$ -	\$ -	
Purchase/Depreciation	\$ 1,250.00	\$ -	\$ 1,250.00	
5. Supplies:	\$ -	\$ -	\$ -	
Educational	\$ 2,000.00	\$ -	\$ 2,000.00	
Lab	\$ -	\$ -	\$ -	
Pharmacy	\$ -	\$ -	\$ -	
Medical	\$ -	\$ -	\$ -	
Office	\$ 300.00	\$ -	\$ 300.00	
6. Travel	\$ 4,509.00	\$ -	\$ 4,509.00	
7. Occupancy	\$ 5,000.00	\$ 750.00	\$ 5,750.00	Allocated as percent of total Agency cost based on total program expense to total Agency expenses
8. Current Expenses	\$ -	\$ -	\$ -	
Telephone	\$ 500.00	\$ -	\$ 500.00	
Postage	\$ 100.00	\$ -	\$ 100.00	
Subscriptions	\$ -	\$ -	\$ -	
Audit and Legal	\$ -	\$ 1,400.00	\$ 1,400.00	Allocated as percent of total Agency cost based on total program expense to total Agency expenses
Insurance	\$ -	\$ 1,126.00	\$ 1,126.00	Allocated as percent of total Agency cost based on total program expense to total Agency expenses
Board Expenses	\$ 1,200.00	\$ -	\$ 1,200.00	
9. Software	\$ -	\$ -	\$ -	
10. Marketing/Communications	\$ 500.00	\$ -	\$ 500.00	
11. Staff Education and Training	\$ 3,000.00	\$ -	\$ 3,000.00	
12. Subcontracts/Agreements	\$ 9,500.00	\$ -	\$ 9,500.00	
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	
HFA Peer Group	\$ 600.00	\$ -	\$ 600.00	
HFA Affiliation Fee	\$ 350.00	\$ -	\$ 350.00	
HFA Core Training	\$ 1,250.00	\$ -	\$ 1,250.00	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
TOTAL	\$ 158,184.40	\$ 11,529.60	\$ 169,714.00	

Indirect As A Percent of Direct

7.3%

**Exhibit B-1 (2015) - Amendment 1
Budget**

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: Child and Family Services of New Hampshire-Merrimack

Budget Request for: Home Visiting NH - Healthy Families America
(Name of RFP)

Budget Period: SFY 2015

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	\$ 78,784.62	\$ 3,948.88	\$ 82,733.50	Allocated as percent of total Agency cost based on total program expense to total Agency expenses
2. Employee Benefits	\$ 17,332.62	\$ 987.22	\$ 18,319.84	Allocated as percent of total Agency cost based on total program expense to total Agency expenses
3. Consultants	\$ -	\$ 500.00	\$ 500.00	Allocated as percent of total Agency cost based on total program expense to total Agency expenses
4. Equipment:	\$ -	\$ -	\$ -	
Rental	\$ -	\$ -	\$ -	
Repair and Maintenance	\$ -	\$ -	\$ -	
Purchase/Depreciation	\$ 900.00	\$ -	\$ 900.00	
5. Supplies:	\$ -	\$ -	\$ -	
Educational	\$ 750.00	\$ -	\$ 750.00	
Lab	\$ -	\$ -	\$ -	
Pharmacy	\$ -	\$ -	\$ -	
Medical	\$ -	\$ -	\$ -	
Office	\$ 300.00	\$ -	\$ 300.00	
6. Travel	\$ 5,938.00	\$ -	\$ 5,938.00	
7. Occupancy	\$ 7,000.00	\$ -	\$ 7,000.00	
8. Current Expenses	\$ -	\$ -	\$ -	
Telephone	\$ 1,000.00	\$ -	\$ 1,000.00	
Postage	\$ 300.00	\$ -	\$ 300.00	
Subscriptions	\$ -	\$ -	\$ -	
Audit and Legal	\$ -	\$ 1,000.00	\$ 1,000.00	Allocated as percent of total Agency cost based on total program expense to total Agency expenses
Insurance	\$ -	\$ 904.00	\$ 904.00	Allocated as percent of total Agency cost based on total program expense to total Agency expenses
Board Expenses	\$ 1,200.00	\$ -	\$ 1,200.00	
9. Software	\$ -	\$ -	\$ -	
10. Marketing/Communications	\$ -	\$ -	\$ -	
11. Staff Education and Training	\$ 2,000.00	\$ -	\$ 2,000.00	
12. Subcontracts/Agreements	\$ 1,028.00	\$ -	\$ 1,028.00	
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	
HFA Peer Review Team	\$ 600.00	\$ -	\$ 600.00	
HFA Affiliation Fee	\$ 350.00	\$ -	\$ 350.00	
HFA Core training	\$ 1,250.00	\$ -	\$ 1,250.00	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
TOTAL	\$ 118,733.24	\$ 7,340.10	\$ 126,073.00	

Indirect As A Percent of Direct

6.2%

Contractor Initials: BAT

Date: 4/15/14

**Exhibit B-1 (2015) - Amendment 1
Budget**

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: Child and Family Services of New Hampshire - Rockingham

Budget Request for: Home Visiting NH - Healthy Families America
(Name of RFP)

Budget Period: SFY 2015

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	\$ 47,948.62	\$ 2,704.00	\$ 50,652.62	Allocated as percent of total Agency cost based on total program expense to total Agency expenses
2. Employee Benefits	\$ 9,110.38	\$ 676.00	\$ 9,786.38	Allocated as percent of total Agency cost based on total program expense to total Agency expenses
3. Consultants	\$ -	\$ 500.00	\$ 500.00	Allocated as percent of total Agency cost based on total program expense to total Agency expenses
4. Equipment:	\$ -	\$ -	\$ -	
Rental	\$ -	\$ -	\$ -	
Repair and Maintenance	\$ -	\$ -	\$ -	
Purchase/Depreciation	\$ 450.00	\$ -	\$ 450.00	
5. Supplies:	\$ -	\$ -	\$ -	
Educational	\$ 1,000.00	\$ -	\$ 1,000.00	
Lab	\$ -	\$ -	\$ -	
Pharmacy	\$ -	\$ -	\$ -	
Medical	\$ -	\$ -	\$ -	
Office	\$ 300.00	\$ -	\$ 300.00	
6. Travel	\$ 5,917.00	\$ -	\$ 5,917.00	
7. Occupancy	\$ 4,400.00	\$ 500.00	\$ 4,900.00	Allocated as percent of total Agency cost based on total program expense to total Agency expenses
8. Current Expenses	\$ -	\$ -	\$ -	
Telephone	\$ 1,000.00	\$ -	\$ 1,000.00	
Postage	\$ 150.00	\$ -	\$ 150.00	
Subscriptions	\$ -	\$ -	\$ -	
Audit and Legal		\$ 1,000.00	\$ 1,000.00	Allocated as percent of total Agency cost based on total program expense to total Agency expenses
Insurance		\$ 593.00	\$ 593.00	Allocated as percent of total Agency cost based on total program expense to total Agency expenses
Board Expenses	\$ 1,200.00	\$ -	\$ 1,200.00	
9. Software	\$ -	\$ -	\$ -	
10. Marketing/Communications	\$ -	\$ -	\$ -	
11. Staff Education and Training	\$ 1,000.00	\$ -	\$ 1,000.00	
12. Subcontracts/Agreements	\$ 45,374.00	\$ -	\$ 45,374.00	
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	
HFA Annual Fee	\$ 400.00	\$ -	\$ 400.00	
Peer Review team travel	\$ 600.00	\$ -	\$ 600.00	
HFA Core training	\$ 1,250.00	\$ -	\$ 1,250.00	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
TOTAL	\$ 120,100.00	\$ 5,973.00	\$ 126,073.00	

Indirect As A Percent of Direct

5.0%

**Exhibit B-1 (2016) - Amendment 1
Budget**

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: Child and Family Services of New Hampshire - Hillsborough

Budget Request for: Home Visiting NH - Healthy Families America
(Name of RFP)

Budget Period: SFY 2016

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	\$ 95,615.98	\$ 6,002.88	\$ 101,618.86	Allocated as percent of total Agency cost based on total program expense to total Agency expenses
2. Employee Benefits	\$ 32,509.42	\$ 1,500.72	\$ 34,010.14	Allocated as percent of total Agency cost based on total program expense to total Agency expenses
3. Consultants	\$ -	\$ 750.00	\$ 750.00	Allocated as percent of total Agency cost based on total program expense to total Agency expenses
4. Equipment:	\$ -	\$ -	\$ -	
Rental	\$ -	\$ -	\$ -	
Repair and Maintenance	\$ -	\$ -	\$ -	
Purchase/Depreciation	\$ 1,250.00	\$ -	\$ 1,250.00	
5. Supplies:	\$ -	\$ -	\$ -	
Educational	\$ 2,000.00	\$ -	\$ 2,000.00	
Lab	\$ -	\$ -	\$ -	
Pharmacy	\$ -	\$ -	\$ -	
Medical	\$ -	\$ -	\$ -	
Office	\$ 300.00	\$ -	\$ 300.00	
6. Travel	\$ 4,509.00	\$ -	\$ 4,509.00	
7. Occupancy	\$ 5,000.00	\$ 750.00	\$ 5,750.00	Allocated as percent of total Agency cost based on total program expense to total Agency expenses
8. Current Expenses	\$ -	\$ -	\$ -	
Telephone	\$ 500.00	\$ -	\$ 500.00	
Postage	\$ 100.00	\$ -	\$ 100.00	
Subscriptions	\$ -	\$ -	\$ -	
Audit and Legal	\$ -	\$ 1,400.00	\$ 1,400.00	Allocated as percent of total Agency cost based on total program expense to total Agency expenses
Insurance	\$ -	\$ 1,126.00	\$ 1,126.00	Allocated as percent of total Agency cost based on total program expense to total Agency expenses
Board Expenses	\$ 1,200.00	\$ -	\$ 1,200.00	
9. Software	\$ -	\$ -	\$ -	
10. Marketing/Communications	\$ 500.00	\$ -	\$ 500.00	
11. Staff Education and Training	\$ 3,000.00	\$ -	\$ 3,000.00	
12. Subcontracts/Agreements	\$ 9,500.00	\$ -	\$ 9,500.00	
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	
HFA Peer Group	\$ 600.00	\$ -	\$ 600.00	
HFA Affiliation Fee	\$ 350.00	\$ -	\$ 350.00	
HFA Core Training	\$ 1,250.00	\$ -	\$ 1,250.00	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
TOTAL	\$ 158,184.40	\$ 11,529.60	\$ 169,714.00	

Indirect As A Percent of Direct

7.3%

**Exhibit B-1 (2016) - Amendment 1
Budget**

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: Child and Family Services of New Hampshire-Merrimack

Budget Request for: Home Visiting NH - Healthy Families America
(Name of RFP)

Budget Period: SFY 2016

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	\$ 78,784.62	\$ 3,948.88	\$ 82,733.50	Allocated as percent of total Agency cost based on total program expense to total Agency expenses
2. Employee Benefits	\$ 17,332.62	\$ 987.22	\$ 18,319.84	Allocated as percent of total Agency cost based on total program expense to total Agency expenses
3. Consultants	\$ -	\$ 500.00	\$ 500.00	Allocated as percent of total Agency cost based on total program expense to total Agency expenses
4. Equipment:	\$ -	\$ -	\$ -	
Rental	\$ -	\$ -	\$ -	
Repair and Maintenance	\$ -	\$ -	\$ -	
Purchase/Depreciation	\$ 900.00	\$ -	\$ 900.00	
5. Supplies:	\$ -	\$ -	\$ -	
Educational	\$ 750.00	\$ -	\$ 750.00	
Lab	\$ -	\$ -	\$ -	
Pharmacy	\$ -	\$ -	\$ -	
Medical	\$ -	\$ -	\$ -	
Office	\$ 300.00	\$ -	\$ 300.00	
6. Travel	\$ 5,938.00	\$ -	\$ 5,938.00	
7. Occupancy	\$ 7,000.00	\$ -	\$ 7,000.00	
8. Current Expenses	\$ -	\$ -	\$ -	
Telephone	\$ 1,000.00	\$ -	\$ 1,000.00	
Postage	\$ 300.00	\$ -	\$ 300.00	
Subscriptions	\$ -	\$ -	\$ -	
Audit and Legal	\$ -	\$ 1,000.00	\$ 1,000.00	Allocated as percent of total Agency cost based on total program expense to total Agency expenses
Insurance	\$ -	\$ 904.00	\$ 904.00	Allocated as percent of total Agency cost based on total program expense to total Agency expenses
Board Expenses	\$ 1,200.00	\$ -	\$ 1,200.00	
9. Software	\$ -	\$ -	\$ -	
10. Marketing/Communications	\$ -	\$ -	\$ -	
11. Staff Education and Training	\$ 2,000.00	\$ -	\$ 2,000.00	
12. Subcontracts/Agreements	\$ 1,027.66	\$ -	\$ 1,027.66	
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	
HFA Peer Review Team	\$ 600.00	\$ -	\$ 600.00	
HFA Affiliation Fee	\$ 350.00	\$ -	\$ 350.00	
HFA Core training	\$ 1,250.00	\$ -	\$ 1,250.00	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
TOTAL	\$ 118,732.90	\$ 7,340.10	\$ 126,073.00	

Indirect As A Percent of Direct

6.2%

Contractor Initials: CAF
Date: 4/15/14

**Exhibit B-1 (2016) - Amendment 1
Budget**

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: Child and Family Services of New Hampshire - Rockingham

Budget Request for: Home Visiting NH - Healthy Families America
(Name of RFP)

Budget Period: SFY 2016

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	\$ 47,948.62	\$ 2,704.00	\$ 50,652.62	Allocated as percent of total Agency cost based on total program expense to total Agency expenses
2. Employee Benefits	\$ 9,110.38	\$ 676.00	\$ 9,786.38	Allocated as percent of total Agency cost based on total program expense to total Agency expenses
3. Consultants	\$ -	\$ 500.00	\$ 500.00	Allocated as percent of total Agency cost based on total program expense to total Agency expenses
4. Equipment:	\$ -	\$ -	\$ -	
Rental	\$ -	\$ -	\$ -	
Repair and Maintenance	\$ -	\$ -	\$ -	
Purchase/Depreciation	\$ 450.00	\$ -	\$ 450.00	
5. Supplies:	\$ -	\$ -	\$ -	
Educational	\$ 1,000.00	\$ -	\$ 1,000.00	
Lab	\$ -	\$ -	\$ -	
Pharmacy	\$ -	\$ -	\$ -	
Medical	\$ -	\$ -	\$ -	
Office	\$ 300.00	\$ -	\$ 300.00	
6. Travel	\$ 6,167.00	\$ -	\$ 6,167.00	
7. Occupancy	\$ 4,400.00	\$ 500.00	\$ 4,900.00	Allocated as percent of total Agency cost based on total program expense to total Agency expenses
8. Current Expenses	\$ -	\$ -	\$ -	
Telephone	\$ 1,000.00	\$ -	\$ 1,000.00	
Postage	\$ 150.00	\$ -	\$ 150.00	
Subscriptions	\$ -	\$ -	\$ -	
Audit and Legal		\$ 1,000.00	\$ 1,000.00	Allocated as percent of total Agency cost based on total program expense to total Agency expenses
Insurance		\$ 593.00	\$ 593.00	Allocated as percent of total Agency cost based on total program expense to total Agency expenses
Board Expenses	\$ 1,200.00	\$ -	\$ 1,200.00	
9. Software	\$ -	\$ -	\$ -	
10. Marketing/Communications	\$ -	\$ -	\$ -	
11. Staff Education and Training	\$ 2,000.00	\$ -	\$ 2,000.00	
12. Subcontracts/Agreements	\$ 45,374.00	\$ -	\$ 45,374.00	
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	
HFA Annual Fee	\$ 400.00	\$ -	\$ 400.00	
Peer Review team travel	\$ 600.00	\$ -	\$ 600.00	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
TOTAL	\$ 120,100.00	\$ 5,973.00	\$ 126,073.00	

Indirect As A Percent of Direct

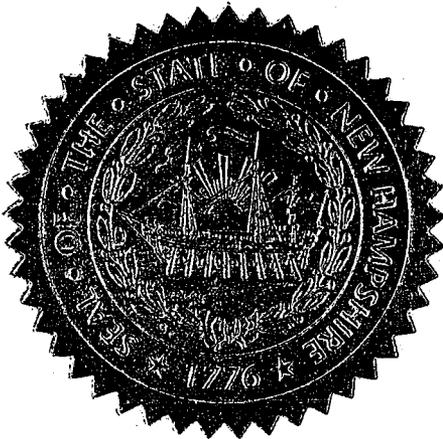
5.0%

Contractor Initials: BAT
Date: 4/15/14

State of New Hampshire Department of State

CERTIFICATE

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



In TESTIMONY WHEREOF, I hereto set my hand and cause to be affixed the Seal of the State of New Hampshire, this 2nd day of April A.D. 2014

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

William M. Gardner
Secretary of State

CERTIFICATE OF VOTE
(Corporation without Seal)

I, MARILYN MAHONEY, do hereby certify that:
(Name of Clerk of the Corporation; cannot be contract signatory)

1. I am a duly elected Clerk of CHILD AND FAMILY SERVICES OF NH
(Corporation Name)
2. The following are true copies of two resolutions duly adopted at a meeting of the Board of Directors of the Corporation duly held on 1/28/2014:
(Date)

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

RESOLVED: That the PRESIDENT AND CEO
(Title of Contract Signatory)

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

3. The forgoing resolutions have not been amended or revoked, and remain in full force and effect as of the 15th day of April, 2014.
(Date Contract Signed)

4. BORJA ALVAREZ DE TOLEDO is the duly elected
PRESIDENT/CEO
(Name of Contract Signatory) (Title of Contract Signatory)

of the Corporation.

Marilyn T. Mahoney
(Signature of Clerk of the Corporation)

STATE OF NEW HAMPSHIRE
County of Hillsborough

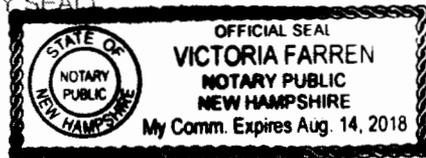
The forgoing instrument was acknowledged before me this 15th day of April, 2014.

By MARILYN T. MAHONEY
(Name of Clerk of the Corporation)

Victoria Farren
(Notary Public/Justice of the Peace)

(NOTARY SEAL)

Commission Expires: 8-14-18





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
4/7/2014

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

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

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

COVERAGES CERTIFICATE NUMBER: 13-14 All incl F&F & Prof REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			PHPK1043433	7/1/2013	7/1/2014	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS			PHPK1043433	7/1/2013	7/1/2014	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Drive other car \$ 1,000,000
	SCHEDULED AUTOS NON-OWNED AUTOS <input checked="" type="checkbox"/>						
A	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE			PHUB427096	7/1/2013	7/1/2014	EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ 4,000,000
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	QWC4001064 (3a.) NH All officers included	4/4/2014	4/4/2015	<input checked="" type="checkbox"/> WC STATUTORY LIMITS OTHER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
C	Fidelity & Forgery			105912196	4/1/2013	4/1/2016	Limit: \$200,000
A	Professional Liability			PHPK879641	7/1/2013	7/1/2014	Aggregate: \$2,000,000

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

CERTIFICATE HOLDER DHHS Contracts and Procurement Unit 129 Pleasant Street Concord, NH 03301	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE T Franggos/JSC <i>Jalitha Franggos</i>

**CHILD AND FAMILY SERVICES
OF NEW HAMPSHIRE**

FINANCIAL STATEMENTS

DECEMBER 31, 2012



HESSION & PARE, PC.

CERTIFIED PUBLIC ACCOUNTANTS

62 Stark Street, Manchester, New Hampshire 03101
603-669-5477 FAX 603-669-0197

INDEPENDENT AUDITORS' REPORT

To the Board of Trustees
Child and Family Services of New Hampshire
Manchester, New Hampshire

Report on the Financial Statements

We have audited the accompanying consolidated statements of Child and Family Services of New Hampshire (a nonprofit organization), which comprise the statement of financial position as of December 31, 2012 and 2011, and the related statements of activities, functional expenses and cash flows for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

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

The Board of Trustees
Child and Family Services of New Hampshire

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 Child and Family Services of New Hampshire as of December 31, 2012 and 2011, and the changes in its net assets and its cash flows for the years then ended in conformity with accounting principles generally accepted in the United States of America.

Other Reporting Required by Government Auditing Standards

In accordance with *Government Auditing Standards*, we have also issued our report dated March 20, 2013, on our consideration of Child and Family Services of New Hampshire's internal control over financial reporting and on our tests of its 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 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 Child and Family Services of New Hampshire's internal control over financial reporting and compliance.

March 20, 2013

HESSION, PARK, P.C.

CHILD AND FAMILY SERVICES OF NEW HAMPSHIRE

STATEMENTS OF FINANCIAL POSITION

As of December 31, 2012 and 2011

	<u>2012</u>	<u>2011</u>
ASSETS		
Assets		
Cash and cash equivalents	\$ 255,465	\$ 203,538
Cash restricted for payment of long-term debt	30,000	25,000
Accounts receivable, less allowance for doubtful accounts of \$7,505 in 2012 and \$8,205 in 2011	949,727	980,874
Prepaid expenses	82,377	62,226
Deferred expenses	24,843	42,372
Bequest receivable	50,000	-
Beneficial interest in funds held by others	1,736,855	1,646,126
Property, plant and equipment, net	7,316,090	7,602,229
Investments	<u>14,955,171</u>	<u>14,095,239</u>
Total assets	<u>\$ 25,400,528</u>	<u>\$ 24,657,604</u>
LIABILITIES AND NET ASSETS		
Liabilities		
Line of credit	\$ -	\$ 124,535
Accounts payable	130,627	109,592
Accrued vacation	260,070	267,080
Accrued wages and related expenses	261,289	259,032
Annuities payable	1,487	2,612
Mark to market interest rate swap liability	1,558,953	1,660,401
Long-term debt	<u>5,432,682</u>	<u>5,552,679</u>
Total liabilities	<u>7,645,108</u>	<u>7,975,931</u>
Net assets		
Unrestricted	360,326	(16,618)
Designated by Board	12,114,920	11,391,434
Temporarily restricted	2,366,851	2,619,139
Permanently restricted	<u>2,913,323</u>	<u>2,687,718</u>
Total net assets	<u>17,755,420</u>	<u>16,681,673</u>
Total liabilities and net assets	<u>\$ 25,400,528</u>	<u>\$ 24,657,604</u>

See notes to financial statements.

CHILD AND FAMILY SERVICES OF NEW HAMPSHIRE

STATEMENT OF ACTIVITIES

Year Ended December 31, 2012

	<u>Unrestricted</u>	Temporarily <u>Restricted</u>	Permanently <u>Restricted</u>	<u>Total</u>
Public support and revenue				
Public support				
Government and other grants and fees	\$ 8,236,067	\$ -	\$ -	\$ 8,236,067
Contributions	267,930	-	159,275	427,205
Foundations and trusts	602,049	-	-	602,049
United Way	304,996	-	-	304,996
Special events (net of direct costs of \$103,656)	198,954	-	-	198,954
Net assets released from restriction for operating activities	276,688	(252,288)	(24,400)	-
Total public support	<u>9,886,684</u>	<u>(252,288)</u>	<u>134,875</u>	<u>9,769,271</u>
Revenue				
Program service fees	1,823,706	-	-	1,823,706
Endowment transfer to support operations	856,719	-	-	856,719
In-kind donations	147,429	-	-	147,429
Rents	15,207	-	-	15,207
Income from HEFA trust	8,410	-	-	8,410
Total other revenue	<u>2,851,471</u>	<u>-</u>	<u>-</u>	<u>2,851,471</u>
Total public support and revenue	<u>12,738,155</u>	<u>(252,288)</u>	<u>134,875</u>	<u>12,620,742</u>
Expenses				
Program services				
Family counseling	1,047,925	-	-	1,047,925
Teen and youth	1,900,608	-	-	1,900,608
Child abuse treatment	1,984,898	-	-	1,984,898
Child abuse prevention and family strengthening	3,270,527	-	-	3,270,527
Early intervention	403,047	-	-	403,047
Homecare	1,736,040	-	-	1,736,040
Residential services	556,649	-	-	556,649
Adoptions and pregnancy counseling	152,139	-	-	152,139
Child advocacy	129,760	-	-	129,760
Summer camp	274,385	-	-	274,385
Total program services	<u>11,455,978</u>	<u>-</u>	<u>-</u>	<u>11,455,978</u>
Supporting services				
Public relations and financial development	452,551	-	-	452,551
Management and general	798,942	-	-	798,942
Total supporting services	<u>1,251,493</u>	<u>-</u>	<u>-</u>	<u>1,251,493</u>
Total expenses	<u>12,707,471</u>	<u>-</u>	<u>-</u>	<u>12,707,471</u>
Increase (decrease) in net assets before non-operating gains and losses	<u>30,684</u>	<u>(252,288)</u>	<u>134,875</u>	<u>(86,729)</u>

See notes to financial statements.

CHILD AND FAMILY SERVICES OF NEW HAMPSHIRE

STATEMENT OF ACTIVITIES (concluded)

Year Ended December 31, 2012

	<u>Unrestricted</u>	<u>Temporarily Restricted</u>	<u>Permanently Restricted</u>	<u>Total</u>
Increase (decrease) in net assets before non-operating gains and losses	<u>\$ 30,684</u>	<u>\$ (252,288)</u>	<u>\$ 134,875</u>	<u>\$ (86,729)</u>
Non-operating gains and losses				
Investment gain reduced by the portion of cumulative net appreciation designated for current operations	968,298	-	-	968,298
Unrealized gain on mark to market interest rate swap	101,448	-	-	101,448
Change in beneficial interest in funds held by others	-	-	90,730	90,730
Increase (decrease) in net assets	1,100,430	(252,288)	225,605	1,073,747
Net assets, beginning of year	11,374,816	2,619,139	2,687,718	16,681,673
Net assets, end of year	<u>\$ 12,475,246</u>	<u>\$ 2,366,851</u>	<u>\$ 2,913,323</u>	<u>\$ 17,755,420</u>

See notes to financial statements.

CHILD AND FAMILY SERVICES OF NEW HAMPSHIRE

STATEMENT OF ACTIVITIES

Year Ended December 31, 2011

	<u>Unrestricted</u>	Temporarily <u>Restricted</u>	Permanently <u>Restricted</u>	<u>Total</u>
Public support and revenue				
Public support				
Government and other grants and fees	\$ 7,986,444	\$ -	\$ -	\$ 7,986,444
Contributions	401,525	-	211,401	612,926
Foundations and trusts	589,090	-	-	589,090
United Way	343,962	-	-	343,962
Special events (net of direct costs of \$101,186)	159,211	-	-	159,211
Net assets released from restriction for operating activities	118,762	(118,762)	-	-
Total public support	<u>9,598,994</u>	<u>(118,762)</u>	<u>211,401</u>	<u>9,691,633</u>
Revenue				
Program service fees	1,673,422	-	-	1,673,422
Endowment transfer to support operations	663,354	-	-	663,354
In-kind donations	221,620	-	-	221,620
Rents	3,626	-	-	3,626
Income from HEFA trust	8,145	-	-	8,145
Total other revenue	<u>2,570,167</u>	<u>-</u>	<u>-</u>	<u>2,570,167</u>
Total public support and revenue	<u>12,169,161</u>	<u>(118,762)</u>	<u>211,401</u>	<u>12,261,800</u>
Expenses				
Program services				
Family counseling	1,117,703	-	-	1,117,703
Teen and youth	2,278,597	-	-	2,278,597
Child abuse treatment	1,644,015	-	-	1,644,015
Child abuse prevention and family strengthening	2,768,202	-	-	2,768,202
Early intervention	408,898	-	-	408,898
Homecare	1,539,865	-	-	1,539,865
Residential services	592,487	-	-	592,487
Adoptions and pregnancy counseling	216,263	-	-	216,263
Child advocacy	211,588	-	-	211,588
Summer camp	227,957	-	-	227,957
Total program services	<u>11,005,575</u>	<u>-</u>	<u>-</u>	<u>11,005,575</u>
Supporting services				
Public relations and financial development	427,405	-	-	427,405
Management and general	785,600	-	-	785,600
Total supporting services	<u>1,213,005</u>	<u>-</u>	<u>-</u>	<u>1,213,005</u>
Total expenses	<u>12,218,580</u>	<u>-</u>	<u>-</u>	<u>12,218,580</u>
Increase (decrease) in net assets before non-operating gains and losses	<u>(49,419)</u>	<u>(118,762)</u>	<u>211,401</u>	<u>43,220</u>

See notes to financial statements.

CHILD AND FAMILY SERVICES OF NEW HAMPSHIRE

STATEMENT OF ACTIVITIES (concluded)

Year Ended December 31, 2011

	<u>Unrestricted</u>	<u>Temporarily Restricted</u>	<u>Permanently Restricted</u>	<u>Total</u>
Increase (decrease) in net assets before non-operating gains and losses	<u>\$ (49,419)</u>	<u>\$ (118,762)</u>	<u>\$ 211,401</u>	<u>\$ 43,220</u>
Non-operating gains and losses				
Investment loss reduced by the portion of cumulative net appreciation designated for current operations	(951,952)	-	-	(951,952)
Unrealized (loss) on mark to market interest rate swap	(748,755)	-	-	(748,755)
Change in beneficial interest in funds held by others	-	-	(130,908)	(130,908)
Increase (decrease) in net assets	(1,750,126)	(118,762)	80,493	(1,788,395)
Net assets, beginning of year	13,124,942	2,737,901	2,607,225	18,470,068
Net assets, end of year	<u>\$ 11,374,816</u>	<u>\$ 2,619,139</u>	<u>\$ 2,687,718</u>	<u>\$ 16,681,673</u>

CHILD AND FAMILY SERVICES OF NEW HAMPSHIRE

STATEMENTS OF CASH FLOWS

Year Ended December 31, 2012 and 2011

	<u>2012</u>	<u>2011</u>
Cash flows from operating activities		
Change in net assets	\$ 1,073,747	\$ (1,788,395)
Adjustments to reconcile change to net cash provided (used) by operating activities		
Depreciation	369,616	373,667
Reinvested income	(310,652)	(392,867)
Realized (gain) on sale of investments	(102,398)	(356,631)
Unrealized (gain) loss on investments	(1,463,682)	976,443
Unrealized (gain) loss on mark to market interest rate swap	(101,448)	748,755
Amortization of NHHFA notes payable	18,426	17,382
(Increase) in restricted cash	(5,000)	-
(Increase) decrease in accounts receivable	31,147	(199,831)
(Increase) in prepaid expenses	(20,151)	(41,023)
(Increase) decrease in deferred expenses	17,529	(591)
(Increase) in bequest receivable	(50,000)	-
(Increase) decrease in beneficial interests in trusts	(90,729)	65,434
(Decrease) in deferred contract revenue	-	(74,919)
Increase (decrease) in accounts payable	21,035	(22,578)
Increase (decrease) in accrued vacation and expenses	(4,753)	23,578
	<u>(617,313)</u>	<u>(671,576)</u>
Net cash (used in) operating activities		
Cash flows used in investing activities		
Cash paid for land, buildings and equipment	<u>(83,477)</u>	<u>(75,122)</u>
Cash flows from financing activities		
Contribution restricted to endowment	(159,275)	(210,501)
Proceeds from appropriation of endowment	1,151,675	749,219
Proceeds from release of restricted endowment	24,400	-
Net cash advance (payment) on line of credit	(124,535)	124,535
Cash payments on long-term debt	(138,423)	(88,962)
Cash paid on annuity	(1,125)	(1,125)
	<u>752,717</u>	<u>573,166</u>
Net cash provided by financing activities		
Increase (decrease) increase in cash and cash equivalents	51,927	(173,532)
Cash and cash equivalents, beginning of year	<u>203,538</u>	<u>377,070</u>
Cash and cash equivalents, end of year	<u>\$ 255,465</u>	<u>\$ 203,538</u>
Supplemental disclosure of cash flow information		
Interest paid in cash	<u>\$ 332,900</u>	<u>\$ 337,341</u>
Amortization of 2007 NHHFA note payable	<u>\$ 9,786</u>	<u>\$ 9,232</u>
Amortization of 2005 NHHFA note payable	<u>\$ 8,640</u>	<u>\$ 8,150</u>

See notes to financial statements.

CHILD AND FAMILY SERVICES OF NEW HAMPSHIRE

STATEMENT OF FUNCTIONAL EXPENSES

Year Ended December 31, 2012

	Family Counseling	Teen and Youth	Child Abuse Treatment	Child Abuse Prevention and Family Strengthening	Early Intervention	Homeseat	Residential Services	Adoptions and Pregnancy Counseling	Child Advocacy	Summer Camp	Financial Development	Management and General	Total
Salaries	\$ 635,022	\$ 980,976	\$ 1,018,969	\$ 1,850,539	\$ 223,647	\$ 1,263,462	\$ 324,070	\$ 86,153	\$ 90,880	\$ 90,924	\$ 226,793	\$ 567,760	\$ 7,359,195
Employee benefits	62,019	154,674	109,230	215,323	38,382	55,487	55,452	19,627	8,535	6,471	30,140	64,858	820,198
Payroll related costs	65,661	98,404	106,101	204,609	21,182	142,134	35,232	7,405	7,506	11,192	18,632	45,821	763,879
Assistance to individuals	29,206	177,457	72,615	214,692	11	4,578	18,265	730	2	49,812	95,100	4	662,472
Travel and transportation	24,096	52,934	79,841	388,858	20,320	50,256	10,100	2,666	758	4,451	3,446	186	637,912
Professional fees	81,389	60,976	161,099	24,117	46,216	17,640	19,001	9,972	376	20,588	9,412	29,116	479,902
Occupancy	43,459	82,619	43,816	118,572	10,716	39,261	19,245	4,149	2,496	41,108	8,430	3,778	417,649
Interest	32,624	56,590	111,426	53,916	12,732	56,106	16,575	4,685	4,176	8,299	-	2,264	359,393
Communications	15,213	41,282	30,509	61,441	7,981	17,712	7,302	5,184	2,429	4,463	13,447	1,649	208,612
Rental and equipment maintenance	8,342	19,195	30,641	13,277	2,474	3,117	4,175	2,257	1,180	2,842	357	36,211	124,068
Supplies	3,968	23,377	6,917	17,635	1,275	8,731	8,046	677	390	9,948	3,212	3,977	88,153
Printing and publications	3,745	2,365	8,812	18,551	1,070	5,753	600	2,111	1,522	4,884	34,547	1,233	85,193
Insurance	4,211	11,741	9,200	15,874	2,367	6,979	4,264	790	535	544	1,679	5,442	63,626
Miscellaneous	3,304	8,353	10,688	6,862	1,499	12,628	2,903	251	308	1,377	1,687	2,921	52,781
Conferences and meetings	2,858	9,334	12,963	5,721	672	913	2,105	246	3,280	4,027	2,986	6,835	51,940
Membership dues	332	1,507	2,737	1,865	269	941	1,972	86	1,146	152	1,015	3,431	15,453
Total expenses before depreciation and in-kind donations	1,015,449	1,781,784	1,815,564	3,211,852	390,813	1,685,698	529,307	146,989	125,519	261,082	450,883	775,486	12,190,426
Depreciation	32,476	58,623	103,499	51,970	12,234	50,342	21,530	5,150	4,241	11,377	-	18,174	369,616
In-kind donations	-	60,201	65,835	6,705	-	-	5,812	-	-	1,926	1,668	5,282	147,429
Total functional expenses	\$ 1,047,925	\$ 1,900,608	\$ 1,984,898	\$ 3,270,527	\$ 403,047	\$ 1,736,040	\$ 556,649	\$ 152,139	\$ 129,760	\$ 274,385	\$ 452,551	\$ 798,942	\$ 12,707,471

See notes to financial statements.

CHILD AND FAMILY SERVICES OF NEW HAMPSHIRE

STATEMENT OF FUNCTIONAL EXPENSES

Year Ended December 31, 2011

	Family Counseling	Teen and Youth	Child Abuse Treatment	Child Abuse Prevention and Family Strengthening	Early Intervention	Homecare	Residential Services	Adoptions and Pregnancy Counseling	Child Advocacy	Summer Camp	Financial Development	Management and General	Total
Salaries	\$ 658,368	\$ 1,212,882	\$ 918,542	\$ 1,453,036	\$ 235,855	\$ 1,131,447	\$ 341,041	\$ 122,574	\$ 119,515	\$ 73,392	\$ 225,280	\$ 544,150	\$ 7,036,082
Employee benefits	71,353	201,785	97,008	180,527	45,324	54,955	51,572	26,090	16,462	4,077	29,095	51,451	829,699
Assistance to individuals	36,252	198,916	77,431	198,213	(5)	11,333	34,632	10,680	(3)	36,982	72,465	-	676,896
Payroll related costs	62,571	112,312	84,241	142,947	20,673	111,478	31,378	10,001	10,248	6,416	18,495	38,514	649,274
Travel and transportation	37,610	59,117	60,798	301,668	21,259	38,296	10,903	3,699	4,773	6,372	2,914	591	548,000
Professional fees	97,102	59,390	76,426	40,191	31,700	19,304	21,431	9,121	26,899	15,237	13,172	36,872	446,845
Occupancy	28,251	80,945	52,194	95,526	9,646	27,681	22,510	5,020	3,327	49,799	7,849	25,537	408,285
Interest	35,501	74,595	95,914	51,737	13,548	50,508	18,107	7,072	7,070	7,062	-	2,193	363,307
Communications	16,346	45,197	28,859	59,657	7,557	16,838	8,008	6,058	3,511	3,867	17,668	2,521	216,087
Rental and equipment maintenance	8,031	17,378	11,256	11,149	3,971	3,054	6,214	2,993	1,137	1,553	-	30,605	97,341
Supplies	6,222	26,186	14,747	14,253	2,018	7,100	8,020	1,076	622	2,509	3,169	6,971	92,893
Printing and publications	10,786	2,288	9,653	4,365	1,266	9,917	2,991	(10)	852	4,542	31,523	1,223	79,396
Conferences and meetings	6,663	13,428	10,227	5,248	673	691	1,634	2,432	1,782	3,307	2,266	12,221	60,572
Insurance	4,565	11,771	6,952	14,575	1,286	4,831	4,434	918	640	376	1,274	4,609	56,231
Miscellaneous	1,448	4,631	6,518	10,690	769	5,105	1,624	1,119	6,684	680	831	2,291	42,390
Membership dues	658	3,474	1,666	3,033	217	931	1,778	160	1,161	277	1,392	5,248	19,995
Total expenses before depreciation and in-kind donations	1,081,727	2,124,295	1,552,432	2,586,815	395,757	1,493,469	566,277	209,003	204,680	216,448	427,393	764,997	11,623,293
Depreciation	35,387	75,066	91,082	50,671	13,141	46,396	21,419	7,260	6,908	10,307	-	16,030	373,667
In-kind donations	589	79,236	501	130,716	-	-	4,791	-	-	1,202	12	4,573	221,620
Total functional expenses	\$ 1,117,703	\$ 2,278,597	\$ 1,644,015	\$ 2,768,202	\$ 408,898	\$ 1,539,865	\$ 592,487	\$ 216,263	\$ 211,588	\$ 227,957	\$ 427,405	\$ 785,600	\$ 12,218,580

See notes to financial statements.

MISSION STATEMENT

Child and Family Services is dedicated to advancing the well-being of children by providing an array of services to strengthen family life and by promoting community commitment to the needs of children.

BOARD POSITION	FNAME	LNAME	Length of Service	Term Ending Date	Regional Board Position
Board Asst. Secretary, CEO	Borja	Alvarez de Toledo			President/CEO
Board Governance Committee	Suzanne	Boulter	1.5 Yrs	2018	
Board Governance Committee	Elaine	Brody	23 Yrs	2014	
Chair, Finance Committee, Treasurer	William	Conrad	15 yrs	2016	
Chair, Board Governance Committee, Executive Committee	Gail	Garceau	8 Yrs	2017	Chair, Governance Committee
Chair, Board Development Committee	Lou	Kaucic	2 Yrs	2018	
Board Secretary, Chair, Advocacy Committee	Bradford	Kuster	18 Yrs	2019	
Board Development Committee	Peggy	Lambert	8 Yrs	2017	
Board Finance Committee	Kirk	Leoni	1 Yr	2018	
Board Chair, Executive Committee	Marilyn	Mahoney	11 Yrs	2014	
Advocacy Committee	Willard "Bud"	Martin	3 Yrs	2016	
Board Governance Committee	Samantha	Pause	2 Yrs	2018	
Board Finance Committee	Kenneth	Sheldon	1 Yr	2018	
Board 2nd Vice Chair, Executive Committee	Lynne	Stahler	16 Yrs	2015	
Board 1st Vice Chair, Executive Committee	Kerry	Uhler	14 Yrs	2017	

KEY ADMINISTRATIVE PERSONNEL

NH Department of Health and Human Services

Contractor Name: Child and Family Services

Name of Bureau/Section: Maternal and Child Health Section-HV-HFA

BUDGET PERIOD: **SFY 15**

Program Area: MCHS-HV-HFA

NAME	JOB TITLE	SALARY	PERCENT PAID FROM THIS CONTRACT	AMOUNT PAID FROM THIS CONTRACT
Borja Alvarez de Toledo	CEO	\$150,000	0.00%	\$0.00
Maria Gagnon	COO	\$94,994	0.00%	\$0.00
Anthony Cheek	CFO	\$92,914	0.00%	\$0.00
JoAnn Cobb	Program Director	\$62,899	15.00%	\$9,434.85
Cherly Bammarito	Program Manager	\$43,950	10.00%	\$4,395.00
		\$0	0.00%	\$0.00
		\$0	0.00%	\$0.00
		\$0	0.00%	\$0.00
TOTAL SALARIES (Not to exceed Total/Salary Wages, Line Item 1 of Budget request)				\$13,829.85

BUDGET PERIOD: **SFY 16**

Program Area: MCHS-HV-HFA

NAME	JOB TITLE	SALARY	PERCENT PAID FROM THIS CONTRACT	AMOUNT PAID FROM THIS CONTRACT
Borja Alvarez de Toledo	CEO	\$150,000	0.00%	\$0.00
Maria Gagnon	COO	\$94,994	0.00%	\$0.00
Anthony Cheek	CFO	\$92,914	0.00%	\$0.00
JoAnn Cobb	Program Director	\$62,899	15.00%	\$9,434.85
Cheryl Bammarito	Program Manager	\$43,950	10.00%	\$4,395.00
		\$0	0.00%	\$0.00
		\$0	0.00%	\$0.00
		\$0	0.00%	\$0.00
TOTAL SALARIES (Not to exceed Total/Salary Wages, Line Item 1 of Budget request)				\$13,829.85

Borja Alvarez de Toledo, M.Ed.

**Child and Family Services
464 Chestnut St, Manchester NH 03105**

Professional Profile

- A seasoned leader with more than 15 years of senior level non-profit management experience.
- Strong business acumen with emphasis on developing processes to ensure the alignment of strategy, operations, and outcomes with a strength based approach to leadership development.
- Collaborative leader using systemic and strategic framework in program development, supervision and conflict resolution.

Professional Experience

Child and Family Services of New Hampshire

Manchester, NH

December 2013- Present

~ President and CEO

- Responsible for program planning and development, insuring that CFS meets the community needs.
- Advance the public profile of CFS by developing innovative approaches and building productive relationships with government, regional and national constituencies.
- Acts as advisor to the Board of Directors and maintains relationships with the regional Boards
- Responsible for all aspects of financial planning, sustainability and oversight of CFS' assets
- Work with Development staff and Board of Directors to design and implement all fundraising activities, including cultivation and solicitation of key individuals, foundations and corporations

Riverside Community Care

Dedham, MA

2009- 2013

~ Division Director, Child and Family Services

- Responsible for strategic vision, planning and implementation of the programmatic, operational and financial sustainability of a \$17M division with more than 300 employees.
- In partnership with The Guidance Center, Inc.'s board of directors, played leadership role in successfully merging with Riverside Community Care, through a process that involved strategic planning, analysis and selection of a viable partner.
- Provide supervision to managers using a strength based approach and a collaborative coaching model to leadership development.

The Guidance Center, Inc.

Cambridge, MA

1998 - 2009

~ Chief Operating Officer

2007 - 2009

- Hired initially as Director of an intensive home-based family program and through successive promotions became responsible for all operations in the organization.
- Responsible for supervision of Division Directors, strategic planning and development of new initiatives.
- Developed strategic relationships with state and local funders, and partnered with community agencies to support the healthy growth of children and families.

Private Practice in Psychotherapy and Clinical Consultation

Madrid, Spain

1992 - 1998

Universidad Pontificia de Comillas
Madrid, Spain

1991 - 1998

~Adjunct Faculty

- Taught graduate level courses in Family and Couples Therapy program
- Practicum program supervisor: Supervised first year Master's Degree students through live supervision in the treatment of multi-problem families.

Centro Médico-Psicopedagógico
Madrid, Spain

1994 - 1997

~Clinical Coordinator/Director of Training.

- Member of a multi-disciplinary team that provided assessment and treatment to families victims of terrorism and had developed Post Traumatic Stress Disorder.

ITAD (Institute for Alcohol and Drug Treatment),
Madrid, Spain

1991- 1994

~ Senior Drug and Alcohol Counselor, Drug and Alcohol Program

- Provided evaluation and treatment for chemically dependent adults and their families.

~ Senior Family Therapist, Couples and Family Therapy Program

- Worked as a family therapist in the evaluation and treatment of adolescents and families.

Charles River Health Management
Boston, MA

1989 - 1991

~ Senior Family Therapist, Home Based Family Treatment Program.

Education

Graduate Certificate of Business

University of Massachusetts, Lowell, 2000.

Master's Degree in Education

Counseling Psychology Program. Boston University, 1989.

B.A. in Clinical Psychology

Universidad Pontificia de Comillas, Madrid, Spain. 1988

Publications

- 2009 Ayers, S & Alvarez de Toledo, B. Community Based Mental Health with Children and Families. In A. R. Roberts (Ed.) , *Social Worker's Desk Reference* (2nd ed.), New York: Oxford University Press, 2009
- 2006 *Topical Discussion: Advancing Community-Based Clinical Practice and Research: Learning in the Field.* Presented at the 19th Annual Research Conference: A System of Care for Children's Mental Health: Expanding the Research Base, February 2006, Tampa, FL.
- 2001 Lyman, D.R.; Siegel, R.; Alvarez de Toledo, B.; Ayers, S.; Mikula, J. *How to be little and still think big: Creating a grass roots, evidence based system of care.* Symposium presented at the 14th Annual Research Conference in Children's Mental Health, Research and Training Center for Children's Mental Health, February 2001, Tampa, FL.
- 2006 Lyman, D.R., B. Alvarez de Toledo, *The Ecology of intensive community based intervention.* In Lightburn, A., P. Sessions. *Handbook of Community Based Clinical Practice.* Oxford University Press, 2006, England.
- 2001 Lyman, D.R., B. Alvarez de Toledo (2001) *Risk factors and treatment outcomes in a strategic intensive family program.* In Newman, C, C. Liberton, K. Kutash and R. Friedman, (Eds.) *A System of Care for Children's Mental Health: Expanding the Research Base* (2002), pp. 55-58. Research and Training Center for Children's Mental Health, University of South Florida, Tampa, FL.
- 1994-98 Research papers and professional presentations in peer reviewed journals in Spain

Languages

Fluent in Spanish, French and Italian.

Maria Gagnon, MSW

464 Chestnut St, Manchester NH 03105, gagnonm@cfsnh.org

PROFILE

Motivated, confident professional with 15 years of NH non-profit experience. Demonstrated success in non-profit agency operations, staff supervision, strategic planning, fundraising and board development. Success working collaboratively across disciplines and within communities to reach mutual goals. Strategic thinker who uses data to drive work. Collaborative, democratic management style. Relationships with local and national funders including the New Hampshire Charitable Foundation, Endowment for Health, United Way, Open Society Institute and the Robert Wood Johnson Foundation. Relationships with Fortune 500 and other donor companies.

SKILLS SUMMARY

~Project Management	~Non-Profit Operations	~Strategic Planning
~Project Evaluation	~Budget Development	~Staff Recruitment
~Data to Manage	~Local/Federal Grant Writing	~Staff supervision

PROFESSIONAL EXPERIENCE

Child and Family Services – Manchester, New Hampshire (2013 to present)
Senior Vice President, Chief Operating Officer

FIRST – Manchester, New Hampshire (2011 to 2013)

Director, Corporate & Foundation Relationships

CHILD ADVOCACY CENTER – Hillsborough County, New Hampshire (2010 to 2011)

Executive Director

NEW FUTURES – Exeter, New Hampshire (2005 to 2009)

Director, Adolescent Treatment Initiative and Closing the Treatment Gap Initiative

RECLAIMING FUTURES – Concord, New Hampshire (2002 to 2005)

State Director

ADDITIONAL PROFESSIONAL EXPERIENCE

THE YOUTH COUNCIL – Nashua, New Hampshire (1998-2002)

Director of Operations and Program Development/Clinical Social Worker

RIVIER COLLEGE – Nashua, New Hampshire (2009 to 2011)

Adjunct Faculty, Communications Department Grant Writing Skills

NATIONAL CONSULTANT & TRAINER – Train on substance abuse assessment tools in various locations across the country consult on adolescent treatment issues in juvenile justice (2005- 2011)

Completed feasibility study for the NH Dental Association (2011)

EDUCATION

Master's Degree in Social Work (MSW)

University of New Hampshire, 1998

Bachelor's Degree in Social Work (BSW)

Rivier College, 1991

ANTHONY F. CHEEK, JR.

464 Chestnut St.
Manchester, NH 03105
Phone: (603) 518-4113
Email: cheekt@cfsnh.org

EXPERIENCE: Child & Family Services Manchester, NH
01/11- Present **Vice President/CFO**

Oversee finance, human resource and information technology functions for a private non-profit human services agency with 300 employees and a budget of \$12 Million.

3/07- 1/11 Fountains America, Inc., Pittsfield, NH
Vice President/Director of Finance

Overall responsibility for the corporate finance, human resource and information technology functions of a US holding company and its three operating divisions, all subsidiaries of fountains plc headquartered in the UK.

- US budget responsibility \$7 Million, Group budget \$100 Million.
- Prepare and monitor annual budgets.
- Provide monthly financial analysis and forecasts to US President and UK group CFO.
- Manage corporate risk matters including legal, insurance and compliance issues.
- Oversee corporate tax matters and accounting standards compliance.
- Manage accounting department staff of six for maximum efficiency and responsiveness to internal and external stakeholders.
- Manage all human resource and payroll functions.
- Manage IT infrastructure and support needs.
- Work with US President and Division Presidents on strategic issues, company growth initiatives, product and regional cost analysis and acquisition/due diligence projects.

2/96- 3/07 Lakes Region Community Services Council, Inc., Laconia, NH
Director of Finance (3/98-3/07)

Oversee finance, human resource and information technology functions for a private non-profit human services agency with 300 employees, involving four corporate entities and a budget of \$20 Million.

- Prepare and monitor annual budgets, and report monthly to Board of Directors.
- Negotiate funding with the New Hampshire Department of Health and Human Services.
- Prepare and manage contracts with funding sources and vendors.
- Supervision of 15 staff in finance, human resources and other administrative functions.
- Administer the agency's personnel policies, compensation and benefit plans.
- Ensure compliance with state and federal labor regulations.
- Oversee the installation and support of agency computer systems and networks.
- Implemented new IT network infrastructure for satellite offices to improve

communication and optimize operations.

- Implemented new Medicaid billing and data collection software system.
- Manage all corporate risk management including legal issues, insurance coverage and corporate compliance matters.

Assistant Controller (2/96-3/98)

- Manage Accounting department responsible for five interrelated corporations.
- Oversee general ledgers for all corporations including timely monthly closings and account reconciliations.
- Present financial statements at monthly Board meeting.
- Manage staff of five including A/R, A/P, and G/L staff.
- Responsible for coordination of annual audits.
- Assist in preparation and maintenance of annual budgets.
- Converted general ledger software from an in-house system to Solomon IV, a Windows based multi-company software system.
- Responsible for the startup of two new corporations.
- Provide Executive Directors with accurate and timely operating statements and financial analysis.
- Responsible for daily cash management and banking relationships.

11/87 - 2/96

Boyd's Potato Chip Co., Inc., Lynn, MA

Controller/General Manager

- Prepared and analyzed monthly profit and loss statement.
- Monitored and controlled the flow of cash receipts and disbursements.
- Researched, designed specifications for and implemented a computer system to automate order entry, A/R, A/P, and inventory control, reducing data entry by 25% and improving inventory control.
- Coordinated annual audits.
- Administered group insurance plans and workers compensation program. Introduced new programs that resulted in savings to company and reduced workplace accidents.
- Renegotiated union contracts with union management.
- Managed all aspects of transportation and distribution, to ensure prompt deliveries and customer satisfaction.
- Supervised a staff of 20 including office, warehouse and transportation personnel.

EDUCATION:

1986

Bachelor of Science in Business Administration

University of New Hampshire, Durham, NH

COMPUTER SKILLS:

Advanced computer skills including Microsoft Excel, Word and Access. Solomon Dynamics and Sage Accpac accounting systems. Crystal and FRx report writers.

*JoAnn L. Cobb
Child and Family Services
464 Chestnut St
Manchester NH 03105*

EDUCATION AND LICENSURE

LICSW, NH. License #631

MSSW, August 1992: Springfield College, School of Human Services, Springfield MA.

BA, Psychology, 1987: University of Lowell, Lowell MA.

EMPLOYMENT HISTORY

Feb. 2002- Present:	Program Director Healthy Families Program, Early Supports & Services Program Parenting Plus Program Parent Aide Program Partners In Health Program Fetal Alcohol Spectrum Disorder Prevention Program Continue to provide clinical services in Family Counseling Program	Child and Family Services Manchester, NH
June 2001-Feb. 2002:	Program Coordinator Healthy Families Program	Child and Family Services Manchester, NH
Jan. 1997 to June 2001:	Clinical Social Worker Family Counseling Program	Child and Family Services Manchester, NH
Jan. 1995 to Jan. 1997:	Clinical Social Worker Infant/Toddler Program	Child and Family Services Exeter, NH
April 1992 to Jan. 1995:	Social Worker Crisis Care Program	Child and Family Services Manchester, NH
Feb. 1990 to March 1992:	Teen Counselor Pregnant/Parenting Program	Healthworks Haverhill, MA

MEMBERSHIP

**NH Association for Infant Mental Health
Spark NH board member (Early Childhood Council)
Collaborative Law Alliance of NH**

CHERYL (CHERIE) A. Bammarito
464 Chestnut St
Manchester NH 03105

EDUCATION

Notre Dame College, M.Ed., School Counseling, 1992

Plymouth State College, MBA, Marketing Concentration, 1989

Saint Anselm College, BA, Psychology, French Minor, 1983

EMPLOYMENT HISTORY

July 2008 – Present	Program Manager Healthy Families Program Parenting Plus Program Fetal Alcohol Spectrum Disorder Prevention Program	Child and Family Services Manchester, NH
July 2006 – July 2008	Program Supervisor Healthy Families Program	Child and Family Services Manchester, NH
July 2004 – July 2006	Home Visitor Healthy Families Program	Child and Family Services Manchester, NH
Feb. 2003 – July 2004	Single Family Specialist Home of Your Own Program	The Loan Fund Concord, NH
Feb. 1994 – Feb. 2003	Social Worker The OUR PLACE Program	NH Catholic Charities Manchester, NH
Aug. 1987 – Feb. 1994	Assistant Director Admissions Office	Notre Dame College Manchester, NH
Sept. 1992 – Feb. 1994	Part Time Adjunct Faculty Psychology and Business Departments	Notre Dame College Manchester, NH
Aug. 1983 – Aug. 1987	Coordinator of Support Services Admissions Office	Saint Anselm College Manchester, NH

REFERENCES AVAILABLE UPON REQUEST

SRW
Ba



Nicholas A. Toumpas
Commissioner

José Thier Montero
Director

STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN
SERVICES

29 HAZEN DRIVE, CONCORD, NH 03301-6527
603-271-4517 1-800-852-3345 Ext. 4517
Fax: 603-271-4519 TDD Access: 1-800-735-2964



July 6, 2012

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

G&C Approval Date: 8-8-12
G&C Item # 51

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division of Public Health Services, Bureau of Population Health and Community Services, Maternal and Child Health Section, to enter into an agreement with Child and Family Services of New Hampshire (Vendor #177166-B002), 464 Chestnut Street, Manchester, New Hampshire 03101, in an amount not to exceed \$744,169.00, to provide home visiting services to families in accordance with the Healthy Families America model, to be effective July 1, 2012 or date of Governor and Council approval, whichever is later, through June 30, 2014. Funds are available in the following account for SFY 2013 and are anticipated to be available in SFY 2014 upon availability and continued appropriation of funds in the future operating budget.

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

Fiscal Year	Class/Object	Class Title	Job Number	Total Amount
SFY 2013	102-500731	Contracts for Program Services	90083100	\$368,909
SFY 2014	102-500731	Contracts for Program Services	90083100	\$375,260
			Total	\$744,169

EXPLANATION

Funds in this agreement will be used to support home visiting services in Hillsborough, Merrimack, and Rockingham Counties for families at risk for poor health outcomes and child maltreatment. This voluntary home visiting program will follow an evidence-based model and curriculum, proven through research to improve outcomes for health, reduce child maltreatment and improve family economic self-sufficiency. Home visitors provide support and education to families in their homes. Each family receives an assessment of their strengths and needs, and home-visiting services are provided in accordance with those individual assessments. Families and home visitors discuss prenatal health, child development, positive parenting practices, health and safety concerns, family planning and smoking cessation.

Services will be provided on a voluntary basis with priority given to pregnant women who meet one or more of the following criteria:

- are first time mothers
- have low incomes
- are pregnant women who have not attained age 21
- have a history of child abuse or neglect or have had interactions with child welfare services
- have a history of substance abuse or need substance abuse treatment
- are users of tobacco products in the home
- had low student achievement themselves, or have children with low student achievement
- have children with developmental delays or disabilities
- are in families that include individuals who are serving or have formerly served in the armed forces

Agencies may narrow their target populations, based on local needs.

By the nature of this agreement, Home Visiting New Hampshire – Healthy Families America home visiting is a collaborative service designed to avoid duplication. Agencies are required to collaborate with other community agencies providing family support services in the community. In addition to home visiting services provided directly to families, this agreement supports infrastructure building through the coordination of home visiting with other early childhood programs such as early intervention, Head Start and prevention of child abuse and neglect.

By targeting the delivery of Home Visiting New Hampshire – Healthy Families America in communities that have been identified as having a high-risk population, the program aims to reduce differences in health outcomes. Risk factors for which rates in the Counties to be served are higher than the State mean are detailed in the table below.

Hillsborough County	Unemployment Low birth weight	High school dropout rates Preterm births
Merrimack County	Illicit drug use Binge drinking	Non medical use of prescription drugs Infant mortality
Rockingham County	Marijuana use	Preterm births

Should Governor and Executive Council not authorize this Request, families will not receive home visiting services that have been shown to improve conditions for young families leading to healthy and productive communities. In addition, New Hampshire will not fulfill its requirement to provide services as outlined in federal legislation.

Child and Family Services of New Hampshire was selected for this project through a competitive bid process. A Request for Proposals was posted on The Department of Health and Human Services' web site from March 27, 2012 through May 4, 2012. In addition, emails were sent to community agencies and various listserves, which provided broad distribution throughout the state. A bidders' conference was held April 12, 2012 to alert bidders to this opportunity.

In response to the Request for Proposals for Home Visiting New Hampshire-Healthy Families America services to be provided in six geographic areas, seven proposals were submitted. A committee of nine reviewers evaluated the proposals, including five Department of Health and Human Services personnel and four external reviewers. Each reviewer had between seven and twenty-three years experience providing direct services in the

community and/or managing programs that serve children and families. Areas of specific expertise include Early Childhood Education, Maternal and Child Health; Healthy Homes, Immunization; Minority Health; Tobacco Cessation; Child Abuse Prevention; and Family Support. Proposals were scored taking an average of all reviewers' scores. Reviewers recommended funding six proposals to serve the six geographic areas. The proposals from Child and Family Services of New Hampshire were selected to serve Hillsborough, Merrimack and Rockingham Counties. The Bid Summary is attached.

As referenced in the Request for Proposals, Renewals Section, this competitively procured Agreement has the option to renew for two 2 additional years, contingent upon satisfactory delivery of services, available funding, agreement of the parties and approval of the Governor and Council. This is the initial agreement with this Contractor to provide these services in these geographic regions.

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

Performance Measure #1: The percent of women enrolled in Home Visiting New Hampshire – Healthy Families America who receive at least one Edinburgh Post Natal Depression Scale screening between six and eight weeks after giving birth.

Performance Measure #2: The percent of families who receive a Healthy Homes One-Touch assessment by the birth of their child.

Performance Measure #3: The percent of children who receive further evaluation after scoring below the cutoff on the Ages & Stages Questionnaire, 3rd ed., which is a developmental screening tool.

Areas served: Hillsborough, Merrimack and Rockingham Counties.

Source of Funds: 100% Federal Funds from United States Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau, Division of Child, Adolescent and Family Health.

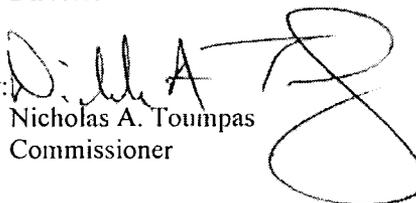
In the event that the Federal Funds become no longer available, General Funds will not be requested to support this program.

Respectfully submitted,



José Thier Montero, MD
Director

Approved by:



Nicholas A. Toumpas
Commissioner

JTM/TT/DD/SW/sc

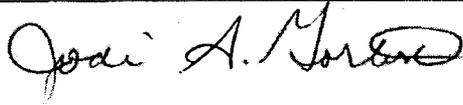
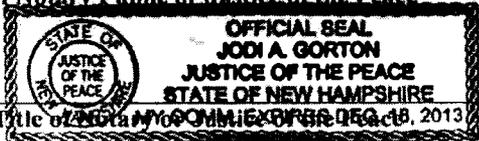
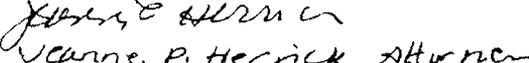
Subject: Home Visiting New Hampshire - Healthy Families America

AGREEMENT

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

GENERAL PROVISIONS

1. IDENTIFICATION.

1.1 State Agency Name NH Department of Health and Human Services Division of Public Health Services		1.2 State Agency Address 29 Hazen Drive Concord, NH 03301-6504	
1.3 Contractor Name Child and Family Services of New Hampshire		1.4 Contractor Address 464 Chestnut Street PO Box 448 Manchester, New Hampshire 03105	
1.5 Contractor Phone Number 603-518-4000	1.6 Account Number 05-95-90-902010-0831-102-500731	1.7 Completion Date June 30, 2014	1.8 Price Limitation \$744,169
1.9 Contracting Officer for State Agency Joan H. Ascheim, Bureau Chief		1.10 State Agency Telephone Number 603-271-4501	
1.11 Contractor Signature 		1.12 Name and Title of Contractor Signatory Marilyn Mahoney, Chair, Board of Trustees	
1.13 Acknowledgement: State of <u>NH</u>, County of <u>Hillsborough</u> On <u>6/4/2012</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 Public or Justice of the Peace			
1.14 State Agency Signature 		1.15 Name and Title of State Agency Signatory Joan H. Ascheim, Bureau Chief	
1.16 Approval by the N.H. Department of Administration, Division of Personnel (if applicable) By: _____ Director, On: _____			
1.17 Approval by the Attorney General (Form, Substance and Execution) By:  <u>Jeanne P. Herrick, Attorney</u> On: <u>17 Jul. 2012</u>			
1.18 Approval by the Governor and Executive Council By: _____ On: _____			

NH Department of Health and Human Services

Exhibit A

Scope of Services

Home Visiting New Hampshire – Healthy Families America

CONTRACT PERIOD: July 1, 2012 or date of G&C approval, whichever is later, through June 30, 2014

CONTRACTOR NAME: Child and Family Services of New Hampshire

ADDRESS: 464 Chestnut Street, PO Box 448
Manchester, New Hampshire 03105

Program Director: JoAnn Cobb

TELEPHONE: 603-518-4000

The Contractor shall:

Provide Home Visiting New Hampshire – Healthy Families America services as specified below.

I. General Provisions

A. Eligibility and Income Determination

1. The Contractor shall provide home visiting services to pregnant and parenting women with children up to age three according to the priorities described in the Healthy Families America Home Visiting Model.
2. Priority shall be given to participants who:
 - Are first time mothers;
 - Have low incomes;
 - Are pregnant women who have not attained age 21;
 - Have a history of child abuse or neglect or have had interactions with child welfare services;
 - Have a history of substance abuse or need substance abuse treatment;
 - Are users of tobacco products in the home;
 - Have, or have children with, low student achievement;
 - Have children with developmental delays or disabilities;
 - Are in families that include individuals who are serving or have formerly served in the armed forces, including such families that have members of the armed forces who have had multiple deployments outside of the United States.
3. The Contractor shall provide documentation of income determination and need to inform clients of Medicaid and/or Health Kids and Medicaid and/or to assist with applications.

B. Numbers Served

Services are to be provided to a minimum number of families, as outlined in the table below, throughout the contract term, for the service area(s) for which the contractor is selected.

Area to be served:	Minimum families served
Belknap County	16
Cheshire County	19
Grafton County	21
Hillsborough County (exclusive of the City of Manchester)	35
Merrimack County	26
Rockingham County	26

C. Culturally and Linguistically Appropriate Standards of Care

The Department of Health and Human Services (DHHS) recognizes that culture and language have considerable impact on how consumers access and respond to public health services. Culturally and linguistically diverse populations experience barriers in efforts to access health services. To ensure equal access to quality health services, the Division of Public Health Services (DPHS) expects that Contractors shall provide culturally and linguistically appropriate services according to the following guidelines:

1. Assess the ethnic/cultural needs, resources and assets of their community.
2. Promote the knowledge and skills necessary for staff to work effectively with consumers with respect to their culturally and linguistically diverse environment.
3. When feasible and appropriate, provide clients of limited English proficiency (LEP) with interpretation services. Persons of LEP are defined as those who do not speak English as their primary language and whose skills in listening to, speaking, or reading English are such that they are unable to adequately understand and participate in the care or in the services provided to them without language assistance.
4. Offer consumers a forum through which clients have the opportunity to provide feedback to providers and organizations regarding cultural and linguistic issues that may deserve response.
5. The Contractor shall maintain a program policy that sets forth compliance with Title VI, Language Efficiency and Proficiency. The policy shall describe the way in which the items listed above were addressed and shall indicate the circumstances in which interpretation services are provided and the method of providing service (e.g. trained interpreter, staff person who speaks the language of the client or language line).

D. State and Federal Laws

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

1. The Contractor shall report all cases of communicable diseases according to New Hampshire RSA 141-C and He-P 30, effective 01/05.
2. Persons employed by the Contractor shall comply with the reporting requirements of New Hampshire RSA 169:C, Child Protection Act; RSA 161:F46, Protective Services to Adults and RSA 631:6, Assault and Related Offenses.

Contractor Initials: MTM
Date: 6/4/12

E. Relevant Policies and Guidelines

1. The contractor shall maintain the confidentiality of public assistance clients and use the information only for program administration purposes.
 - a) All staff must understand that the receipt of this information is confidential and cannot be disclosed except in direct administration of the program.
 - b) All staff must adhere to the Division of Family Assistance confidentiality policy in the General Manual and sign a statement saying that they agree to uphold the confidentiality standards. Failure to maintain confidentiality shall result in disciplinary actions.
2. Receipt of public assistance and other confidential information may be shared as a part of the medical record only with the properly signed release of information from the client.

F. Publications Funded Under Contract

1. The DHHS and/or its funders will retain COPYRIGHT ownership for any and all original materials produced with DHHS contract funding, including, but not limited to, brochures, resource directories, protocols or guidelines, posters, or reports.
2. All documents (written, video, audio) produced, reproduced or purchased under the contract shall have prior approval from DPHS before printing, production, distribution, or use.
3. The Contractor shall credit DHHS on all materials produced under this contract following the instructions outlined in Exhibit C-1 (5).

G. Subcontractors

If services required to comply with this Exhibit are provided by a subcontracted agency or provider, the DPHS, Maternal and Child Health Section (MCHS) must be notified in writing prior to initiation of the subcontract. In addition, subcontractors must be held responsible to fulfill all relevant requirements included in this Exhibit.

II. Minimal Standards of Core Services

A. Service Requirements

1. Implement Healthy Families America home visiting model with fidelity using the 12 Healthy Families America Critical Elements listed below.
 - i. Initiate services prenatally.
 - ii. Use the Parent Survey, a standardized assessment tool, to systematically identify families who are most in need of services.
 - iii. Offer services voluntarily and use positive outreach efforts to build family trust.
 - iv. Offer services to participating families until the child's third birthday, using well-defined criteria for increasing or decreasing frequency of services. These criteria will be developed by the statewide Home Visiting Advisory Group.
 - v. Services should be culturally competent; materials used should reflect the diversity of the population served.
 - vi. Services are comprehensive, focusing on supporting the parent as well as supporting parent-child interaction and child development.
 - vii. All families should be linked to a medical provider; they may also be linked to additional services.

- viii. Staff members should have limited caseloads.
 - ix. Service providers are selected based on their personal characteristics, such as ability to establish a trusting relationship; their willingness to work in or their experience working with culturally diverse communities; and their skills to do the job.
 - x. All service providers should receive basic training in areas such as cultural competency, substance abuse, reporting child abuse, domestic violence, drug-exposed infants, and services in their community.
 - xi. Service providers should receive thorough training specific to their role to understand the essential components of family assessment and home visitation.
 - xii. Service providers receive ongoing, effective accountable, clinical and reflective supervision.
2. HVNH-HFA will include home visits by nurses as an enhancement to the HFA Model. The schedule of visits should adhere closely to the following:
 - a. In the prenatal period: three nurse visits at home or office, or a minimum of one nurse visit during each trimester in which a woman is enrolled.
 - b. A minimum of one postpartum/newborn home visit by nurse, Advanced Registered Nurse Practitioner (ARNP), or physician offered to *all* families.
 - c. A minimum of 3, maximum of 10 nurse visits per year for the child.
 3. Contractors considering clinical or sociological research using clients as subjects must adhere to the legal requirements governing human subjects' research. Contractors must inform the DPHS, MCHS prior to initiating any research related to this contract.

B. Staffing Provisions

1. New Hires

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

2. Vacancies

The Contractor must notify the MCHS in writing if the executive director or program coordinator position is vacant for more than three months. This may be done through a budget revision. In addition, the MCHS must be notified in writing if at any time any site funded under this agreement does not have adequate staffing to perform all required services for more than one month.

3. Staff employed or subcontracted by the contractor shall meet the following qualifications:

The HFA Critical Elements state that direct service staff should not be hired based on their formal education alone. Service providers should be selected because of their personal characteristics (i.e., a non-judgmental attitude, compassion, the ability to establish a trusting relationship, etc.), their willingness to work in or experience working with culturally diverse communities, and their skills to do the job.

- a. Family Assessment Workers (FAW) and Family Support Workers (FSW)/Home Visitors shall:

Contractor Initials: ATM
Date: 6/4/12

- i. Have a high school diploma or general equivalency diploma
 - ii. Have 2 years' experience working with families in a health care support capacity
 - iii. Work in coordination with a licensed multidisciplinary team, including but not limited to Registered Nurses (RN's), APRNs, licensed clinical social workers (LCSW), licensed marriage and family therapists, and/or other licensed health care professionals.
 - b. Nurses shall have:
 - i. A current license to practice as a registered nurse in accordance with RSA 326-B.
 - ii. A minimum of 2 years of experience in maternal and child health nursing.
 - c. Nutritionists shall have:
 - i. A bachelor's degree in foods and nutrition or home economics, or a master's degree in nutrition, nutrition education, or nutrition in public health or current Registered Dietitian status in accordance with the Commission on Dietetic Registration of the American Dietetic Association.
 - ii. Individuals who perform functions similar to a nutritionist but do not meet the above qualifications shall not use the title of nutritionist.
 - d. Social workers shall have:
 - i. A bachelor's degree in social work or a master's or bachelor's degree in a related social science or human behavior field, or master's degree in social work (MSW).
 - ii. A minimum of 2 years experience working with children or families in a support or counseling capacity.
 - iii. Individuals who perform social work functions similar to a social worker but do not meet the above qualifications shall not use the title of social worker.
- 4. Home visitors shall be supervised by a nurse, social worker or other professional with relevant experience with approval from the Division of Public Health Services, and meet with their supervisor individually for no less than 1.5 hours per week for full-time home visitors. Group meetings with other home visitors to share information and coordinate services are required no less than every two weeks.

All direct service personnel (FSW, FAW, Supervisor) involved in the HFA Program (both paid and in-kind) must attend the HFA CORE training provided by a nationally certified HFA trainer. The required initial training for both a Family Support Worker and a Family Assessment Worker is 4 days. The Supervisor must attend both the Family Support Worker and Family Assessment Worker training and attend the fifth day, which is for supervisors only (a total of 10 days of training).

C. Coordination of Services

- 1. The contractor shall coordinate, where possible, with other service providers within the contractor's community. At a minimum, such collaboration shall include interagency referrals and coordination of care.
- 2. Agencies that deliver services in a community or communities that are part of a Public Health Network (PHN) region should be active participants in the PHN. As appropriate, agencies should participate in community needs assessments, public health performance assessments, and the development of regional public health improvement plans. Agencies should also engage PHN staff as appropriate to enhance the implementation of community-based public health prevention initiatives being implemented by the agency.

D. Meetings and Trainings

The Contractor will be responsible to send staff to meetings and training required by the MCHS program, including but not limited to: HVNH Quarterly Meetings, Healthy Families America Core Trainings, and Data System trainings.

Contractor Initials: MTM
 Date: 6/4/12

III. Quality or Performance Improvement (QI/PI)

A. **Workplans**

1. Performance Workplans are required annually for this program and are used to monitor achievement of standard measures of performance of the services provided under this contract. The workplans are a key component of the MCHS performance- based contracting system and of this contract.
2. The Contractor shall incorporate required and developmental performance measures, defined by the MCHS into the agency's Performance Workplan. Reports on Workplan Progress/Outcomes shall detail the Performance Workplan and activities that monitor and evaluate the agency's progress toward performance measure targets.
3. The Contractor shall comply with minor modifications and/or additions to the workplan and annual report format as requested by the MCHS. The MCHS will provide the Contractor with advance notice of such changes and the Contractor is not expected to incur any substantial costs relative to such changes.

B. **Data and Reporting Requirements**

In addition to Performance Workplans, the Contractor shall submit to the MCHS the following data used to monitor program performance:

1. Submit Workplans and Workplan Outcome reports according to the schedule and instructions provided by the MCHS. The MCHS shall notify the Contractor at least 30 days in advance of any changes in the submission schedule.
2. The data required for the federal Maternal, Infant & Early Childhood Home Visiting Program benchmark reporting, reported in the Home Visiting Data System.
3. In years when contracts or amendments are not required, the DPHS Budget Form, Budget Justification, Sources of Revenue and Program Staff List forms must be completed according to the relevant instructions and submitted as requested by DPHS and, at minimum, by April 30 of each year.
4. The Sources of Revenue report must be resubmitted at any point when changes in revenue threaten the ability of the agency to carry out the planned program.
5. The Contractor shall collaborate with the Divisions of Public Health Services and Family Assistance to collect client and program data and information for the purpose of program evaluation.
6. The Contractor shall, for purposes of program evaluation and federal reporting, enter personally identifiable health data, for all clients served under this contract, into the Home Visiting Data System. Contractors shall be responsible for obtaining any authorizations for release of information from the clients that is necessary to comply with federal and state laws and regulations. All forms developed for authorization for release of information must be approved by DPHS prior to their use.

C. **On-Site Reviews**

1. The Contractor shall allow a team or person authorized by the MCHS to periodically review the Contractor's systems of governance, administration, data collection and submission, clinical, and financial management in order to assure systems are adequate to provide the contracted services.

2. Reviews shall include client record reviews to measure compliance with this Exhibit.
3. The Contractor shall make corrective actions as advised by the review team if contracted services are not found to be provided in accordance with this Exhibit.
4. On-Site reviews may be waived or abbreviated at the discretion of the MCHS, upon submission of satisfactory reports of reviews such as Primary Care Effectiveness Reviews (PCER), or reviews from nationally accreditation organizations such as the Joint Commission for the Accreditation of Health Care Organizations (JCAHO), Medicare, or the Community Health Accreditation Program (CHAP). Abbreviated reviews will focus on any deficiencies found in previous reviews, issues of compliance with this Exhibit, and actions to strengthen performance as outlined in the agency Performance Workplan.

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NH Department of Health and Human Services

Exhibit B

Purchase of Services

Contract Price

Home Visiting New Hampshire – Healthy Families America

CONTRACT PERIOD: July 1, 2012 or date of G&C approval, whichever is later, through June 30, 2014

CONTRACTOR NAME: Child and Family Services of New Hampshire

**ADDRESS: 464 Chestnut Street, PO Box 448
Manchester, New Hampshire 03105**

Program Director JoAnn Cobb

TELEPHONE: 603-518-4000

Vendor #177166-B002

Job #90083100

Appropriation #05-95-90-902010-0831-102-500731

1. The total amount of all payments made to the Contractor for cost and expenses incurred in the performance of the services during the period of the contract shall not exceed:

\$744,169 for Home Visiting New Hampshire – Healthy Families America, funded from 100% federal funds from the U.S Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau, Division of Child, Adolescent and Family Health (CFDA #93.505).

TOTAL: \$744,169

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

7. The Contractor shall have written authorization from the State prior to using contract funds to purchase any equipment with a cost in excess of three hundred dollars (\$300) and with a useful life beyond one year.

The remainder of this page is intentionally left blank.

Contractor Initials: MTM

Date: 9/4/12



**State of New Hampshire
Department of Health and Human Services
Amendment #1 to the
The Family Resource Center at Gorham**

This 1st Amendment to The Family Resource Center at Gorham contract (hereinafter referred to as "Amendment One") dated this 4 day of April, 2014, is by and between the State of New Hampshire, Department of Health and Human Services (hereinafter referred to as the "State" or "Department") and The Family Resource Center at Gorham (hereinafter referred to as "the Contractor"), a corporation with a place of business at 123 Main Street, Gorham, New Hampshire 03581.

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on August 8, 2012 the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract as amended and in consideration of certain sums specified; and

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

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

WHEREAS, the Department desires to provide additional home visiting services to families in accordance with Healthy Families America model;

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

To amend as follows:

- Form P-37, to change:
Block 1.7 to read: June 30, 2016
Block 1.8 to read: \$421,775
- Exhibit A, Scope of Services to add:
Exhibit A – Amendment 1
- Exhibit B, Purchase of Services, Contract Price, to add:

Paragraph 1.1 to Paragraph 1:

The contract price shall increase by \$121,224 for SFY 2015 and \$121,224 for SFY 2016.

Paragraph 1.2 to Paragraph 1:

Funding is available as follows:

- \$242,448 from 05-95-90-902010-0831-102-500731, 100% Federal Funds from the US Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau, Division of Child, Adolescent and Family Health CFDA #93.505, Federal Award Identification Number (FAIN), D89MC26361.

KB



Delete Paragraph 6

Replace with:

6. Written requests for adjustments to amounts within the price limitation will not be accepted after May 30th of each contract year.

Add Paragraph 8

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

- Budget, to add:
 - Exhibit B-1 (2015) - Amendment 1
 - Exhibit B-1 (2016) - Amendment 1

This amendment shall be effective July 1, 2014 or upon the date of Governor and Executive Council approval, whichever is later.

LB
7/14/14



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

State of New Hampshire
Department of Health and Human Services

4/30/14
Date

Brook Dupee
Brook Dupee
Bureau Chief

The Family Resource Center at Gorham

4/4/14
Date

Kathryn Baublis
Name: Kathryn Baublis
Title: Interim Chair

Acknowledgement:

State of New Hampshire, County of COOS on April 4, 2014, before the undersigned officer, personally appeared the person identified above, or satisfactorily proven to be the person whose name is signed above, and acknowledged that s/he executed this document in the capacity indicated above.

Lorna R. Aldrich
Signature of Notary Public or ~~Justice of the Peace~~

Lorna R Aldrich
Name and Title of Notary or ~~Justice of the Peace~~



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

OFFICE OF THE ATTORNEY GENERAL

5-9-14
Date

Rosemary Wiant
Name: Rosemary Wiant
Title: Assistant Attorney General

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

OFFICE OF THE SECRETARY OF STATE

Date

Name:
Title:

Contractor Initials: LB
Date: 4/4/14



EXHIBIT A – AMENDMENT 1

Scope of Services

The Department desires to continue the relationship with the Home Visiting Healthy Family America agencies to provide home visiting services to families in accordance with Healthy Families America model.

I. General Provisions

A. Eligibility and Income Determination

1. The Contractor shall provide home visiting services to pregnant and parenting women with children up to age three according to the priorities described in the Healthy Families America Home Visiting Model.
2. Priority shall be given to participants who:
 - Are first time mothers;
 - Have low incomes;
 - Are pregnant women who have not attained age 21;
 - Have a history of child abuse or neglect or have had interactions with child welfare services;
 - Have a history of substance abuse or need substance abuse treatment;
 - Are users of tobacco products in the home;
 - Have, or have children with, low student achievement;
 - Have children with developmental delays or disabilities;
 - Are in families that include individuals who are serving or have formerly served in the armed forces, including such families that have members of the armed forces who have had multiple deployments outside of the United States.
3. The Contractor shall provide documentation of income determination, inform clients of Medicaid, and/or assist with applications.

B. Numbers Served

Services are to be provided to a minimum number of families, as outlined in the table below, throughout the contract term, for the service area(s) for which the contractor is selected.

Exhibit A – Amendment 1, Scope of Services Contractor Initials

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4/4/14



EXHIBIT A – AMENDMENT 1

Area to be served:	Minimum families served
Belknap County	16
Cheshire County	25
Grafton County	25
Hillsborough County (exclusive of the City of Manchester)	35
Merrimack County	26
Rockingham County	26

C. Culturally and Linguistically Appropriate Standards of Care

The Department of Health and Human Services (DHHS) recognizes that culture and language have considerable impact on how consumers access and respond to public health services. Culturally and linguistically diverse populations experience barriers in efforts to access health services. To ensure equal access to quality health services, the Division of Public Health Services (DPHS) expects that Contractors shall provide culturally and linguistically appropriate services according to the following guidelines:

1. Assess the ethnic/cultural needs, resources and assets of their community.
2. Promote the knowledge and skills necessary for staff to work effectively with consumers with respect to their culturally and linguistically diverse environment.
3. When feasible and appropriate, provide clients of limited English proficiency (LEP) with interpretation services. Persons of LEP are defined as those who do not speak English as their primary language and whose skills in listening to, speaking, or reading English are such that they are unable to adequately understand and participate in the care or in the services provided to them without language assistance.
4. Offer consumers a forum through which clients have the opportunity to provide feedback to providers and organizations regarding cultural and linguistic issues that may deserve response.
5. The Contractor shall maintain a program policy that sets forth compliance with Title VI, Language Efficiency and Proficiency. The policy shall describe the way in which the items listed above were addressed and shall indicate the circumstances in which interpretation services are provided and the method of providing service (e.g. trained interpreter, staff person who speaks the language of the client or language line).

Exhibit A – Amendment 1, Scope of Services Contractor Initials

LB

Date

4/4/14



EXHIBIT A – AMENDMENT 1

D. State and Federal Laws

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

1. The Contractor shall report all cases of communicable diseases according to New Hampshire RSA 141-C and He-P 30, effective 01/05.
2. Persons employed by the Contractor shall comply with the reporting requirements of New Hampshire RSA 169:C, Child Protection Act; RSA 161:F46, Protective Services to Adults and RSA 631:6, Assault and Related Offenses.

E. Relevant Policies and Guidelines

1. The contractor shall maintain the confidentiality of public assistance clients and use the information only for program administration and/or evaluation purposes.
 - a) All staff must understand that the receipt of this information is confidential and cannot be disclosed except in direct administration and/or evaluation of the program.
 - b) All staff must adhere to the Division of Family Assistance confidentiality policy in the General Manual and sign a statement saying that they agree to uphold the confidentiality standards. Failure to maintain confidentiality shall result in disciplinary actions.
2. Receipt of public assistance and other confidential information may be shared as a part of the medical record only with the properly signed release of information from the client.

F. Publications Funded Under Contract

1. The DHHS and/or its funders will retain COPYRIGHT ownership for any and all original materials produced with DHHS contract funding, including, but not limited to, brochures, resource directories, protocols or guidelines, posters, or reports.
2. All documents (written, video, audio) produced, reproduced or purchased under the contract shall have prior approval from DPHS before printing, production, distribution, or use.
3. The Contractor shall credit DHHS on all materials produced under this contract following the instructions outlined in Exhibit C.

Exhibit A – Amendment 1, Scope of Services Contractor Initials

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4/4/14



EXHIBIT A – AMENDMENT 1

G. 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:

- Evaluate the prospective subcontractor's ability to perform the activities, before delegating the function
- 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
- Monitor the subcontractor's performance on an ongoing basis
- Provide to DHHS an annual schedule identifying all subcontractors, delegated functions and responsibilities, and when the subcontractor's performance will be reviewed
- 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.

II. Minimal Standards of Core Services

A. Service Requirements

1. Implement Healthy Families America home visiting model with fidelity using the 12 Healthy Families America Critical Elements listed below.
 - i. Initiate services prenatally or at birth.
 - ii. Use standardized screening and assessment tools to systematically identify and assess families most in need of services. These tools should assess the presence of various factors associated with increased risk for child maltreatment or other adverse childhood experiences.

Exhibit A – Amendment 1, Scope of Services Contractor Initials

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EXHIBIT A – AMENDMENT 1

- iii. Offer services voluntarily and use positive, persistent outreach efforts to build family trust.
 - iv. Offer services intensely and over the long term, with well-defined criteria for increasing or decreasing intensity of service.
 - v. Services are culturally sensitive such that staff understands, acknowledges, and respects cultural differences among families; staff and materials used should reflect the cultural, language, geographic, racial and ethnic diversity of the population served.
 - vi. Services focus on supporting the parent(s) as well as the child by cultivating the growth of nurturing, responsive parent-child relationships and promoting healthy childhood growth and development.
 - vii. At a minimum, all families are linked to a medical provider to assure optimal health and development. Depending on the family's needs, they may also be linked to additional services related to: finances, food, housing assistance, school readiness, child care, job training, family support, substance abuse treatment, mental health treatment, and domestic violence resources.
 - viii. Services should be provided by staff with limited caseloads to assure that home visitors have an adequate amount of time to spend with each family to meet their unique and varying needs and to plan for future activities.
 - ix. Service providers should be selected based on their personal characteristics, their willingness to work in or their experience working with culturally diverse communities, and their skills to do the job.
 - x. Service providers receive intensive training specific to their role to understand the essential components of family assessment, home visitation and supervision.
 - xi. Service providers should have a framework, based on education or experience, for handling the variety of experiences they may encounter when working with at-risk families. All service providers should receive basic training in areas such as cultural competency, reporting child abuse, determining the safety of the home, managing crisis situations, responding to mental health, substance abuse, and/or domestic violence issues, drug-exposed infants, and services in their community.
 - xii. Service providers receive ongoing, effective supervision so they are able to develop realistic and effective plans to empower families.
2. HVNH-HFA will include home visits by nurses as an enhancement to the HFA Model. The schedule of visits should adhere closely to the following:
- a. In the prenatal period: three nurse visits at home or office, or a minimum of one nurse visit during each trimester in which a woman is enrolled.

Exhibit A – Amendment 1, Scope of Services Contractor Initials

RB

4/4/14



EXHIBIT A – AMENDMENT 1

- b. A minimum of one postpartum/newborn home visit by nurse, Advanced Practice Registered Nurse (APRN), or physician offered to **all** families.
 - c. A minimum of 3, maximum of 10 nurse visits per year for the child.
3. Contractors considering clinical or sociological research using clients as subjects must adhere to the legal requirements governing human subjects' research. Contractors must inform the DPHS, MCHS prior to initiating any research related to this contract.

B. Staffing Provisions

1. New Hires

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

2. Vacancies

The Contractor must notify the MCHS in writing if the executive director or program coordinator position is vacant for more than three months. This may be done through a budget revision. In addition, the MCHS must be notified in writing if at any time any site funded under this agreement does not have adequate staffing to perform all required services for more than one month.

3. Staff employed or subcontracted by the contractor shall meet the following qualifications:

The HFA Critical Elements state that direct service staff should not be hired based on their formal education alone. Service providers and site management staff should be selected because of a combination of personal characteristics, experiential, and educational qualifications.

- a. **Program Managers** shall have a Master's degree in public health or human services administration or fields related to working with children and families, or Bachelor's degree with 3 years of relevant experience.
Note: Program Managers and Supervisors hired prior to July 1, 2014 may have a Bachelor's degree.
- b. Direct Service staff including but not limited to **Family Assessment Workers (FAW), Family Support Workers (FSW)**, Community Health Workers, volunteers, and interns (if performing the same function) shall:
 - i. Have a minimum of a high school diploma or equivalent
 - ii. Have 2 years' experience working with or providing services to children and families in a health care or family support capacity
 - iii. Work in coordination with a licensed multidisciplinary team, including but not limited to Registered Nurses (RN's), APRNs, licensed clinical

Exhibit A – Amendment 1, Scope of Services Contractor Initials



EXHIBIT A – AMENDMENT 1

social workers (LCSW), licensed marriage and family therapists, and/or other licensed health care professionals.

c. **Nurses** shall have:

- i. A current license to practice as a registered nurse in accordance with RSA 326-B.
- ii. A minimum of 2 years of experience in maternal and child health nursing.

4. **Supervision:**

All full-time direct service staff (assessment and home visit) shall receive weekly individual supervision for 1.5 to 2 hours and part-time staff receive at least 1 to 1.5 hours as described in the HFA Standards. Supervision sessions must be received individually each week. Please note: For sites that use reflective consultation groups, one session per month may apply towards the weekly supervision rates, when done in accordance with the expectations outlined in the Standards.

5. **HFA Core training** is required for all home visitors, assessment workers, supervisors, and program managers within six months of hire. This training must be provided by a nationally certified HFA Core trainer. HFA Core Supervisory training is also required for supervisors and program managers within six months of date of hire. This training must be provided by a certified trainer who has been trained to train others, to understand the essential components of the role of a supervisor, as well as the role of family assessment staff and home visitors.)

C. Coordination of Services

- 1. The contractor shall coordinate with other service providers within the contractor's community.
- 2. At a minimum, such collaboration shall include:
 - i. representation on and logistical support to a local early childhood collaborative/council (such as the Infant Mental Health Team)
 - ii. interagency referrals, coordination of care and data sources for their target populations
- 3. The contractor shall examine current membership in the local council to identify gaps in representation in order to resemble the membership of Spark NH.
- 4. Agencies that deliver services in a community or communities that are part of a Public Health Network (PHN) region should be active participants in the PHN. As appropriate, agencies should participate in community needs assessments, public health performance assessments, and the development of regional public health improvement plans. Agencies should also engage

Exhibit A – Amendment 1, Scope of Services Contractor Initials

LB



EXHIBIT A – AMENDMENT 1

PHN staff as appropriate to enhance the implementation of community-based public health prevention initiatives being implemented by the agency.

D. Meetings and Trainings

The Contractor will be responsible to send staff to meetings and training required by the MCHS program, including but not limited to:

1. MCH Coordinators meetings
2. Home Visiting Quarterly Meetings
3. Healthy Families America Core Trainings
4. Leadership, Evaluation, and Data System trainings
5. Other trainings as required for Healthy Families America accreditation as outlined by the Model
6. Parents as Teachers and/or Growing Great Kids training

III. Quality or Performance Improvement (QI/PI)

A. Workplans

1. Performance Workplans are required bi-annually for this program and are used to monitor achievement of standard measures of performance of the services provided under this contract. The workplans are a key component of the MCHS performance- based contracting system and of this contract.
2. The Contractor shall incorporate required and developmental performance measures, defined by the MCHS into the agency’s Performance Workplan. Reports on Workplan Progress/Outcomes shall detail plans and activities that monitor and evaluate the agency’s progress toward performance measure targets.
3. The Contractor shall comply with minor modifications and/or additions to the workplan and annual report format as requested by the MCHS. The MCHS will provide the Contractor with advance notice of such changes and the Contractor is not expected to incur any substantial costs relative to such changes.

B. Data and Reporting Requirements

In addition to Performance Workplans, the Contractor shall submit to the MCHS the following data used to monitor program performance:

1. Workplans and Workplan Outcome reports according to the schedule and instructions provided by the MCHS. The MCHS shall notify the Contractor at least 30 days in advance of any changes in the submission schedule.

Exhibit A – Amendment 1, Scope of Services Contractor Initials

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EXHIBIT A – AMENDMENT 1

2. The data required for the federal Maternal, Infant & Early Childhood Home Visiting Program benchmark reporting, must be reported in the ETO Home Visiting Data System and updated weekly, at minimum
3. In years when contracts or amendments are not required, the DPHS Budget Form, Budget Justification, Sources of Revenue and Program Staff List forms must be completed according to the relevant instructions and submitted as requested by DPHS and, at minimum, by April 30 of each year.
4. The Sources of Revenue report must be resubmitted at any point when changes in revenue threaten the ability of the agency to carry out the planned program.
5. The Contractor shall collaborate with the Divisions of Public Health Services and Family Assistance to collect client and program data and information for the purpose of program evaluation and federal reporting.
6. The Contractor shall, for purposes of program evaluation and federal reporting, enter all information and data, including personally identifiable health data, for all clients served under this contract, into the ETO Home Visiting Data System. Contractors shall be responsible for obtaining any authorizations for release of information from the clients that is necessary to comply with federal and state laws and regulations. All forms developed for authorization for release of information must be approved by DPHS prior to their use.
7. An annual summary of program-specific patient satisfaction results obtained during the prior contract period and the method by which the results were obtained shall be submitted annually as an addendum to the Workplan Outcome/Progress reports.

C. On-Site Reviews

1. The Contractor shall allow a team or person authorized by the MCHS to periodically review the Contractor's systems of governance, administration, data collection and submission, clinical, and financial management in order to assure systems are adequate to provide the contracted services.
2. Reviews shall include client record reviews to measure compliance with this Exhibit.
3. The Contractor shall make corrective actions as advised by the review team if contracted services are not found to be provided in accordance with this Exhibit.

Exhibit A – Amendment 1, Scope of Services Contractor Initials

RB



EXHIBIT A – AMENDMENT 1

4. On-Site reviews may be waived or abbreviated at the discretion of the MCHS, upon submission of satisfactory reports of reviews from nationally accreditation organizations such as Healthy Families America. Abbreviated reviews will focus on any deficiencies found in previous reviews, issues of compliance with this Exhibit, and actions to strengthen performance as outlined in the agency Performance Workplan.

Exhibit A – Amendment 1, Scope of Services Contractor Initials

LB

4/4/14



EXHIBIT A – AMENDMENT 1 – PERFORMANCE MEASURES

**Home Visiting New Hampshire- Healthy Families America (HVNH-HFA)
Fiscal Year 2015 & 2016**

I. Performance Measures

Performance Measure #1

HFA Standard 7-5.B

Measure: 70% percent of women enrolled in the program received at least one Edinburgh Postnatal Depression Scale screening between 6-8 weeks postpartum.

Goal: All post-partum women enrolled in HVNH-HFA will receive this formal, validated screening for depression at the optimal time.

Definition: **Numerator-**
Of those in the denominator, the number of women that received an Edinburgh Postnatal Depression Scale screening between 6-8 weeks postpartum

Denominator-
The total number of women in the program who gave birth in the past fiscal year, who are at least 8 weeks post partum and who were enrolled prior to 6 weeks after the birth of their baby.

Data Source: HVNH-HFA Data Records

Performance Measure #2

HFA Standard 3-4.A

Measure: Increase the percent of families who remain enrolled in HFA for at least 6 months from the baseline¹.

Goal: Families stay connected and maintain involvement with HFA services.

Definition: **Numerator-**
Of those in the denominator, the number of families that remained in HFA services at least 6 months.

Denominator-
The number of families who received a first home visit during the period 7/1/14 – 12/31/14

Data Source: HVNH-HFA Data Records, HFA methodology for measuring retention rates

¹ MCH will provide Baseline from SFY 2014 data



EXHIBIT A – AMENDMENT 1 – PERFORMANCE MEASURES

Performance Measure #3

HFA Standard 6-7.A

Measure: 95% of children receive further evaluation after scoring below the "cutoff" on the ASQ-3

Goal: All children served who are determined to be at risk for developmental delays, will receive further evaluation.

Definition: Numerator-
Of those in the denominator, the number of children that received follow-up health care when determined necessary by a formal, validated developmental screening (ASQ-3).

Denominator-

The total number of children served in HVNH-HFA in the past fiscal year who received at least one ASQ-3 in which they scored below the cutoff.

Data Source: HVNH-HFA Data Records, and ASQ-3, results

II. Process Measures

Process Measure #1

HFA Standard 12-1.B

Measure: All direct service staff receive a minimum of 75% of required weekly individual supervision according to the HFA Standards.

Goal: Service providers receive ongoing, effective supervision so they are able to develop realistic and effective plans to empower families.

Definition: Numerator-
Of those in the denominator, the number of direct service staff who received 75% of required weekly individual supervision for a minimum of 1.5 hours for full time (.75 to 1.0 FTE) and 1 hour for part time staff (less than .75 FTE).

Denominator-

The number of direct service staff/home visitors employed in the HVNH-HFA Program in the past fiscal year.

Data Source: HVNH-HFA Data Records

**Exhibit B-1 (2015) - Amendment 1
Budget**

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: The Family Resource Center at Gorham

Budget Request for: Home Visiting NH - Healthy Families America
(Name of RFP)

Budget Period: SFY 2015

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	\$ 59,396.37	\$ 8,061.00	\$ 67,457.37	Cost of administrative staff
2. Employee Benefits	\$ 24,654.63	\$ 3,000.00	\$ 27,654.63	Cost of benefits for Admin
3. Consultants	\$ 1,100.00	\$ -	\$ 1,100.00	Staff... Executive Director
4. Equipment:	\$ -	\$ -	\$ -	Office Manager, and book
Rental	\$ -	\$ -	\$ -	Keeper
Repair and Maintenance	\$ 250.00	\$ -	\$ 250.00	
Purchase/Depreciation	\$ 750.00	\$ -	\$ 750.00	
5. Supplies:	\$ -	\$ -	\$ -	
Educational	\$ -	\$ -	\$ -	
Lab	\$ -	\$ -	\$ -	
Pharmacy	\$ -	\$ -	\$ -	
Medical	\$ -	\$ -	\$ -	
Office	\$ 1,500.00	\$ -	\$ 1,500.00	
6. Travel	\$ 6,500.00	\$ -	\$ 6,500.00	
7. Occupancy	\$ 4,000.00	\$ -	\$ 4,000.00	
8. Current Expenses	\$ -	\$ -	\$ -	
Telephone	\$ 2,500.00	\$ -	\$ 2,500.00	
Postage	\$ 200.00	\$ -	\$ 200.00	
Subscriptions	\$ -	\$ -	\$ -	
Audit and Legal	\$ 1,700.00	\$ -	\$ 1,700.00	
Insurance	\$ 1,500.00	\$ -	\$ 1,500.00	
Board Expenses	\$ -	\$ -	\$ -	
9. Software	\$ -	\$ -	\$ -	
10. Marketing/Communications	\$ -	\$ -	\$ -	
11. Staff Education and Training	\$ 2,149.00	\$ -	\$ 2,149.00	
12. Subcontracts/Agreements	\$ -	\$ -	\$ -	
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	
HFA ACCREDITATION	\$ 3,000.00	\$ -	\$ 3,000.00	
HFA FEES	\$ 663.00	\$ -	\$ 663.00	
PRINTING	\$ 300.00	\$ -	\$ 300.00	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
TOTAL	\$ 110,163.00	\$ 11,061.00	\$ 121,224.00	

Indirect As A Percent of Direct

10.0%

Contractor Initials: 

Date: 4/4/14

**Exhibit B-1 (2016) - Amendment 1
Budget**

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: The Family Resource Center at Gorham

Budget Request for: Home Visiting NH - Healthy Families America
(Name of RFP)

Budget Period: SFY 2016

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	\$ 61,580.48	\$ 8,061.02	\$ 69,641.50	Cost of administrative staff
2. Employee Benefits	\$ 24,655.58	\$ 3,000.00	\$ 27,655.58	Cost of benefits for Admin
3. Consultants	\$ 1,100.00	\$ -	\$ 1,100.00	Staff...Executive Director
4. Equipment:	\$ -	\$ -	\$ -	Office Manager, and book
Rental	\$ -	\$ -	\$ -	Keeper
Repair and Maintenance	\$ 279.92	\$ -	\$ 279.92	
Purchase/Depreciation	\$ -	\$ -	\$ -	
5. Supplies:	\$ -	\$ -	\$ -	
Educational	\$ -	\$ -	\$ -	
Lab	\$ -	\$ -	\$ -	
Pharmacy	\$ -	\$ -	\$ -	
Medical	\$ -	\$ -	\$ -	
Office	\$ 2,000.00	\$ -	\$ 2,000.00	
6. Travel	\$ 6,000.00	\$ -	\$ 6,000.00	
7. Occupancy	\$ 4,000.00	\$ -	\$ 4,000.00	
8. Current Expenses	\$ -	\$ -	\$ -	
Telephone	\$ 3,000.00	\$ -	\$ 3,000.00	
Postage	\$ 200.00	\$ -	\$ 200.00	
Subscriptions	\$ -	\$ -	\$ -	
Audit and Legal	\$ 2,000.00	\$ -	\$ 2,000.00	
Insurance	\$ 1,500.00	\$ -	\$ 1,500.00	
Board Expenses	\$ -	\$ -	\$ -	
9. Software	\$ -	\$ -	\$ -	
10. Marketing/Communications	\$ -	\$ -	\$ -	
11. Staff Education and Training	\$ 2,772.00	\$ -	\$ 2,772.00	
12. Subcontracts/Agreements	\$ -	\$ -	\$ -	
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	
Printing	\$ 300.00	\$ -	\$ 300.00	
HFA fees	\$ 775.00	\$ -	\$ 775.00	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
TOTAL	\$ 110,162.98	\$ 11,061.02	\$ 121,224.00	

Indirect As A Percent of Direct

10.0%

NH DHHS
Exhibit B-1 - (2016) Amendment 1
October 2013
Page 1 of 1

Contractor Initials: 
Date: 4/4/14

State of New Hampshire
Department of State

CERTIFICATE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that THE FAMILY RESOURCE CENTER AT GORHAM is a New Hampshire nonprofit corporation formed April 3, 1997. I further certify that it is in good standing as far as this office is concerned, having filed the return(s) and paid the fees required by law.



In TESTIMONY WHEREOF, I hereto set my hand and cause to be affixed the Seal of the State of New Hampshire, this 9th day of April A.D. 2014

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

William M. Gardner
Secretary of State

CERTIFICATE OF VOTE

I, Heidi Barker, of The Family Resource Center at Gorham, do hereby certify that:

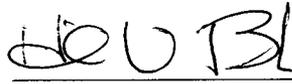
- 1. I am the duly elected Secretary of the Family Resource Center at Gorham Board of Directors
- 2. The following are true copies of two resolutions duly adopted at a meeting of the Board of Directors of the corporation, duly held on April 4, 2014

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

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

- 3. The foregoing resolutions have not been amended or revoked and remain in full force and effect as of April 4, 2014

IN WITNESS WHEREOF, I have hereunto set my hand as the Secretary of the corporation this 4th day of April, 2014.



 Secretary

STATE OF NEW HAMPSHIRE
COUNTY OF COOS

The foregoing instrument was acknowledged before me this 4th day of April, 2014 by Heidi Barker



 Notary Public/Justice of the Peace
 My Commission Expires: 02/06/2018

Financial Statements

FAMILY RESOURCE CENTER AT GORHAM

FOR THE YEARS ENDED JUNE 30, 2013 AND 2012
AND
INDEPENDENT AUDITORS' REPORT

*Leone,
McDonnell
& Roberts*
PROFESSIONAL ASSOCIATION

CERTIFIED PUBLIC ACCOUNTANTS

To the Board of Directors
Family Resource Center at Gorham
Gorham, New Hampshire

INDEPENDENT AUDITORS' REPORT

We have audited the accompanying financial statements of Family Resource Center at Gorham, (a nonprofit organization) which comprise the statements of financial position as of June 30, 2013 and 2012, and the related cash flows, and notes to financial statements for the years then ended, and the related statement of activities and statement of functional expenses for the year ended June 30, 2013.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether or not due to fraud or error.

Auditors' Responsibility

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

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

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

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Family Resource Center at Gorham as of June 30, 2013 and 2012, and its cash flows for the years then ended, and the changes in its net assets for the year ended June 30, 2013 in accordance with accounting principles generally accepted in the United States of America.

*Leone, McDonnell & Roberts,
Professional Association*

October 17, 2013
North Conway, New Hampshire

FAMILY RESOURCE CENTER AT GORHAM

**STATEMENTS OF FINANCIAL POSITION
AS OF JUNE 30, 2013 AND 2012**

	<u>2013</u>	<u>2012</u>
<u>ASSETS</u>		
CURRENT ASSETS		
Cash and cash equivalents	\$ 74,176	\$ 98,083
Certificates of deposit	79,330	79,089
Investments	183,992	174,274
Grants receivable	128,257	133,564
Prepaid expenses	9,830	6,160
	<hr/>	<hr/>
Total current assets	475,585	491,170
PROPERTY		
Leasehold improvements	72,362	70,231
Furniture and equipment	51,575	40,175
	<hr/>	<hr/>
Total	123,937	110,406
Less: accumulated depreciation	(54,888)	(48,478)
	<hr/>	<hr/>
Property, net	69,049	61,928
	<hr/>	<hr/>
Total assets	<u>\$ 544,634</u>	<u>\$ 553,098</u>
<u>LIABILITIES AND NET ASSETS</u>		
CURRENT LIABILITIES		
Accounts payable	\$ 3,034	\$ 6,647
Accrued expenses	6,382	1,874
Agency deposits	22,175	22,172
Refundable advances	98,326	72,428
	<hr/>	<hr/>
Total current liabilities	129,917	103,121
NET ASSETS		
Unrestricted		
Designated for long-term building maintenance	8,496	9,057
Undesignated	204,367	245,178
Permanently restricted - endowment	201,854	195,742
	<hr/>	<hr/>
Total net assets	414,717	449,977
	<hr/>	<hr/>
Total liabilities and net assets	<u>\$ 544,634</u>	<u>\$ 553,098</u>

See Notes to Financial Statements

FAMILY RESOURCE CENTER AT GORHAM

**STATEMENT OF ACTIVITIES
FOR THE YEAR ENDED JUNE 30, 2013
WITH COMPARATIVE TOTALS FOR 2012**

	2013			2012 Total
	Unrestricted	Temporarily Restricted	Permanently Restricted	
REVENUE AND SUPPORT				
Grants		\$ 935,879		\$ 935,879
Donations	\$ 22,455		\$ 7,641	30,096
Agency rents	36,468			36,468
Investment income			4,940	4,940
Interest income	348			348
Net unrealized investment gain			6,304	6,304
Net realized investment gain			4,495	4,495
Net assets released from restrictions	949,002	(935,879)	(13,123)	
	<u>1,008,273</u>	<u> </u>	<u>10,257</u>	<u>1,018,530</u>
Total revenues, support and net assets released from restrictions				1,026,134
EXPENSES				
Program services	861,031			861,031
Management and general	188,614		4,145	192,759
	<u>1,049,645</u>	<u> </u>	<u>4,145</u>	<u>1,053,790</u>
Total expenses				1,019,513
(DECREASE) INCREASE IN NET ASSETS	(41,372)		6,112	(35,260)
NET ASSETS - BEGINNING OF YEAR	254,235		195,742	449,977
NET ASSETS - END OF YEAR	<u>\$ 212,863</u>	<u>\$</u>	<u>\$ 201,854</u>	<u>\$ 414,717</u>

See Notes to Financial Statements

FAMILY RESOURCE CENTER AT GORHAM

**STATEMENTS OF CASH FLOWS
FOR THE YEARS ENDED JUNE 30, 2013 AND 2012**

	<u>2013</u>	<u>2012</u>
CASH FLOWS FROM OPERATING ACTIVITIES		
(Decrease) increase in net assets	\$ (35,260)	\$ 6,621
Adjustments to reconcile change in net assets to net cash provided by operating activities:		
Unrealized gain on investments	(6,304)	(456)
Depreciation	6,410	4,215
(Increase) decrease in assets		
Grants receivable	5,307	(46,987)
Prepaid expenses	(3,670)	1,286
Increase (decrease) in liabilities		
Accounts payable	(3,613)	548
Accrued expenses	4,508	982
Agency deposits	3	5
Refundable advances	25,898	(9,846)
	<u>(6,721)</u>	<u>(43,632)</u>
NET CASH USED IN OPERATING ACTIVITIES		
	<u>(6,721)</u>	<u>(43,632)</u>
CASH FLOWS FROM INVESTING ACTIVITIES		
Additions to property and equipment	(13,531)	(15,962)
Proceeds from sale of investments		77,339
Purchase of investments and certificates of deposit	(3,655)	(11,170)
	<u>(17,186)</u>	<u>50,207</u>
NET CASH (USED IN) PROVIDED BY INVESTING ACTIVITIES		
	<u>(17,186)</u>	<u>50,207</u>
NET (DECREASE) INCREASE IN CASH AND EQUIVALENTS	(23,907)	6,575
CASH AND EQUIVALENTS - BEGINNING OF YEAR	<u>98,083</u>	<u>91,508</u>
CASH AND EQUIVALENTS - END OF YEAR	<u>\$ 74,176</u>	<u>\$ 98,083</u>

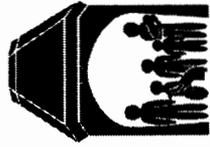
See Notes to Financial Statements

FAMILY RESOURCE CENTER AT GORHAM

**STATEMENT OF FUNCTIONAL EXPENSES
FOR THE YEAR ENDED JUNE 30, 2013
WITH COMPARATIVE TOTALS FOR 2012**

	2013			2012
	Program Services	Management and General	Total	Total
Personnel Costs				
Salaries and wages	\$ 481,211	\$ 143,823	\$ 625,034	\$ 596,635
Payroll taxes	37,651	11,997	49,648	44,197
Employee benefits	41,265	24,388	65,653	84,175
Contractors and consultants	99,300		99,300	97,814
Program activities	37,923		37,923	50,335
Program travel	31,387	120	31,507	21,176
Heat and utilities	20,394		20,394	21,882
Maintenance and inspections	18,791		18,791	7,677
Training	18,403		18,403	7,629
Food and supplies	12,280	917	13,197	20,642
Conferences and meetings	12,274	96	12,370	11,354
Telephone, internet, fax and cable	10,341	1,493	11,834	10,606
Accounting fees		8,800	8,800	13,285
Depreciation	6,410		6,410	4,215
Printing	5,752	618	6,370	5,265
Liability insurance	6,300		6,300	5,499
Rent	6,000		6,000	1,400
Bank charges	4,502	383	4,885	2,816
Cleaning	2,892		2,892	4,458
Small equipment	2,481		2,481	
Program materials	2,315		2,315	113
Postage and shipping	1,248	124	1,372	2,137
Property insurance	1,168		1,168	884
Advertising and promotion	739		739	543
Technology	4		4	2,976
Other				1,800
Total	<u>\$ 861,031</u>	<u>\$ 192,759</u>	<u>\$ 1,053,790</u>	<u>\$ 1,019,513</u>

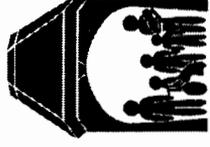
See Notes to Financial Statements



THE FAMILY RESOURCE CENTER

MISSION:

TO BUILD HEALTHIER FAMILIES AND STRONGER COMMUNITIES
THROUGH POSITIVE RELATIONSHIPS, PROGRAMS AND
COLLABORATIONS IN THE NORTH COUNTRY.



VISION:

FAMILIES ARE VALUED AND ENGAGED IN THEIR COMMUNITIES

CORE VALUES:

OPEN EXCHANGE OF IDEAS
CATALYST FOR POSITIVE CHANGE
PARTNER WITH INDIVIDUALS, FAMILIES AND COMMUNITY
BUILD LEADERSHIP CAPACITY

TAG LINE:

STRENGTHENING FAMILIES, BUILDING COMMUNITIES



The Family Resource Center

123 Main Street
Gorham, NH 03581
603-466-5190 (T)
603-466-9022 (F)

Hon. James E. Michalik, *Retired*
Executive Director
www.frc123.org

Satellite Offices in Lancaster, Colebrook and Littleton, NH

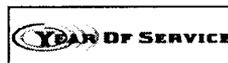
2013-2014

Board of Directors	Title	Term
Katherine Baublis	President	2010
Patti Stolte	Vice President	2011
Andre Caron		2011
Scott Gregory		2011
Eric Lapointe		2011
Heidi Barker	Secretary	2013
Sharon Gauthier		2013
Kim Hoyt		2013
Nathan Morin		2013
Lucie Remillard		2013

*Strengthening Families . . . Building Communities
Serving the North Country for 15 years*



Selected as 2012 Winner



KEY ADMINISTRATIVE PERSONNEL

NH Department of Health and Human Services

Contractor Name: The Family Resource Center at Gorham

Name of Bureau/Section: Maternal and Child Health Section-HV-HFA

BUDGET PERIOD: SFY 15

Program Area: MCHS-HV-HFA

NAME	JOB TITLE	SALARY	PERCENT PAID FROM THIS CONTRACT	AMOUNT PAID FROM THIS CONTRACT
James Michalick	Executive Director	\$63,027	5.00%	\$3,151.33
Susan Watson	Director Family Support Services	\$41,747	17.50%	\$7,305.73
				\$0.00
				\$0.00
				\$0.00
		\$0	0.00%	\$0.00
		\$0	0.00%	\$0.00
TOTAL SALARIES (Not to exceed Total/Salary Wages, Line Item 1 of Budget request)				\$10,457.06

BUDGET PERIOD: SFY 16

Program Area: MCHS-HV-HFA

NAME	JOB TITLE	SALARY	PERCENT PAID FROM THIS CONTRACT	AMOUNT PAID FROM THIS CONTRACT
James Michalick	Executive Director	\$63,027	5.00%	\$3,151.35
Susan Watson	Director Family Support Services	\$41,747	17.50%	\$7,305.73
			5.00%	\$0.00
			60.00%	\$0.00
			100.00%	\$0.00
			50.00%	\$0.00
			0.00%	\$0.00
		\$0	0.00%	\$0.00
TOTAL SALARIES (Not to exceed Total/Salary Wages, Line Item 1 of Budget request)				\$10,457.08

Hon. James E. Michalik, Retired
Curriculum Vitae

Professional Experience

Executive Director, Family Resource Center
Gorham, New Hampshire 2010 – Present

Presiding Judge, Coos County Family Division
New Hampshire Judicial Branch 2006 - 2010

Special Justice, District Court
New Hampshire Judicial Branch 1999 - 2010

Practicing Attorney
Berlin, New Hampshire 1988 - Present

Law Clerk, Zuckert, Scutt, Rasenberger & Johnson
Washington, D.C. 1986 - 1987

Legislative Assistant, Office of Congressman Martin A. Russo, (IL)
Washington, D.C. 1983 - 1986

Adjunct Instructor, White Mountains Community College
Berlin, New Hampshire 2002-2006

Adjunct Instructor, Granite State College f/k/a School for Life Long Learning
Berlin, New Hampshire 1997-2004

Adjunct Instructor, National Judicial College
Reno, Nevada 2009

Education

Doctor of Jurisprudence, 1987
The Catholic University of America - Columbus School of Law
Washington, D. C.

Bachelors Degree, 1982
DePaul University
Chicago, Illinois

Master's of Science Degree - Organizational Management and Leadership
Springfield College - School of Human Services
St. Johnsbury, Vermont (Anticipated Graduation – 2013)

Memberships

Member, United States Supreme Court Bar Association
Member, New Hampshire Bar Association
Member, National Council of Juvenile and Family Court Judges

Susan N. Watson

- OBJECTIVE:** To utilize my education and job experience to service youth and families.
- EDUCATION:** **BS Human Services/ Counseling**
May 1997 Lyndon State College
Lyndonville, Vermont
- CERTIFICATION:** **Center for Credentialing and Education, Inc.**
Sept 13, 2010- Human Services Board Practitioner (HS-BCP)
Sept 30, 2015
- WORK EXPERIENCE:**
- Family Resource Center **Director Family Support Services**
June 2004- Present To manage home visiting programs and services to families at risk of abuse and neglect in Coos County. Responsibilities include managing and writing budgets, supervising staff, setting up and providing staff development and training, completing monthly, quarterly and yearly reports, statistics and attending state wide meetings with funders and service providers. Running and coordinating parenting workshops and a toddler play group.
- NFI Davenport School **Assistant Program Director**
Aug. 1999- June 2004 To provided structure to 34 staff and 15 adjudicated youth in a residential school program. Responsibilities includes hiring employees, controlling a budget, petty cash, scheduling for 15 counselors, payroll, direct supervision of line staff, attending juvenile court hearings, providing individual and family counseling/mediation, working with DJJS/DCYF workers, food ordering, menu planning, and schedule weekly transportation to therapy for residents. Participate and facilitate weekly management, staff meeting, treatment team meetings, and on a rotational on call system.
- North Country Shelter **Family Service Worker**
Dec. 1997- Aug. 1999 To provided support and information for families of adjudicated youth. Responsibilities include completing a family assessment, having weekly contact with each family, providing mediation, weekly contact with Juvenile Service Officers, 30 days of after care for each client and family, meeting with clients on a daily basis, completing placement summaries of the clients for court. Participate in the weekly management team meeting and on a rotational on call system

May 1995 –Dec 1997

Residential Counselor/ Team Leader

To provided a therapeutic environment for adjudicated youth. Responsibilities include running groups, behavioral management, implementing goals and objectives, supervising family visits, providing family support visiting day, and developing assessments for clients.

CERTIFICATIONS:

Adventure Experience Challenge Course Instructor

August 1995 – June 2004

Parents as Teacher National Curriculum

January 2005 - Present

American Heart Association

CPR/AED/ FIRST AID Instructor

November 2005 – Present

Triple P accredited Practitioner

Level 4 Standard

August 2010- Present

REFERENCES:

Available upon request

SRJ
B



Nicholas A. Toumpas
Commissioner

José Thier Montero
Director

STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN
SERVICES

29 HAZEN DRIVE, CONCORD, NH 03301-6527
603-271-4517 1-800-852-3345 Ext. 4517
Fax: 603-271-4519 TDD Access: 1-800-735-2964



July 6, 2012

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

G&C Approval Date: 8-8-12
G&C Item # 52

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division of Public Health Services, Bureau of Population Health and Community Services, Maternal and Child Health Section, to enter into an agreement with The Family Resource Center at Gorham, (Vendor #162412-B001), 123 Main Street, Gorham, New Hampshire 03581, in an amount not to exceed \$179,327.00, to provide home visiting services to families in accordance with the Healthy Families America model, to be effective July 1, 2012 or date of Governor and Council approval, whichever is later, through June 30, 2014. Funds are available in the following account for SFY 2013 and are anticipated to be available in SFY 2014 upon availability and continued appropriation of funds in the future operating budget.

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

Fiscal Year	Class/Object	Class Title	Job Number	Total Amount
SFY 2013	102-500731	Contracts for Program Services	90083100	\$88,898
SFY 2014	102-500731	Contracts for Program Services	90083100	\$90,429
			Total	\$179,327

EXPLANATION

Funds in this agreement will be used to support home visiting services in Grafton County for families at risk for poor health outcomes and child maltreatment. This voluntary home visiting program will follow an evidence-based model and curriculum, proven through research to improve outcomes for health, reduce child maltreatment and improve family economic self-sufficiency. Home visitors provide support and education to families in their homes. Each family receives an assessment of their strengths and needs, and home-visiting services are provided in accordance with those individual assessments. Families and home visitors discuss prenatal health, child development, positive parenting practices, health and safety concerns, family planning and smoking cessation.

Services will be provided on a voluntary basis with priority given to pregnant women who meet one or more of the following criteria:

- are first time mothers
- have low incomes
- are pregnant women who have not attained age 21
- have a history of child abuse or neglect or have had interactions with child welfare services
- have a history of substance abuse or need substance abuse treatment
- are users of tobacco products in the home
- had low student achievement themselves, or have children with low student achievement;
- have children with developmental delays or disabilities
- are in families that include individuals who are serving or have formerly served in the armed forces

Agencies may narrow their target populations, based on local needs.

By the nature of this agreement, Home Visiting New Hampshire – Healthy Families America home visiting is a collaborative service designed to avoid duplication. Agencies are required to collaborate with other community agencies providing family support services in the community. In addition to home visiting services provided directly to families, this agreement supports infrastructure building through the coordination of home visiting with other early childhood programs such as early intervention, Head Start and prevention of child abuse and neglect.

By targeting the delivery of Home Visiting New Hampshire – Healthy Families America in communities that have been identified as having a high-risk population, the program aims to reduce differences in health outcomes. Risk factors for which the rate in Grafton County is higher than the State mean include child maltreatment, unemployment, illicit drug use, binge drinking and preterm births.

Should Governor and Executive Council not authorize this Request, families will not receive home visiting services that have been shown to improve conditions for young families leading to healthy and productive communities. In addition, New Hampshire will not fulfill its requirement to provide services as outlined in federal legislation.

The Family Resource Center at Gorham was selected for this project through a competitive bid process. A Request for Proposals was posted on The Department of Health and Human Services' web site from March 27, 2012 through May 4, 2012. In addition, emails were sent to community agencies and various listserves, which provided broad distribution throughout the state. A bidders' conference was held April 12, 2012 to alert bidders to this opportunity.

In response to the Request for Proposals for Home Visiting New Hampshire-Healthy Families America services to be provided in six geographic areas, seven proposals were submitted. A committee of nine reviewers evaluated the proposals, including five Department of Health and Human Services personnel and four external reviewers. Each reviewer had between seven and twenty-three years experience providing direct services in the community and/or managing programs that serve children and families. Areas of specific expertise include Early Childhood Education, Maternal and Child Health; Healthy Homes, Immunization; Minority Health; Tobacco Cessation; Child Abuse Prevention; and Family Support. Proposals were scored taking an average of all reviewers' scores. Reviewers recommended funding six proposals to serve the six geographic areas. The proposal from The Family Resource Center at Gorham was selected to serve Grafton County. The Bid Summary is attached.

As referenced in the Request for Proposals, Renewals Section, this competitively procured Agreement has the option to renew for two 2 additional years, contingent upon satisfactory delivery of services, available funding, agreement of the parties and approval of the Governor and Council. This is the initial agreement with this Contractor to provide these services in these geographic regions.

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

- Performance Measure #1: The percent of women enrolled in Home Visiting New Hampshire – Healthy Families America who receive at least one Edinburgh Post Natal Depression Scale screening between six and eight weeks after giving birth.
- Performance Measure #2: The percent of families who receive a Healthy Homes One-Touch assessment by the birth of their child.
- Performance Measure #3: The percent of children who receive further evaluation after scoring below the cutoff on the Ages & Stages Questionnaire, 3rd ed., which is a developmental screening tool.

Areas served: Grafton County.

Source of Funds: 100% Federal Funds from United States Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau, Division of Child, Adolescent and Family Health.

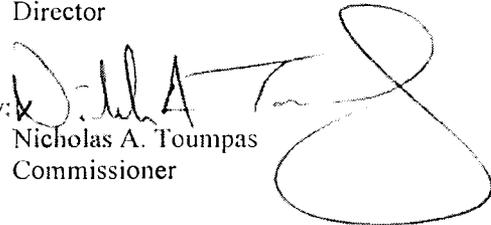
In the event that the Federal Funds become no longer available, General Funds will not be requested to support this program.

Respectfully submitted,



José Thier Montero, MD
Director

Approved by:



Nicholas A. Toumpas
Commissioner

JTM/TT/DD/SW/sc

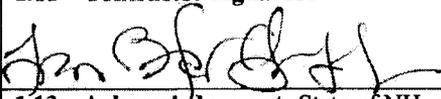
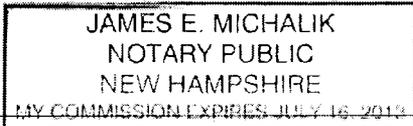
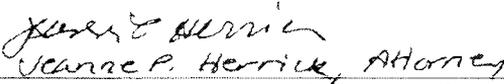
Subject: Home Visiting New Hampshire - Healthy Families America

AGREEMENT

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

GENERAL PROVISIONS

1. IDENTIFICATION.

1.1 State Agency Name NH Department of Health and Human Services Division of Public Health Services		1.2 State Agency Address 29 Hazen Drive Concord, NH 03301-6504	
1.3 Contractor Name The Family Resource Center at Gorham		1.4 Contractor Address 123 Main Street Gorham, New Hampshire 03581	
1.5 Contractor Phone Number 603-466-5190	1.6 Account Number 05-95-90-902010-0831-102-500731	1.7 Completion Date June 30, 2014	1.8 Price Limitation \$179,327
1.9 Contracting Officer for State Agency Joan H. Ascheim, Bureau Chief		1.10 State Agency Telephone Number 603-271-4501	
1.11 Contractor Signature 		1.12 Name and Title of Contractor Signatory Francine B Gardner-Smith	
1.13 Acknowledgement: State of <u>NH</u>, County of <u>Coos</u> On <u>June 6, 2012</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			
1.14 State Agency Signature 		1.15 Name and Title of State Agency Signatory Joan H. Ascheim, Bureau Chief	
1.16 Approval by the N.H. Department of Administration, Division of Personnel (if applicable) By: _____ Director, On: _____			
1.17 Approval by the Attorney General (Form, Substance and Execution) By:  Attorney On: <u>17 Jul, 2012</u>			
1.18 Approval by the Governor and Executive Council By: _____ On: _____			

NH Department of Health and Human Services

Exhibit A

Scope of Services

Home Visiting New Hampshire – Healthy Families America

CONTRACT PERIOD: July 1, 2012 or date of G&C approval, whichever is later, through June 30, 2014

CONTRACTOR NAME: The Family Resource Center at Gorham

ADDRESS: 123 Main Street
Gorham, New Hampshire 03581
Executive Director: James Michalik
TELEPHONE: 603-466-5190

The Contractor shall:

Provide Home Visiting New Hampshire – Healthy Families America services as specified below.

I. General Provisions

A. Eligibility and Income Determination

1. The Contractor shall provide home visiting services to pregnant and parenting women with children up to age three according to the priorities described in the Healthy Families America Home Visiting Model.
2. Priority shall be given to participants who:
 - Are first time mothers;
 - Have low incomes;
 - Are pregnant women who have not attained age 21;
 - Have a history of child abuse or neglect or have had interactions with child welfare services;
 - Have a history of substance abuse or need substance abuse treatment;
 - Are users of tobacco products in the home;
 - Have, or have children with, low student achievement;
 - Have children with developmental delays or disabilities;
 - Are in families that include individuals who are serving or have formerly served in the armed forces, including such families that have members of the armed forces who have had multiple deployments outside of the United States.
3. The Contractor shall provide documentation of income determination and need to inform clients of Medicaid and/or Health Kids and Medicaid and/or to assist with applications.

B. Numbers Served

Services are to be provided to a minimum number of families, as outlined in the table below, throughout the contract term, for the service area(s) for which the contractor is selected.

Area to be served:	Minimum families served
Belknap County	16
Cheshire County	19
Grafton County	21
Hillsborough County (exclusive of the City of Manchester)	35
Merrimack County	26
Rockingham County	26

C. Culturally and Linguistically Appropriate Standards of Care

The Department of Health and Human Services (DHHS) recognizes that culture and language have considerable impact on how consumers access and respond to public health services. Culturally and linguistically diverse populations experience barriers in efforts to access health services. To ensure equal access to quality health services, the Division of Public Health Services (DPHS) expects that Contractors shall provide culturally and linguistically appropriate services according to the following guidelines:

1. Assess the ethnic/cultural needs, resources and assets of their community.
2. Promote the knowledge and skills necessary for staff to work effectively with consumers with respect to their culturally and linguistically diverse environment.
3. When feasible and appropriate, provide clients of limited English proficiency (LEP) with interpretation services. Persons of LEP are defined as those who do not speak English as their primary language and whose skills in listening to, speaking, or reading English are such that they are unable to adequately understand and participate in the care or in the services provided to them without language assistance.
4. Offer consumers a forum through which clients have the opportunity to provide feedback to providers and organizations regarding cultural and linguistic issues that may deserve response.
5. The Contractor shall maintain a program policy that sets forth compliance with Title VI, Language Efficiency and Proficiency. The policy shall describe the way in which the items listed above were addressed and shall indicate the circumstances in which interpretation services are provided and the method of providing service (e.g. trained interpreter, staff person who speaks the language of the client or language line).

D. State and Federal Laws

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

1. The Contractor shall report all cases of communicable diseases according to New Hampshire RSA 141-C and He-P 30, effective 01/05.
2. Persons employed by the Contractor shall comply with the reporting requirements of New Hampshire RSA 169:C, Child Protection Act; RSA 161:F46, Protective Services to Adults and RSA 631:6, Assault and Related Offenses.

E. Relevant Policies and Guidelines

1. The contractor shall maintain the confidentiality of public assistance clients and use the information only for program administration purposes.
 - a) All staff must understand that the receipt of this information is confidential and cannot be disclosed except in direct administration of the program.
 - b) All staff must adhere to the Division of Family Assistance confidentiality policy in the General Manual and sign a statement saying that they agree to uphold the confidentiality standards. Failure to maintain confidentiality shall result in disciplinary actions.
2. Receipt of public assistance and other confidential information may be shared as a part of the medical record only with the properly signed release of information from the client.

F. Publications Funded Under Contract

1. The DHHS and/or its funders will retain COPYRIGHT ownership for any and all original materials produced with DHHS contract funding, including, but not limited to, brochures, resource directories, protocols or guidelines, posters, or reports.
2. All documents (written, video, audio) produced, reproduced or purchased under the contract shall have prior approval from DPHS before printing, production, distribution, or use.
3. The Contractor shall credit DHHS on all materials produced under this contract following the instructions outlined in Exhibit C-1 (5).

G. Subcontractors

If services required to comply with this Exhibit are provided by a subcontracted agency or provider, the DPHS, Maternal and Child Health Section (MCHS) must be notified in writing prior to initiation of the subcontract. In addition, subcontractors must be held responsible to fulfill all relevant requirements included in this Exhibit.

II. Minimal Standards of Core Services

A. Service Requirements

1. Implement Healthy Families America home visiting model with fidelity using the 12 Healthy Families America Critical Elements listed below.
 - i. Initiate services prenatally.
 - ii. Use the Parent Survey, a standardized assessment tool, to systematically identify families who are most in need of services.
 - iii. Offer services voluntarily and use positive outreach efforts to build family trust.
 - iv. Offer services to participating families until the child's third birthday, using well-defined criteria for increasing or decreasing frequency of services. These criteria will be developed by the statewide Home Visiting Advisory Group.
 - v. Services should be culturally competent; materials used should reflect the diversity of the population served.
 - vi. Services are comprehensive, focusing on supporting the parent as well as supporting parent-child interaction and child development.
 - vii. All families should be linked to a medical provider; they may also be linked to additional services.

- viii. Staff members should have limited caseloads.
 - ix. Service providers are selected based on their personal characteristics, such as ability to establish a trusting relationship; their willingness to work in or their experience working with culturally diverse communities; and their skills to do the job.
 - x. All service providers should receive basic training in areas such as cultural competency, substance abuse, reporting child abuse, domestic violence, drug-exposed infants, and services in their community.
 - xi. Service providers should receive thorough training specific to their role to understand the essential components of family assessment and home visitation.
 - xii. Service providers receive ongoing, effective accountable, clinical and reflective supervision.
2. HVNH-HFA will include home visits by nurses as an enhancement to the HFA Model. The schedule of visits should adhere closely to the following:
- a. In the prenatal period: three nurse visits at home or office, or a minimum of one nurse visit during each trimester in which a woman is enrolled.
 - b. A minimum of one postpartum/newborn home visit by nurse, Advanced Registered Nurse Practitioner (ARNP), or physician offered to *all* families.
 - c. A minimum of 3, maximum of 10 nurse visits per year for the child.
3. Contractors considering clinical or sociological research using clients as subjects must adhere to the legal requirements governing human subjects' research. Contractors must inform the DPHS, MCHS prior to initiating any research related to this contract.

B. Staffing Provisions

1. New Hires

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

2. Vacancies

The Contractor must notify the MCHS in writing if the executive director or program coordinator position is vacant for more than three months. This may be done through a budget revision. In addition, the MCHS must be notified in writing if at any time any site funded under this agreement does not have adequate staffing to perform all required services for more than one month.

3. Staff employed or subcontracted by the contractor shall meet the following qualifications:

The HFA Critical Elements state that direct service staff should not be hired based on their formal education alone. Service providers should be selected because of their personal characteristics (i.e., a non-judgmental attitude, compassion, the ability to establish a trusting relationship, etc.), their willingness to work in or experience working with culturally diverse communities, and their skills to do the job.

- a. Family Assessment Workers (FAW) and Family Support Workers (FSW)/Home Visitors shall:

- i. Have a high school diploma or general equivalency diploma
 - ii. Have 2 years' experience working with families in a health care support capacity
 - iii. Work in coordination with a licensed multidisciplinary team, including but not limited to Registered Nurses (RN's), APRNs, licensed clinical social workers (LCSW), licensed marriage and family therapists, and/or other licensed health care professionals.
 - b. Nurses shall have:
 - i. A current license to practice as a registered nurse in accordance with RSA 326-B.
 - ii. A minimum of 2 years of experience in maternal and child health nursing.
 - c. Nutritionists shall have:
 - i. A bachelor's degree in foods and nutrition or home economics, or a master's degree in nutrition, nutrition education, or nutrition in public health or current Registered Dietitian status in accordance with the Commission on Dietetic Registration of the American Dietetic Association.
 - ii. Individuals who perform functions similar to a nutritionist but do not meet the above qualifications shall not use the title of nutritionist.
 - d. Social workers shall have:
 - i. A bachelor's degree in social work or a master's or bachelor's degree in a related social science or human behavior field, or master's degree in social work (MSW).
 - ii. A minimum of 2 years experience working with children or families in a support or counseling capacity.
 - iii. Individuals who perform social work functions similar to a social worker but do not meet the above qualifications shall not use the title of social worker.
- 4. Home visitors shall be supervised by a nurse, social worker or other professional with relevant experience with approval from the Division of Public Health Services, and meet with their supervisor individually for no less than 1.5 hours per week for full-time home visitors. Group meetings with other home visitors to share information and coordinate services are required no less than every two weeks.

All direct service personnel (FSW, FAW, Supervisor) involved in the HFA Program (both paid and in-kind) must attend the HFA CORE training provided by a nationally certified HFA trainer. The required initial training for both a Family Support Worker and a Family Assessment Worker is 4 days. The Supervisor must attend both the Family Support Worker and Family Assessment Worker training and attend the fifth day, which is for supervisors only (a total of 10 days of training).

C. Coordination of Services

- 1. The contractor shall coordinate, where possible, with other service providers within the contractor's community. At a minimum, such collaboration shall include interagency referrals and coordination of care.
- 2. Agencies that deliver services in a community or communities that are part of a Public Health Network (PHN) region should be active participants in the PHN. As appropriate, agencies should participate in community needs assessments, public health performance assessments, and the development of regional public health improvement plans. Agencies should also engage PHN staff as appropriate to enhance the implementation of community-based public health prevention initiatives being implemented by the agency.

D. Meetings and Trainings

The Contractor will be responsible to send staff to meetings and training required by the MCHS program, including but not limited to: HVNH Quarterly Meetings, Healthy Families America Core Trainings, and Data System trainings.

Contractor Initials: FS
Date: 6/6/12

III. Quality or Performance Improvement (QI/PI)

A. Workplans

1. Performance Workplans are required annually for this program and are used to monitor achievement of standard measures of performance of the services provided under this contract. The workplans are a key component of the MCHS performance- based contracting system and of this contract.
2. The Contractor shall incorporate required and developmental performance measures, defined by the MCHS into the agency's Performance Workplan. Reports on Workplan Progress/Outcomes shall detail the Performance Workplan and activities that monitor and evaluate the agency's progress toward performance measure targets.
3. The Contractor shall comply with minor modifications and/or additions to the workplan and annual report format as requested by the MCHS. The MCHS will provide the Contractor with advance notice of such changes and the Contractor is not expected to incur any substantial costs relative to such changes.

B. Data and Reporting Requirements

In addition to Performance Workplans, the Contractor shall submit to the MCHS the following data used to monitor program performance:

1. Submit Workplans and Workplan Outcome reports according to the schedule and instructions provided by the MCHS. The MCHS shall notify the Contractor at least 30 days in advance of any changes in the submission schedule.
2. The data required for the federal Maternal, Infant & Early Childhood Home Visiting Program benchmark reporting, reported in the Home Visiting Data System.
3. In years when contracts or amendments are not required, the DPHS Budget Form, Budget Justification, Sources of Revenue and Program Staff List forms must be completed according to the relevant instructions and submitted as requested by DPHS and, at minimum, by April 30 of each year.
4. The Sources of Revenue report must be resubmitted at any point when changes in revenue threaten the ability of the agency to carry out the planned program.
5. The Contractor shall collaborate with the Divisions of Public Health Services and Family Assistance to collect client and program data and information for the purpose of program evaluation.
6. The Contractor shall, for purposes of program evaluation and federal reporting, enter personally identifiable health data, for all clients served under this contract, into the Home Visiting Data System. Contractors shall be responsible for obtaining any authorizations for release of information from the clients that is necessary to comply with federal and state laws and regulations. All forms developed for authorization for release of information must be approved by DPHS prior to their use.

C. On-Site Reviews

1. The Contractor shall allow a team or person authorized by the MCHS to periodically review the Contractor's systems of governance, administration, data collection and submission, clinical, and financial management in order to assure systems are adequate to provide the contracted services.

2. Reviews shall include client record reviews to measure compliance with this Exhibit.
3. The Contractor shall make corrective actions as advised by the review team if contracted services are not found to be provided in accordance with this Exhibit.
4. On-Site reviews may be waived or abbreviated at the discretion of the MCHS, upon submission of satisfactory reports of reviews such as Primary Care Effectiveness Reviews (PCER), or reviews from nationally accreditation organizations such as the Joint Commission for the Accreditation of Health Care Organizations (JCAHO), Medicare, or the Community Health Accreditation Program (CHAP). Abbreviated reviews will focus on any deficiencies found in previous reviews, issues of compliance with this Exhibit, and actions to strengthen performance as outlined in the agency Performance Workplan.

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NH Department of Health and Human Services

Exhibit B

**Purchase of Services
Contract Price**

Home Visiting New Hampshire – Healthy Families America

CONTRACT PERIOD: July 1, 2012 or date of G&C approval, whichever is later, through June 30, 2014

CONTRACTOR NAME: The Family Resource Center at Gorham

ADDRESS: 123 Main Street
Gorham, New Hampshire 03581

Executive Director: James Michalik

TELEPHONE: 603-466-5190

Vendor #162412-B001 Job #90083100 Appropriation #05-95-90-902010-0831-102-500731

1. The total amount of all payments made to the Contractor for cost and expenses incurred in the performance of the services during the period of the contract shall not exceed:

\$179,327 for Home Visiting New Hampshire – Healthy Families America, funded from 100% federal funds from the U.S. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau, Division of Child, Adolescent and Family Health CFDA #93.505.

TOTAL: \$179,327

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

7. The Contractor shall have written authorization from the State prior to using contract funds to purchase any equipment with a cost in excess of three hundred dollars (\$300) and with a useful life beyond one year.

The remainder of this page is intentionally left blank.



**State of New Hampshire
Department of Health and Human Services
Amendment #1 to the
VNA at HCS, Inc.**

This 1st Amendment to the VNA at HCS, Inc., contract (hereinafter referred to as "Amendment One") dated this 18 day of April, 2014, is by and between the State of New Hampshire, Department of Health and Human Services (hereinafter referred to as the "State" or "Department") and VNA at HCS, Inc., (hereinafter referred to as "the Contractor"), a corporation with a place of business at PO Box 564, 312 Marlboro Street, Keene, New Hampshire 03431.

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on August 8, 2012 the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract as amended and in consideration of certain sums specified; and

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

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

WHEREAS, the Department desires to provide additional home visiting services to families in accordance with Healthy Families America model;

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

To amend as follows:

- Form P-37, to change:
Block 1.7 to read: June 30, 2016
Block 1.8 to read: \$401,659
- Exhibit A, Scope of Services to add:
Exhibit A – Amendment 1
- Exhibit B, Purchase of Services, Contract Price, to add:

Paragraph 1.1 to Paragraph 1:

The contract price shall increase by \$121,224 for SFY 2015 and \$121,224 for SFY 2016.

Paragraph 1.2 to Paragraph 1:

Funding is available as follows:

- \$242,448 from 05-95-90-902010-0831-102-500731, 100% Federal Funds from the US Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau, Division of Child, Adolescent and Family Health CFDA #93.505, Federal Award Identification Number (FAIN), D89MC26361.



Delete Paragraph 6

Replace with:

6. Written requests for adjustments to amounts within the price limitation will not be accepted after May 30th of each contract year.

Add Paragraph 8

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

- Budget, to add:
 - Exhibit B-1 (2015) - Amendment 1
 - Exhibit B-1 (2016) - Amendment 1

This amendment shall be effective July 1, 2014 or upon the date of Governor and Executive Council approval, whichever is later.



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

State of New Hampshire
Department of Health and Human Services

4/30/14

Date

Brook Dupee

Brook Dupee
Bureau Chief

VNA at HCS, Inc.

4/18/14

Date

Cathy J. Sorenson
Name: Cathy Sorenson
Title: President/CEO

Acknowledgement:

State of New Hampshire, County of Cheshire on April 18, 2014, before the undersigned officer, personally appeared the person identified above, or satisfactorily proven to be the person whose name is signed above, and acknowledged that s/he executed this document in the capacity indicated above.

Julie D. Way

Signature of Notary Public or Justice of the Peace

Notary

Name and Title of Notary or Justice of the Peace

My commission expires 2/6/2018



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

OFFICE OF THE ATTORNEY GENERAL

5-9-14
Date

Rosemary Wiant
Name: *Rosemary Wiant*
Title: *Assistant Attorney General*

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

OFFICE OF THE SECRETARY OF STATE

Date

Name:
Title:



EXHIBIT A – AMENDMENT 1

Scope of Services

The Department desires to continue the relationship with the Home Visiting Healthy Family America agencies to provide home visiting services to families in accordance with Healthy Families America model.

I. General Provisions

A. Eligibility and Income Determination

1. The Contractor shall provide home visiting services to pregnant and parenting women with children up to age three according to the priorities described in the Healthy Families America Home Visiting Model.
2. Priority shall be given to participants who:
 - Are first time mothers;
 - Have low incomes;
 - Are pregnant women who have not attained age 21;
 - Have a history of child abuse or neglect or have had interactions with child welfare services;
 - Have a history of substance abuse or need substance abuse treatment;
 - Are users of tobacco products in the home;
 - Have, or have children with, low student achievement;
 - Have children with developmental delays or disabilities;
 - Are in families that include individuals who are serving or have formerly served in the armed forces, including such families that have members of the armed forces who have had multiple deployments outside of the United States.
3. The Contractor shall provide documentation of income determination, inform clients of Medicaid, and/or assist with applications.

B. Numbers Served

Services are to be provided to a minimum number of families, as outlined in the table below, throughout the contract term, for the service area(s) for which the contractor is selected.

Exhibit A – Amendment 1, Scope of Services Contractor Initials CP



EXHIBIT A – AMENDMENT 1

Area to be served:	Minimum families served
Belknap County	16
Cheshire County	25
Grafton County	25
Hillsborough County (exclusive of the City of Manchester)	35
Merrimack County	26
Rockingham County	26

C. Culturally and Linguistically Appropriate Standards of Care

The Department of Health and Human Services (DHHS) recognizes that culture and language have considerable impact on how consumers access and respond to public health services. Culturally and linguistically diverse populations experience barriers in efforts to access health services. To ensure equal access to quality health services, the Division of Public Health Services (DPHS) expects that Contractors shall provide culturally and linguistically appropriate services according to the following guidelines:

1. Assess the ethnic/cultural needs, resources and assets of their community.
2. Promote the knowledge and skills necessary for staff to work effectively with consumers with respect to their culturally and linguistically diverse environment.
3. When feasible and appropriate, provide clients of limited English proficiency (LEP) with interpretation services. Persons of LEP are defined as those who do not speak English as their primary language and whose skills in listening to, speaking, or reading English are such that they are unable to adequately understand and participate in the care or in the services provided to them without language assistance.
4. Offer consumers a forum through which clients have the opportunity to provide feedback to providers and organizations regarding cultural and linguistic issues that may deserve response.
5. The Contractor shall maintain a program policy that sets forth compliance with Title VI, Language Efficiency and Proficiency. The policy shall describe the way in which the items listed above were addressed and shall indicate the circumstances in which interpretation services are provided and the method of providing service (e.g. trained interpreter, staff person who speaks the language of the client or language line).

Exhibit A – Amendment 1, Scope of Services Contractor Initials ep



EXHIBIT A – AMENDMENT 1

D. State and Federal Laws

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

1. The Contractor shall report all cases of communicable diseases according to New Hampshire RSA 141-C and He-P 30, effective 01/05.
2. Persons employed by the Contractor shall comply with the reporting requirements of New Hampshire RSA 169:C, Child Protection Act; RSA 161:F46, Protective Services to Adults and RSA 631:6, Assault and Related Offenses.

E. Relevant Policies and Guidelines

1. The contractor shall maintain the confidentiality of public assistance clients and use the information only for program administration and/or evaluation purposes.
 - a) All staff must understand that the receipt of this information is confidential and cannot be disclosed except in direct administration and/or evaluation of the program.
 - b) All staff must adhere to the Division of Family Assistance confidentiality policy in the General Manual and sign a statement saying that they agree to uphold the confidentiality standards. Failure to maintain confidentiality shall result in disciplinary actions.
2. Receipt of public assistance and other confidential information may be shared as a part of the medical record only with the properly signed release of information from the client.

F. Publications Funded Under Contract

1. The DHHS and/or its funders will retain COPYRIGHT ownership for any and all original materials produced with DHHS contract funding, including, but not limited to, brochures, resource directories, protocols or guidelines, posters, or reports.
2. All documents (written, video, audio) produced, reproduced or purchased under the contract shall have prior approval from DPHS before printing, production, distribution, or use.
3. The Contractor shall credit DHHS on all materials produced under this contract following the instructions outlined in Exhibit C.

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Date 4/18/14



EXHIBIT A – AMENDMENT 1

G. 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:

- Evaluate the prospective subcontractor's ability to perform the activities, before delegating the function
- 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
- Monitor the subcontractor's performance on an ongoing basis
- Provide to DHHS an annual schedule identifying all subcontractors, delegated functions and responsibilities, and when the subcontractor's performance will be reviewed
- 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.

II. Minimal Standards of Core Services

A. Service Requirements

1. Implement Healthy Families America home visiting model with fidelity using the 12 Healthy Families America Critical Elements listed below.
 - i. Initiate services prenatally or at birth.
 - ii. Use standardized screening and assessment tools to systematically identify and assess families most in need of services. These tools should assess the presence of various factors associated with increased risk for child maltreatment or other adverse childhood experiences.

Exhibit A – Amendment 1, Scope of Services Contractor Initials cp



EXHIBIT A – AMENDMENT 1

- iii. Offer services voluntarily and use positive, persistent outreach efforts to build family trust.
 - iv. Offer services intensely and over the long term, with well-defined criteria for increasing or decreasing intensity of service.
 - v. Services are culturally sensitive such that staff understands, acknowledges, and respects cultural differences among families; staff and materials used should reflect the cultural, language, geographic, racial and ethnic diversity of the population served.
 - vi. Services focus on supporting the parent(s) as well as the child by cultivating the growth of nurturing, responsive parent-child relationships and promoting healthy childhood growth and development.
 - vii. At a minimum, all families are linked to a medical provider to assure optimal health and development. Depending on the family's needs, they may also be linked to additional services related to: finances, food, housing assistance, school readiness, child care, job training, family support, substance abuse treatment, mental health treatment, and domestic violence resources.
 - viii. Services should be provided by staff with limited caseloads to assure that home visitors have an adequate amount of time to spend with each family to meet their unique and varying needs and to plan for future activities.
 - ix. Service providers should be selected based on their personal characteristics, their willingness to work in or their experience working with culturally diverse communities, and their skills to do the job.
 - x. Service providers receive intensive training specific to their role to understand the essential components of family assessment, home visitation and supervision.
 - xi. Service providers should have a framework, based on education or experience, for handling the variety of experiences they may encounter when working with at-risk families. All service providers should receive basic training in areas such as cultural competency, reporting child abuse, determining the safety of the home, managing crisis situations, responding to mental health, substance abuse, and/or domestic violence issues, drug-exposed infants, and services in their community.
 - xii. Service providers receive ongoing, effective supervision so they are able to develop realistic and effective plans to empower families.
2. HVNH-HFA will include home visits by nurses as an enhancement to the HFA Model. The schedule of visits should adhere closely to the following:
- a. In the prenatal period: three nurse visits at home or office, or a minimum of one nurse visit during each trimester in which a woman is enrolled.

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EXHIBIT A – AMENDMENT 1

- b. A minimum of one postpartum/newborn home visit by nurse, Advanced Practice Registered Nurse (APRN), or physician offered to **all** families.
 - c. A minimum of 3, maximum of 10 nurse visits per year for the child.
3. Contractors considering clinical or sociological research using clients as subjects must adhere to the legal requirements governing human subjects' research. Contractors must inform the DPHS, MCHS prior to initiating any research related to this contract.

B. Staffing Provisions

1. New Hires

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

2. Vacancies

The Contractor must notify the MCHS in writing if the executive director or program coordinator position is vacant for more than three months. This may be done through a budget revision. In addition, the MCHS must be notified in writing if at any time any site funded under this agreement does not have adequate staffing to perform all required services for more than one month.

3. Staff employed or subcontracted by the contractor shall meet the following qualifications:

The HFA Critical Elements state that direct service staff should not be hired based on their formal education alone. Service providers and site management staff should be selected because of a combination of personal characteristics, experiential, and educational qualifications.

- a. **Program Managers** shall have a Master's degree in public health or human services administration or fields related to working with children and families, or Bachelor's degree with 3 years of relevant experience. Note: Program Managers and Supervisors hired prior to July 1, 2014 may have a Bachelor's degree.
- b. Direct Service staff including but not limited to **Family Assessment Workers (FAW), Family Support Workers (FSW)**, Community Health Workers, volunteers, and interns (if performing the same function) shall:
 - i. Have a minimum of a high school diploma or equivalent
 - ii. Have 2 years' experience working with or providing services to children and families in a health care or family support capacity
 - iii. Work in coordination with a licensed multidisciplinary team, including but not limited to Registered Nurses (RN's), APRNs, licensed clinical

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EXHIBIT A – AMENDMENT 1

social workers (LCSW), licensed marriage and family therapists, and/or other licensed health care professionals.

c. **Nurses** shall have:

- i. A current license to practice as a registered nurse in accordance with RSA 326-B.
- ii. A minimum of 2 years of experience in maternal and child health nursing.

4. **Supervision:**

All full-time direct service staff (assessment and home visit) shall receive weekly individual supervision for 1.5 to 2 hours and part-time staff receive at least 1 to 1.5 hours as described in the HFA Standards. Supervision sessions must be received individually each week. Please note: For sites that use reflective consultation groups, one session per month may apply towards the weekly supervision rates, when done in accordance with the expectations outlined in the Standards.

5. **HFA Core training** is required for all home visitors, assessment workers, supervisors, and program managers within six months of hire. This training must be provided by a nationally certified HFA Core trainer. HFA Core Supervisory training is also required for supervisors and program managers within six months of date of hire. This training must be provided by a certified trainer who has been trained to train others, to understand the essential components of the role of a supervisor, as well as the role of family assessment staff and home visitors.)

C. Coordination of Services

1. The contractor shall coordinate with other service providers within the contractor's community.
2. At a minimum, such collaboration shall include:
 - i. representation on and logistical support to a local early childhood collaborative/council (such as the Infant Mental Health Team)
 - ii. interagency referrals, coordination of care and data sources for their target populations
3. The contractor shall examine current membership in the local council to identify gaps in representation in order to resemble the membership of Spark NH.
4. Agencies that deliver services in a community or communities that are part of a Public Health Network (PHN) region should be active participants in the PHN. As appropriate, agencies should participate in community needs assessments, public health performance assessments, and the development of regional public health improvement plans. Agencies should also engage

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PHN staff as appropriate to enhance the implementation of community-based public health prevention initiatives being implemented by the agency.

D. Meetings and Trainings

The Contractor will be responsible to send staff to meetings and training required by the MCHS program, including but not limited to:

1. MCH Coordinators meetings
2. Home Visiting Quarterly Meetings
3. Healthy Families America Core Trainings
4. Leadership, Evaluation, and Data System trainings
5. Other trainings as required for Healthy Families America accreditation as outlined by the Model
6. Parents as Teachers and/or Growing Great Kids training

III. Quality or Performance Improvement (QI/PI)

A. Workplans

1. Performance Workplans are required bi-annually for this program and are used to monitor achievement of standard measures of performance of the services provided under this contract. The workplans are a key component of the MCHS performance- based contracting system and of this contract.
2. The Contractor shall incorporate required and developmental performance measures, defined by the MCHS into the agency's Performance Workplan. Reports on Workplan Progress/Outcomes shall detail plans and activities that monitor and evaluate the agency's progress toward performance measure targets.
3. The Contractor shall comply with minor modifications and/or additions to the workplan and annual report format as requested by the MCHS. The MCHS will provide the Contractor with advance notice of such changes and the Contractor is not expected to incur any substantial costs relative to such changes.

B. Data and Reporting Requirements

In addition to Performance Workplans, the Contractor shall submit to the MCHS the following data used to monitor program performance:

1. Workplans and Workplan Outcome reports according to the schedule and instructions provided by the MCHS. The MCHS shall notify the Contractor at least 30 days in advance of any changes in the submission schedule.

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EXHIBIT A – AMENDMENT 1

2. The data required for the federal Maternal, Infant & Early Childhood Home Visiting Program benchmark reporting, must be reported in the ETO Home Visiting Data System and updated weekly, at minimum
3. In years when contracts or amendments are not required, the DPHS Budget Form, Budget Justification, Sources of Revenue and Program Staff List forms must be completed according to the relevant instructions and submitted as requested by DPHS and, at minimum, by April 30 of each year.
4. The Sources of Revenue report must be resubmitted at any point when changes in revenue threaten the ability of the agency to carry out the planned program.
5. The Contractor shall collaborate with the Divisions of Public Health Services and Family Assistance to collect client and program data and information for the purpose of program evaluation and federal reporting.
6. The Contractor shall, for purposes of program evaluation and federal reporting, enter all information and data, including personally identifiable health data, for all clients served under this contract, into the ETO Home Visiting Data System. Contractors shall be responsible for obtaining any authorizations for release of information from the clients that is necessary to comply with federal and state laws and regulations. All forms developed for authorization for release of information must be approved by DPHS prior to their use.
7. An annual summary of program-specific patient satisfaction results obtained during the prior contract period and the method by which the results were obtained shall be submitted annually as an addendum to the Workplan Outcome/Progress reports.

C. On-Site Reviews

1. The Contractor shall allow a team or person authorized by the MCHS to periodically review the Contractor's systems of governance, administration, data collection and submission, clinical, and financial management in order to assure systems are adequate to provide the contracted services.
2. Reviews shall include client record reviews to measure compliance with this Exhibit.
3. The Contractor shall make corrective actions as advised by the review team if contracted services are not found to be provided in accordance with this Exhibit.

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EXHIBIT A – AMENDMENT 1

4. On-Site reviews may be waived or abbreviated at the discretion of the MCHS, upon submission of satisfactory reports of reviews from nationally accreditation organizations such as Healthy Families America. Abbreviated reviews will focus on any deficiencies found in previous reviews, issues of compliance with this Exhibit, and actions to strengthen performance as outlined in the agency Performance Workplan.

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EXHIBIT A– AMENDMENT 1 – PERFORMANCE MEASURES

**Home Visiting New Hampshire- Healthy Families America (HVNH-HFA)
Fiscal Year 2015 & 2016**

I. Performance Measures

Performance Measure #1

HFA Standard 7-5.B

Measure: 70% percent of women enrolled in the program received at least one Edinburgh Postnatal Depression Scale screening between 6-8 weeks postpartum.

Goal: All post-partum women enrolled in HVNH-HFA will receive this formal, validated screening for depression at the optimal time.

Definition: Numerator-
Of those in the denominator, the number of women that received an Edinburgh Postnatal Depression Scale screening between 6-8 weeks postpartum

Denominator-
The total number of women in the program who gave birth in the past fiscal year, who are at least 8 weeks post partum and who were enrolled prior to 6 weeks after the birth of their baby.

Data Source: HVNH-HFA Data Records

Performance Measure #2

HFA Standard 3-4.A

Measure: Increase the percent of families who remain enrolled in HFA for at least 6 months from the baseline¹.

Goal: Families stay connected and maintain involvement with HFA services.

Definition: Numerator-
Of those in the denominator, the number of families that remained in HFA services at least 6 months.

Denominator-
The number of families who received a first home visit during the period 7/1/14 – 12/31/14

Data Source: HVNH-HFA Data Records, HFA methodology for measuring retention rates

¹ MCH will provide Baseline from SFY 2014 data



EXHIBIT A– AMENDMENT 1 – PERFORMANCE MEASURES

Performance Measure #3

HFA Standard 6-7.A

Measure: 95% of children receive further evaluation after scoring below the "cutoff" on the ASQ-3

Goal: All children served who are determined to be at risk for developmental delays, will receive further evaluation.

Definition: Numerator-
Of those in the denominator, the number of children that received follow-up health care when determined necessary by a formal, validated developmental screening (ASQ-3).

Denominator-

The total number of children served in HVNH-HFA in the past fiscal year who received at least one ASQ-3 in which they scored below the cutoff.

Data Source: HVNH-HFA Data Records, and ASQ-3, results

II. Process Measures

Process Measure #1

HFA Standard 12-1.B

Measure: All direct service staff receive a minimum of 75% of required weekly individual supervision according to the HFA Standards.

Goal: Service providers receive ongoing, effective supervision so they are able to develop realistic and effective plans to empower families.

Definition: Numerator-
Of those in the denominator, the number of direct service staff who received 75% of required weekly individual supervision for a minimum of 1.5 hours for full time (.75 to 1.0 FTE) and 1 hour for part time staff (less than .75 FTE).

Denominator-

The number of direct service staff/home visitors employed in the HVNH-HFA Program in the past fiscal year.

Data Source: HVNH-HFA Data Records

**Exhibit B-1 (2015) - Amendment 1
Budget**

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: VNA at HCS, Inc.

Budget Request for: Home Visiting NH - Healthy Families America
(Name of RFP)

Budget Period: SFY 2015

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	\$ 75,999.00	\$ 11,058.00	\$ 87,057.00	We use the "Medicare" method where every program is assessed it's pro-rated share of all indirect costs based on the direct costs in this program as a percentage of all programs' direct costs.
2. Employee Benefits	\$ 12,876.00	\$ 3,251.00	\$ 16,127.00	
3. Consultants	\$ -	\$ 644.00	\$ 644.00	
4. Equipment:	\$ -	\$ -	\$ -	
Rental	\$ -	\$ -	\$ -	
Repair and Maintenance	\$ -	\$ -	\$ -	
Purchase/Depreciation	\$ -	\$ -	\$ -	
5. Supplies:	\$ -	\$ -	\$ -	
Educational	\$ -	\$ -	\$ -	
Lab	\$ -	\$ -	\$ -	
Pharmacy	\$ -	\$ -	\$ -	
Medical	\$ -	\$ -	\$ -	
Office	\$ -	\$ -	\$ -	
6. Travel	\$ 8,179.00	\$ 136.00	\$ 8,315.00	
7. Occupancy	\$ 2,615.00	\$ 967.00	\$ 3,582.00	
8. Current Expenses	\$ -	\$ -	\$ -	
Telephone	\$ 662.00	\$ 119.00	\$ 781.00	
Postage	\$ -	\$ 147.00	\$ 147.00	
Subscriptions	\$ -	\$ 55.00	\$ 55.00	
Audit and Legal	\$ -	\$ 375.00	\$ 375.00	
Insurance	\$ -	\$ 338.00	\$ 338.00	
Board Expenses	\$ -	\$ 225.00	\$ 225.00	
9. Software	\$ -	\$ -	\$ -	
10. Marketing/Communications	\$ -	\$ 71.00	\$ 71.00	
11. Staff Education and Training	\$ -	\$ 232.00	\$ 232.00	
12. Subcontracts/Agreements	\$ -	\$ -	\$ -	
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	
HFA Accreditation	\$ 3,275.00	\$ -	\$ 3,275.00	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
TOTAL	\$ 103,606.00	\$ 17,618.00	\$ 121,224.00	

Indirect As A Percent of Direct

17.0%

**Exhibit B-1 (2016) - Amendment 1
Budget**

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: VNA at HCS, Inc.

Budget Request for: Home Visiting NH - Healthy Families America
(Name of RFP)

Budget Period: SFY 2016

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	\$ 77,949.00	\$ 11,058.00	\$ 89,007.00	We use the "Medicare" method where every program is assessed it's pro-rated share of all indirect costs based on the direct costs in this program as a percentage of all programs' direct costs.
2. Employee Benefits	\$ 12,876.00	\$ 3,251.00	\$ 16,127.00	
3. Consultants	\$ -	\$ 644.00	\$ 644.00	
4. Equipment:	\$ -	\$ -	\$ -	
Rental	\$ -	\$ -	\$ -	
Repair and Maintenance	\$ -	\$ -	\$ -	
Purchase/Depreciation	\$ -	\$ -	\$ -	
5. Supplies:	\$ -	\$ -	\$ -	
Educational	\$ -	\$ -	\$ -	
Lab	\$ -	\$ -	\$ -	
Pharmacy	\$ -	\$ -	\$ -	
Medical	\$ -	\$ -	\$ -	
Office	\$ -	\$ -	\$ -	
6. Travel	\$ 8,179.00	\$ 136.00	\$ 8,315.00	
7. Occupancy	\$ 2,615.00	\$ 967.00	\$ 3,582.00	
8. Current Expenses	\$ -	\$ -	\$ -	
Telephone	\$ 662.00	\$ 119.00	\$ 781.00	
Postage	\$ -	\$ 147.00	\$ 147.00	
Subscriptions	\$ -	\$ 55.00	\$ 55.00	
Audit and Legal	\$ -	\$ 375.00	\$ 375.00	
Insurance	\$ -	\$ 338.00	\$ 338.00	
Board Expenses	\$ -	\$ 225.00	\$ 225.00	
9. Software	\$ -	\$ -	\$ -	
10. Marketing/Communications	\$ -	\$ 71.00	\$ 71.00	
11. Staff Education and Training	\$ -	\$ 232.00	\$ 232.00	
12. Subcontracts/Agreements	\$ -	\$ -	\$ -	
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	
HFA Accreditation	\$ 1,325.00	\$ -	\$ 1,325.00	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
TOTAL	\$ 103,606.00	\$ 17,618.00	\$ 121,224.00	

Indirect As A Percent of Direct

17.0%

Contractor Initials: CP

Date: 4/18/14

State of New Hampshire
Department of State

CERTIFICATE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that VNA AT HCS, INC. is a New Hampshire nonprofit corporation formed November 18, 1981. I further certify that it is in good standing as far as this office is concerned, having filed the return(s) and paid the fees required by law.



In TESTIMONY WHEREOF, I hereto
set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 24th day of April A.D. 2014

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

William M. Gardner
Secretary of State

VNA at HCS

Abstract of Corporate Minutes

The following is a true abstract from an electronic vote of the Board of Directors of VNA at HCS for which a quorum was polled on April 17, 2014:

"A Motion is duly made and seconded to authorize the President/CEO to accept grants and awards and enter into contracts, and contract amendments from time to time with the New Hampshire Department of Health and Human Services, to provide services under the Healthy Families America Program, to sign and otherwise fully execute such acceptances and contracts, and contract amendments or modifications thereto, and any related documents requested by the New Hampshire Department of Health and Human Services; this authorization to continue until revoked by vote of this governing board."

I certify the foregoing vote is still in effect and has not been revoked, rescinded or modified.

I further certify that Cathy Sorenson is the President/CEO of this corporation, and is still qualified and serving in such capacity.

April 18, 2014
Date

Betsy Cotter
Betsy Cotter, Board Vice Chairperson
VNA at HCS Board of Directors

STATE OF NEW HAMPSHIRE
COUNTY OF CHESHIRE

On April 18, 2014, before the undersigned officer personally appeared the person identified in the foregoing certificate, known to me (or satisfactorily proven) to be the Board Vice Chairperson of the corporation identified in the foregoing certificate, and acknowledged that she executed the foregoing certificate.

In witness whereof I hereunto set my hand and official seal.

Julie Wolf
Julie Wolf, Notary Public

4-18-14
Date
My commission expires 2/6/2018



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
4/2/2014

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

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

PRODUCER Kennebunk Savings Insurance 50 Portland Road PO Box 770 Kennebunk ME 04043	CONTACT NAME: Nancy Wallace PHONE (A/C, No, Ext): (207) 985-2941 E-MAIL ADDRESS: nancy.wallace@kennebunksavings.com	FAX (A/C, No): (207) 985-3122	
	INSURER(S) AFFORDING COVERAGE INSURER A Atlantic Charter Insurance		NAIC #
INSURED Home Healthcare Hospice & Community Svcs VNA at HSC PO Box 564 312 Marlboro St Keene NH 03431	INSURER B :		
	INSURER C :		
	INSURER D :		
	INSURER E :		
	INSURER F :		

COVERAGES CERTIFICATE NUMBER: CL138502318 REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	WCA00539800	7/1/2013	7/1/2014	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
This Certificate of Insurance is issued as a matter of information only and confers no rights upon the holder and does not amend, extend or alter the coverage afforded by policies designated on the Certificate.

CERTIFICATE HOLDER DHHS Contracts and Procurement Unit 129 Pleasant Street Concord, NH 03301	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE Danny Edgecomb/DE
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VNA AT HCS, INC.
AUDITED FINANCIAL STATEMENTS
JUNE 30, 2013 AND 2012

BRAD BORBIDGE, P.A.
CERTIFIED PUBLIC ACCOUNTANTS
197 LOUDON ROAD, SUITE 350
CONCORD, NEW HAMPSHIRE 03301

TELEPHONE 603/224-0849
TELEFAX 603/224-2397

Independent Auditor's Report

Board of Directors
VNA at HCS, Inc.
Keene, New Hampshire

We have audited the accompanying financial statements of VNA at HCS, Inc., which comprise the balance sheets as of June 30, 2013 and 2012, the related statements of operations, changes in net assets, and cash flows for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control.

Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

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

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of VNA at HCS, Inc. as of June 30, 2013 and 2012, and the results of its operations and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

A handwritten signature in black ink, appearing to read "Dr. Dally".

Concord, New Hampshire
September 24, 2013

VNA AT HCS, INC.
BALANCE SHEETS
JUNE 30, 2013 AND 2012

ASSETS

	2013	2012
Current Assets		
Cash and cash equivalents	\$ 1,486,615	\$ 957,631
Temporary investments	38,487	33,457
Patient accounts receivable, less allowances for uncollectible accounts of \$320,768 and \$293,046 at June 30, 2013 and 2012, respectively	2,042,500	2,000,336
Other receivables	597,672	391,605
Prepaid expenses	24,382	27,611
Due from affiliates	4,918,772	5,279,069
Total Current Assets	9,108,428	8,689,709
Assets Limited As To Use	116,326	170,374
Property And Equipment, Net	249,730	362,960
TOTAL ASSETS	\$ 9,474,484	\$ 9,223,043

LIABILITIES AND NET ASSETS

Current Liabilities		
Accounts payable	\$ 139,740	\$ 153,457
Due to third-party payers	5,000	5,535
Accrued payroll and related expenses	727,011	651,451
Deferred revenue	687,054	566,862
Total Current Liabilities	1,558,805	1,377,305
Net Assets		
Unrestricted	7,799,353	7,675,364
Temporarily restricted	97,668	151,716
Permanently restricted	18,658	18,658
Total Net Assets	7,915,679	7,845,738
TOTAL LIABILITIES AND NET ASSETS	\$ 9,474,484	\$ 9,223,043

(See accompanying notes to these financial statements)

VNA AT HCS, INC.
STATEMENTS OF OPERATIONS
FOR THE YEARS ENDED JUNE 30, 2013 AND 2012

	2013	2012
Operating Revenue		
Patient service revenue	\$ 15,288,208	\$ 14,904,158
Provision for bad debts	(209,200)	(111,000)
Net patient service revenue	15,079,008	14,793,158
Other operating revenue	3,112,032	3,020,600
Total Operating Revenue	18,191,040	17,813,758
Operating Expenses		
Salaries and benefits	12,075,835	11,874,598
Other operating expenses	2,911,890	3,005,816
Depreciation	335,579	348,770
Management fees	2,969,389	2,692,832
Total Operating Expenses	18,292,693	17,922,016
OPERATING LOSS	(101,653)	(108,258)
Other Revenue and Gains		
Contributions	223,334	316,391
Investment income	2,308	3,595
Total Other Revenue Gains	225,642	319,986
EXCESS OF REVENUE OVER EXPENSES	123,989	211,728
Net assets released from restriction for capital acquisitions	-	167,175
INCREASE IN UNRESTRICTED NET ASSETS	\$ 123,989	\$ 378,903

(See accompanying notes to these financial statements)

VNA AT HCS, INC.

STATEMENTS OF CHANGES IN NET ASSETS

FOR THE YEARS ENDED JUNE 30, 2013 AND 2012

	Unrestricted	Temporarily Restricted	Permanent Restricted	Total
Balance, June 30, 2011	\$ 7,296,461	\$ 16,170	\$ 18,658	\$ 7,331,289
Excess of revenue over expenses	211,728	-	-	211,728
Contributions	-	367,175	-	367,175
Investment income	-	353	-	353
Net assets released from restriction	-	(64,807)	-	(64,807)
Net assets released from restriction for capital acquisitions	167,175	(167,175)	-	-
Change in Net Assets	378,903	135,546	-	514,449
Balance, June 30, 2012	7,675,364	151,716	18,658	7,845,738
Excess of revenue over expenses	123,989	-	-	123,989
Investment income	-	398	-	398
Net assets released from restriction	-	(54,446)	-	(54,446)
Change in Net Assets	123,989	(54,048)	-	69,941
Balance, June 30, 2013	<u>\$ 7,799,353</u>	<u>\$ 97,668</u>	<u>\$ 18,658</u>	<u>\$ 7,915,679</u>

(See accompanying notes to these financial statements)

VNA AT HCS, INC.
STATEMENTS OF CASH FLOWS
FOR THE YEARS ENDED JUNE 30, 2013 AND 2012

	2013	2012
Cash Flows From Operating Activities		
Change in net assets	\$ 69,941	\$ 514,449
Adjustments to reconcile change in net assets to net cash provided (used) by operating activities		
Bad debt expense	209,200	111,000
Depreciation	335,579	348,770
(Increase) decrease in the following assets:		
Temporary investments	(5,030)	191,100
Patient accounts receivable	(251,364)	(587,270)
Other receivables	(206,067)	138,204
Prepaid expenses	3,229	916
Due from affiliate	360,297	31,650
Increase (decrease) in the following liabilities:		
Accounts payable	(13,717)	(273)
Due to third-party payers	(535)	(6,465)
Accrued payroll and related expenses	75,560	(482,921)
Deferred revenue	120,192	(198,851)
Net Cash Provided by Operating Activities	697,285	60,309
Cash Flows From Investing Activities		
Increase in assets limited as to use	54,048	(135,546)
Capital expenditures, net of dispositions	(222,349)	(437,898)
Net Cash Used by Investing Activities	(168,301)	(573,444)
Net Increase (Decrease) in Cash and Cash Equivalents	528,984	(513,135)
Cash and cash equivalents, beginning of year	957,631	1,470,766
CASH AND CASH EQUIVALENTS, END OF YEAR	\$ 1,486,615	\$ 957,631

(See accompanying notes to these financial statements)



Comfort, care and support
when home is where you want to be . . .

VALUES AND MISSION STATEMENT

Because we value:

- ▶ **The worth and dignity of all people and their right to privacy**
- ▶ **The right of people to make informed choices**
- ▶ **A creative, holistic approach to individuals' and families' needs**
- ▶ **Health and wellness throughout life**
- ▶ **Access to health care and support services to encourage maximum independence**
- ▶ **A commitment by all staff to acquire and share knowledge through education and research**
- ▶ **Continuous self and agency improvement to meet the changing needs of individuals and our communities**
- ▶ **Collaboration with other providers;**

Our mission is:

To provide services which enable people to function throughout life at their optimal level of health, well-being and independence, according to their personal beliefs and choices.

Adopted By Board: September 4, 1997

312 Marlboro Street
PO Box 564
Keene, NH 03431
603-352-2253 • 800-541-4145

Arborway
PO Box 343
Charlestown, NH 03603
603-826-3322

45 Main Street
PO Box 496
Peterborough, NH 03458
603-532-8353



Comfort, care and support
when home is where you want to be.

**HCS/VNA at HCS, Inc.
2013-2014 Board of Directors**

Chair: Deborah J. Blanc

2009-2012

2012-2015

Jane Larmon

2012-2015

Vice-Chair: Betsy Cotter

2011-2014

John McIntosh

2013-2016

Treasurer: Joji Robertson

2102-2015

Allen Mendelson

2013-2016

Secretary: Peter Gosline

2009-2012

2012-2015

Charles Montgomery, MD

2011-2014

Janet Ackerman

2012-2015

Maureen O'Brien

2011 - 2014

Joe Baute

2006-2009

2009-2012

2012-2013

2013-2016

Brian Reilly, MD

2012-2015

JoAnn Fenton

2009-2012

2012-2015

**Katherine J. Snow, Director at
Large**

2008-2011

2011-2014

312 Marlboro Street
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45 Main Street
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603-532-8353

KEY ADMINISTRATIVE PERSONNEL

NH Department of Health and Human Services

Contractor Name: VNA at HCS, Inc.

Name of Bureau/Section: Maternal and Child Health Section-HV-HFA

BUDGET PERIOD: SFY 15

Program Area: MCHS-HV-HFA

NAME	JOB TITLE	SALARY	PERCENT PAID FROM THIS CONTRACT	AMOUNT PAID FROM THIS CONTRACT
Penny Vaine	MCH Coordinator	\$46,841	100.00%	\$46,841.00
Mary Davis	Director of the VNA	\$78,894	0.00%	\$0.00
		\$0	0.00%	\$0.00
		\$0	0.00%	\$0.00
		\$0	0.00%	\$0.00
		\$0	0.00%	\$0.00
		\$0	0.00%	\$0.00
TOTAL SALARIES (Not to exceed Total/Salary Wages, Line Item 1 of Budget request)				\$46,841.00

BUDGET PERIOD: SFY 16

Program Area: MCHS-HV-HFA

NAME	JOB TITLE	SALARY	PERCENT PAID FROM THIS CONTRACT	AMOUNT PAID FROM THIS CONTRACT
Penny Vaine	MCH Coordinator	\$46,841	100.00%	\$46,841.00
Mary Davis	Director of the VNA	\$78,894	0.00%	\$0.00
		\$0	0.00%	\$0.00
		\$0	0.00%	\$0.00
		\$0	0.00%	\$0.00
		\$0	0.00%	\$0.00
		\$0	0.00%	\$0.00
TOTAL SALARIES (Not to exceed Total/Salary Wages, Line Item 1 of Budget request)				\$46,841.00

Penelope R Vaine

Objective	To use my knowledge, energy and expertise to provide support and advocacy to those who need it.
Employment	<p>(April 2010 – Present) Home Healthcare, Hospice and Community Services (VNA at HCS, Inc.) Maternal & Child Health Coordinator Coordination of program, supervision and scheduling of home visits</p> <p>(March 2009- April 2010) Home Health Care Hospice and Community Services Social Worker Maternal Child Health Program Responsible for a caseload of 50 children and pregnant women needing parenting education, health care, connection to community resources and developmental screenings. Coordinated and collaborated with other agencies to advocate for each client. Maintained appropriate documentation.</p> <p>(May 2008 – present) The United Church of Winchester Director of Christian Education Responsible for designing and implementing a vibrant Christian Education program for the Congregation.</p> <p>(March 2007– present) Mobile Home Supply of New England Owner/Manager Self taught to manage, market, and sell supplies for retail mobile home supply shop.</p> <p>(2000-2007) The Winchester Learning Center Executive Director From dream to reality, organized a nonprofit community supported Child Care, Preschool and Family Resource Program. Implemented unique, Waldorf-inspired curriculum to meet the needs of the children and their families. Under the direction of a Board of Directors, managed daily operations, programming, staffing, fiscal management, fundraising and grant writing. Developed an extensive parent education and support network for families.</p> <p>(1999-1999) Winchester Elementary School Substitute Teacher Provided one on one tutoring care for preschool children with special needs. Coordinated care and educational plans with professional team.</p>

(1993-2000) Home Child Care

Director

Created a joyful home child care program which was Licensed by the State of NH and registered with Family Works. Provided a variety of developmentally appropriate activities to promote creativity, confidence and independence. Established support network for parents. Supervised two high school interns.

(1989-1993) Home Health Care Hospice and Community Services

Director

Responsible for managing and operating the Castle Center for Adult Day Care. Program provided quality care and socialization for elderly and handicapped participants. Supervised team of RN's CNA's and aides; and dozens of volunteers. Secured funding annually from the United Way and the NH Dept of Elderly and Adult Services.

Education

(September 1980- May 1985) Wheelock College, Boston Mass

Bachelor of Social Work

References

Roberta Royce The Winchester Learning Center, Winchester, NH 03470
(603) 239-7347

Jed Butterfield 60 Colony Hill Road, Richmond, NH 03470 (603) 239-8780

**Volunteer
experience**

2009 – present

C.A.S.T.

Co facilitator of Community and School Together, a network of concerned citizens who desire to improve the quality of life for all residents. The group has been meeting monthly for 14 years in the town of Winchester.

2007 – present

Town of Winchester

Participant in the Revitalization Committee which is preparing a plan to revitalize downtown Winchester.

1994-present

The United Church of Winchester

Sunday School teacher, Vacation Bible School Co-Coordinator, Fabulous Family Friday Organizer, Religious Education Board Chair, Tweens Leader, Assistant Moderator, Search Team

1998-2000

Board of Directors

Winchester Learning Center

1996-2000

Mary A. Davis, RN

Education:

Saint Joseph's College, North Windham, ME
Lawrence memorial Hospital School of Nursing, Medford, MA

Experience:

3/2012 – Present: **Home Healthcare, Hospice & Community Services, Keene, NH**
Director of the VNA at HCS, Inc.

Principal Responsibilities: Manages the daily operations of the VNA, including all clinical services and the Maternal Child Health Program. Recruits and assists in the training of program staff; evaluates the program and staff performance. Assists in the interpretation of agency services to the general public and to the referral agencies. Manages the program budget and assists in its preparation and collaboration with the CCOO. Ensures program compliance with legal, regulatory and accreditation requirements.

9/2002 – 3/2012: **Home Healthcare, Hospice & Community Services, Keene, NH**
Associate Director of VNA @ HCS

Principal Responsibilities: assists with the management supervision of the nursing and rehabilitation programs.

1/1997 – 9/2002: **Home Healthcare, Hospice & Community Services, Keene, NH**
Rehabilitation Coordinator

Principal Responsibilities: provides coordination and scheduling of therapy services provided throughout the area. This position is also responsible for regulatory compliance of the Therapy Department, to include OBQI and financial benchmarks.

10/1993 – 1/1997: **Home Healthcare, Hospice & Community Services, Keene, NH**
Staff RN

Principal Responsibilities: Provides and directs the provision of home nursing care, based on agency policy and procedures, through the competent use application of the nursing process.

12/1991 – 11/1992: **Spofford Hall, Spofford, NH**
Charge Nurse

Principal Responsibilities: Responsible for staff assignments, overseeing admissions, treatment and discharge of patients on the unit. Attended and conducted evening group therapy sessions, provided information to the day staff and head nurse at the end of shift. Communicated any changes or concerns in the patients' condition to physicians and/or psychiatrist. Responsible for managing any crisis that arose within the facility.

7/1991 – 12/1991: Spofford Hall, Spofford, NH

Staff Nurse and Relief Charge Nurse

Principal Responsibilities: The care of twelve to twenty patients with dual diagnosis. Initiated individualized care plans within twenty-four hours of admission to the unit, evaluated need for and the side effects of medication, monitored patients vital signs and laboratory test results, provided a safe environment for patients in treatment, assisted in discharge planning.

3/1991 – 7/1991: Spofford Hall, Spofford, NH

Per diem RN

Principal Responsibilities: Admitting and assessing patients, monitoring patients withdrawal, dispensing medication as ordered, planned and implemented individualized patient care plans, attended treatment team meetings.

9/1985 – 11/1990: Day One, Inc., Bar Mills, ME

Nurse Consultant

Principal Responsibilities: Provide nursing service on a part-time and on-call basis to the twelve residents of the Day One substance abuse facility; establish consultive relationships with area physicians; make referrals to health care institutions; provide nutrition counseling; establish health policies; offer classes or individual sessions on health related issues.

9/1984 – 11/1990: Maine School District #6, Buxton, ME

Substitute School Nurse

Principal Responsibilities: Provide nursing services to 1000 students within MSAD #6; respond to sick calls and accidents; administer hearing and vision tests; assist with physicals.

7/1983 – 1/1986: Childbirth Education Association, Portland, ME

Principal Responsibilities: Teach natural/prepared childbirth classes to expectant mothers and their coaches; instruct in the areas of nutrition, exercise, and prenatal care, provide pro bono classes for unwed teenagers in my home.

SRU
Bor



Nicholas A. Toumpas
Commissioner

José Thier Montero
Director

STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN
SERVICES

29 HAZEN DRIVE, CONCORD, NH 03301-6527
- 603-271-4517 1-800-852-3345 Ext. 4517
Fax: 603-271-4519 TDD Access: 1-800-735-2964



July 6, 2012

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

G&C Approval Date: 8-8-12
G&C Item # 49

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division of Public Health Services, Bureau of Population Health and Community Services, Maternal and Child Health Section, to enter into an agreement with VNA at HCS, Inc. (Vendor #177274-B002), PO Box 564, 312 Marlboro Street, Keene, New Hampshire 03431, in an amount not to exceed \$159,211.00, to provide home visiting services to families in accordance with the Healthy Families America model, to be effective July 1, 2012 or date of Governor and Council approval, whichever is later, through June 30, 2014. Funds are available in the following account for SFY 2013 and are anticipated to be available in SFY 2014 upon availability and continued appropriation of funds in the future operating budget.

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

Fiscal Year	Class/Object	Class Title	Job Number	Total Amount
SFY 2013	102-500731	Contracts for Program Services	90083100	\$78,926
SFY 2014	102-500731	Contracts for Program Services	90083100	\$80,285
			Total	\$159,211

EXPLANATION

Funds in this agreement will be used to support home visiting services in Cheshire County for families at risk for poor health outcomes and child maltreatment. This voluntary home visiting program will follow an evidence-based model and curriculum, proven through research to improve outcomes for health, reduce child maltreatment and improve family economic self-sufficiency. Home visitors provide support and education to families in their homes. Each family receives an assessment of their strengths and needs, and home-visiting services are provided in accordance with those individual assessments. Families and home visitors discuss prenatal health, child development, positive parenting practices, health and safety concerns, family planning and smoking cessation.

Services will be provided on a voluntary basis with priority given to pregnant women who meet one or more of the following criteria:

- are first time mothers
- have low incomes
- are pregnant women who have not attained age 21
- have a history of child abuse or neglect or have had interactions with child welfare services
- have a history of substance abuse or need substance abuse treatment
- are users of tobacco products in the home
- had low student achievement themselves, or have children with low student achievement
- have children with developmental delays or disabilities
- are in families that include individuals who are serving or have formerly served in the armed forces

Agencies may narrow their target populations, based on local needs.

By the nature of this agreement, Home Visiting New Hampshire – Healthy Families America home visiting is a collaborative service designed to avoid duplication. Agencies are required to collaborate with other community agencies providing family support services in the community. In addition to home visiting services provided directly to families, this agreement supports infrastructure building through the coordination of home visiting with other early childhood programs such as early intervention, Head Start and prevention of child abuse and neglect.

By targeting the delivery of Home Visiting New Hampshire – Healthy Families America in communities that have been identified as having a high-risk population, the program aims to reduce differences in health outcomes. Risk factors for which the rate in Cheshire County is higher than the State mean include poverty and child maltreatment.

Should Governor and Executive Council not authorize this Request, families will not receive home visiting services that have been shown to improve conditions for young families leading to healthy and productive communities. In addition, New Hampshire will not fulfill its requirement to provide services as outlined in federal legislation.

VNA at HCS, Inc. was selected for this project through a competitive bid process. A Request for Proposals was posted on The Department of Health and Human Services' web site from March 27, 2012 through May 4, 2012. In addition, emails were sent to community agencies and various listserves, which provided broad distribution throughout the state. A bidders' conference was held April 12, 2012 to alert bidders to this opportunity.

In response to the Request for Proposals for Home Visiting New Hampshire-Healthy Families America services to be provided in six geographic areas, seven proposals were submitted. A committee of nine reviewers evaluated the proposals, including five Department of Health and Human Services personnel and four external reviewers. Each reviewer had between seven and twenty-three years experience providing direct services in the community and/or managing programs that serve children and families. Areas of specific expertise include Early Childhood Education, Maternal and Child Health; Healthy Homes, Immunization; Minority Health; Tobacco Cessation; Child Abuse Prevention; and Family Support. Proposals were scored taking an average of all reviewers' scores. Reviewers recommended funding six proposals to serve the six geographic areas. The proposal from VNA at HCS, Inc. was selected to serve Cheshire County. The Bid Summary is attached.

As referenced in the Request for Proposals, Renewals Section, this competitively procured Agreement has the option to renew for two additional years, contingent upon satisfactory delivery of services, available funding, agreement of the parties and approval of the Governor and Council. This is the initial agreement with this Contractor for these services.

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

- Performance Measure #1: The percent of women enrolled in Home Visiting New Hampshire – Healthy Families America who receive at least one Edinburgh Post Natal Depression Scale screening between six and eight weeks after giving birth.
- Performance Measure #2: The percent of families who receive a Healthy Homes One-Touch assessment by the birth of their child.
- Performance Measure #3: The percent of children who receive further evaluation after scoring below the cutoff on the Ages & Stages Questionnaire, 3rd ed., which is a developmental screening tool.

Area served: Cheshire County.

Source of Funds: 100% Federal Funds from United States Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau, Division of Child, Adolescent and Family Health.

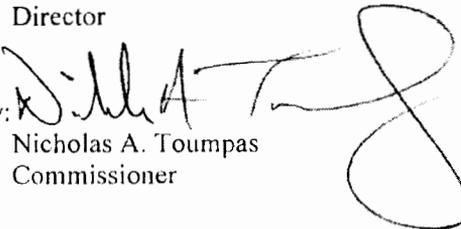
In the event that the Federal Funds become no longer available, General Funds will not be requested to support this program.

Respectfully submitted,



José Thier Montero, MD
Director

Approved by:



Nicholas A. Toumpas
Commissioner

JTM/TT/DD/SW/sc

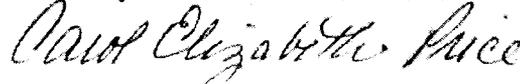
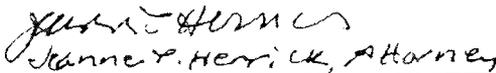
Subject: Home Visiting New Hampshire - Healthy Families America

AGREEMENT

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

GENERAL PROVISIONS

1. IDENTIFICATION.

1.1 State Agency Name NH Department of Health and Human Services Division of Public Health Services		1.2 State Agency Address 29 Hazen Drive Concord, NH 03301-6504	
1.3 Contractor Name VNA at HCS, Inc.		1.4 Contractor Address PO Box 564 312 Marlboro Street Keene, New Hampshire 03431	
1.5 Contractor Phone Number 603-352-2253	1.6 Account Number 05-95-90-902010-0831-102-500731	1.7 Completion Date June 30, 2014	1.8 Price Limitation \$159,211
1.9 Contracting Officer for State Agency Joan H. Ascheim, Bureau Chief		1.10 State Agency Telephone Number 603-271-4501	
1.11 Contractor Signature 		1.12 Name and Title of Contractor Signatory Barbara Duckett, President/CEO	
1.13 Acknowledgement: State of <u>New Hampshire</u> , County of <u>Cheshire</u> On <u>June 7, 2012</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 CAROL ELIZABETH PRICE, Notary Public My Commission Expires June 3, 2014			
1.14 State Agency Signature 		1.15 Name and Title of State Agency Signatory Joan H. Ascheim, Bureau Chief	
1.16 Approval by the N.H. Department of Administration, Division of Personnel (if applicable) By: _____ Director, On: _____			
1.17 Approval by the Attorney General (Form, Substance and Execution) By:  Jeanne P. Herrick, Attorney On: <u>18 Jul. 2012</u>			
1.18 Approval by the Governor and Executive Council By: _____ On: _____			

NH Department of Health and Human Services

Exhibit A

Scope of Services

Home Visiting New Hampshire – Healthy Families America

CONTRACT PERIOD: July 1, 2012 or date of G&C approval, whichever is later, through June 30, 2014

CONTRACTOR NAME: VNA at HCS, Inc.

ADDRESS: PO Box 564, 312 Marlboro Street
Keene, New Hampshire 03431

Executive Director: Barbara Duckett

TELEPHONE: 603-352-2253

The Contractor shall:

Provide Home Visiting New Hampshire – Healthy Families America services as specified below.

I. General Provisions

A. Eligibility and Income Determination

1. The Contractor shall provide home visiting services to pregnant and parenting women with children up to age three according to the priorities described in the Healthy Families America Home Visiting Model.
2. Priority shall be given to participants who:
 - Are first time mothers;
 - Have low incomes;
 - Are pregnant women who have not attained age 21;
 - Have a history of child abuse or neglect or have had interactions with child welfare services;
 - Have a history of substance abuse or need substance abuse treatment;
 - Are users of tobacco products in the home;
 - Have, or have children with, low student achievement;
 - Have children with developmental delays or disabilities;
 - Are in families that include individuals who are serving or have formerly served in the armed forces, including such families that have members of the armed forces who have had multiple deployments outside of the United States.
3. The Contractor shall provide documentation of income determination and need to inform clients of Medicaid and/or Health Kids and Medicaid and/or to assist with applications.

B. Numbers Served

Services are to be provided to a minimum number of families, as outlined in the table below, throughout the contract term, for the service area(s) for which the contractor is selected.

Area to be served:	Minimum families served
Belknap County	16
Cheshire County	19
Grafton County	21
Hillsborough County (exclusive of the City of Manchester)	35
Merrimack County	26
Rockingham County	26

C. Culturally and Linguistically Appropriate Standards of Care

The Department of Health and Human Services (DHHS) recognizes that culture and language have considerable impact on how consumers access and respond to public health services. Culturally and linguistically diverse populations experience barriers in efforts to access health services. To ensure equal access to quality health services, the Division of Public Health Services (DPHS) expects that Contractors shall provide culturally and linguistically appropriate services according to the following guidelines:

1. Assess the ethnic/cultural needs, resources and assets of their community.
2. Promote the knowledge and skills necessary for staff to work effectively with consumers with respect to their culturally and linguistically diverse environment.
3. When feasible and appropriate, provide clients of limited English proficiency (LEP) with interpretation services. Persons of LEP are defined as those who do not speak English as their primary language and whose skills in listening to, speaking, or reading English are such that they are unable to adequately understand and participate in the care or in the services provided to them without language assistance.
4. Offer consumers a forum through which clients have the opportunity to provide feedback to providers and organizations regarding cultural and linguistic issues that may deserve response.
5. The Contractor shall maintain a program policy that sets forth compliance with Title VI, Language Efficiency and Proficiency. The policy shall describe the way in which the items listed above were addressed and shall indicate the circumstances in which interpretation services are provided and the method of providing service (e.g. trained interpreter, staff person who speaks the language of the client or language line).

D. State and Federal Laws

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

1. The Contractor shall report all cases of communicable diseases according to New Hampshire RSA 141-C and He-P 30, effective 01/05.
2. Persons employed by the Contractor shall comply with the reporting requirements of New Hampshire RSA 169:C, Child Protection Act; RSA 161:F46, Protective Services to Adults and RSA 631:6, Assault and Related Offenses.

Contractor Initials:

Date:

BWD
6/7/12

E. Relevant Policies and Guidelines

1. The contractor shall maintain the confidentiality of public assistance clients and use the information only for program administration purposes.
 - a) All staff must understand that the receipt of this information is confidential and cannot be disclosed except in direct administration of the program.
 - b) All staff must adhere to the Division of Family Assistance confidentiality policy in the General Manual and sign a statement saying that they agree to uphold the confidentiality standards. Failure to maintain confidentiality shall result in disciplinary actions.
2. Receipt of public assistance and other confidential information may be shared as a part of the medical record only with the properly signed release of information from the client.

F. Publications Funded Under Contract

1. The DHHS and/or its funders will retain COPYRIGHT ownership for any and all original materials produced with DHHS contract funding, including, but not limited to, brochures, resource directories, protocols or guidelines, posters, or reports.
2. All documents (written, video, audio) produced, reproduced or purchased under the contract shall have prior approval from DPHS before printing, production, distribution, or use.
3. The Contractor shall credit DHHS on all materials produced under this contract following the instructions outlined in Exhibit C-1 (5).

G. Subcontractors

If services required to comply with this Exhibit are provided by a subcontracted agency or provider, the DPHS, Maternal and Child Health Section (MCHS) must be notified in writing prior to initiation of the subcontract. In addition, subcontractors must be held responsible to fulfill all relevant requirements included in this Exhibit.

II. Minimal Standards of Core Services

A. Service Requirements

1. Implement Healthy Families America home visiting model with fidelity using the 12 Healthy Families America Critical Elements listed below.
 - i. Initiate services prenatally.
 - ii. Use the Parent Survey, a standardized assessment tool, to systematically identify families who are most in need of services.
 - iii. Offer services voluntarily and use positive outreach efforts to build family trust.
 - iv. Offer services to participating families until the child's third birthday, using well-defined criteria for increasing or decreasing frequency of services. These criteria will be developed by the statewide Home Visiting Advisory Group.
 - v. Services should be culturally competent; materials used should reflect the diversity of the population served.
 - vi. Services are comprehensive, focusing on supporting the parent as well as supporting parent-child interaction and child development.
 - vii. All families should be linked to a medical provider; they may also be linked to additional services.

- viii. Staff members should have limited caseloads.
 - ix. Service providers are selected based on their personal characteristics, such as ability to establish a trusting relationship; their willingness to work in or their experience working with culturally diverse communities; and their skills to do the job.
 - x. All service providers should receive basic training in areas such as cultural competency, substance abuse, reporting child abuse, domestic violence, drug-exposed infants, and services in their community.
 - xi. Service providers should receive thorough training specific to their role to understand the essential components of family assessment and home visitation.
 - xii. Service providers receive ongoing, effective accountable, clinical and reflective supervision.
2. HVNH-HFA will include home visits by nurses as an enhancement to the HFA Model. The schedule of visits should adhere closely to the following:
 - a. In the prenatal period: three nurse visits at home or office, or a minimum of one nurse visit during each trimester in which a woman is enrolled.
 - b. A minimum of one postpartum/newborn home visit by nurse, Advanced Registered Nurse Practitioner (ARNP), or physician offered to *all* families.
 - c. A minimum of 3, maximum of 10 nurse visits per year for the child.
 3. Contractors considering clinical or sociological research using clients as subjects must adhere to the legal requirements governing human subjects' research. Contractors must inform the DPHS, MCHS prior to initiating any research related to this contract.

B. Staffing Provisions

1. New Hires

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

2. Vacancies

The Contractor must notify the MCHS in writing if the executive director or program coordinator position is vacant for more than three months. This may be done through a budget revision. In addition, the MCHS must be notified in writing if at any time any site funded under this agreement does not have adequate staffing to perform all required services for more than one month.

3. Staff employed or subcontracted by the contractor shall meet the following qualifications:

The HFA Critical Elements state that direct service staff should not be hired based on their formal education alone. Service providers should be selected because of their personal characteristics (i.e., a non-judgmental attitude, compassion, the ability to establish a trusting relationship, etc.), their willingness to work in or experience working with culturally diverse communities, and their skills to do the job.

- a. Family Assessment Workers (FAW) and Family Support Workers (FSW)/Home Visitors shall:

Contractor Initials: SLD
 Date: 6/7/12

- i. Have a high school diploma or general equivalency diploma
 - ii. Have 2 years' experience working with families in a health care support capacity
 - iii. Work in coordination with a licensed multidisciplinary team, including but not limited to Registered Nurses (RN's), APRNs, licensed clinical social workers (LCSW), licensed marriage and family therapists, and/or other licensed health care professionals.
 - b. Nurses shall have:
 - i. A current license to practice as a registered nurse in accordance with RSA 326-B.
 - ii. A minimum of 2 years of experience in maternal and child health nursing.
 - c. Nutritionists shall have:
 - i. A bachelor's degree in foods and nutrition or home economics, or a master's degree in nutrition, nutrition education, or nutrition in public health or current Registered Dietitian status in accordance with the Commission on Dietetic Registration of the American Dietetic Association.
 - ii. Individuals who perform functions similar to a nutritionist but do not meet the above qualifications shall not use the title of nutritionist.
 - d. Social workers shall have:
 - i. A bachelor's degree in social work or a master's or bachelor's degree in a related social science or human behavior field, or master's degree in social work (MSW).
 - ii. A minimum of 2 years experience working with children or families in a support or counseling capacity.
 - iii. Individuals who perform social work functions similar to a social worker but do not meet the above qualifications shall not use the title of social worker.
4. Home visitors shall be supervised by a nurse, social worker or other professional with relevant experience with approval from the Division of Public Health Services, and meet with their supervisor individually for no less than 1.5 hours per week for full-time home visitors. Group meetings with other home visitors to share information and coordinate services are required no less than every two weeks.

All direct service personnel (FSW, FAW, Supervisor) involved in the HFA Program (both paid and in-kind) must attend the HFA CORE training provided by a nationally certified HFA trainer. The required initial training for both a Family Support Worker and a Family Assessment Worker is 4 days. The Supervisor must attend both the Family Support Worker and Family Assessment Worker training and attend the fifth day, which is for supervisors only (a total of 10 days of training).

C. Coordination of Services

- 1. The contractor shall coordinate, where possible, with other service providers within the contractor's community. At a minimum, such collaboration shall include interagency referrals and coordination of care.
- 2. Agencies that deliver services in a community or communities that are part of a Public Health Network (PHN) region should be active participants in the PHN. As appropriate, agencies should participate in community needs assessments, public health performance assessments, and the development of regional public health improvement plans. Agencies should also engage PHN staff as appropriate to enhance the implementation of community-based public health prevention initiatives being implemented by the agency.

D. Meetings and Trainings

The Contractor will be responsible to send staff to meetings and training required by the MCHS program, including but not limited to: HVNH Quarterly Meetings, Healthy Families America Core Trainings, and Data System trainings.

Contractor Initials: 
 Date: 6/7/12

III. Quality or Performance Improvement (QI/PI)

A. Workplans

1. Performance Workplans are required annually for this program and are used to monitor achievement of standard measures of performance of the services provided under this contract. The workplans are a key component of the MCHS performance-based contracting system and of this contract.
2. The Contractor shall incorporate required and developmental performance measures, defined by the MCHS into the agency's Performance Workplan. Reports on Workplan Progress/Outcomes shall detail the Performance Workplan and activities that monitor and evaluate the agency's progress toward performance measure targets.
3. The Contractor shall comply with minor modifications and/or additions to the workplan and annual report format as requested by the MCHS. The MCHS will provide the Contractor with advance notice of such changes and the Contractor is not expected to incur any substantial costs relative to such changes.

B. Data and Reporting Requirements

In addition to Performance Workplans, the Contractor shall submit to the MCHS the following data used to monitor program performance:

1. Submit Workplans and Workplan Outcome reports according to the schedule and instructions provided by the MCHS. The MCHS shall notify the Contractor at least 30 days in advance of any changes in the submission schedule.
2. The data required for the federal Maternal, Infant & Early Childhood Home Visiting Program benchmark reporting, reported in the Home Visiting Data System.
3. In years when contracts or amendments are not required, the DPHS Budget Form, Budget Justification, Sources of Revenue and Program Staff List forms must be completed according to the relevant instructions and submitted as requested by DPHS and, at minimum, by April 30 of each year.
4. The Sources of Revenue report must be resubmitted at any point when changes in revenue threaten the ability of the agency to carry out the planned program.
5. The Contractor shall collaborate with the Divisions of Public Health Services and Family Assistance to collect client and program data and information for the purpose of program evaluation.
6. The Contractor shall, for purposes of program evaluation and federal reporting, enter personally identifiable health data, for all clients served under this contract, into the Home Visiting Data System. Contractors shall be responsible for obtaining any authorizations for release of information from the clients that is necessary to comply with federal and state laws and regulations. All forms developed for authorization for release of information must be approved by DPHS prior to their use.

C. On-Site Reviews

1. The Contractor shall allow a team or person authorized by the MCHS to periodically review the Contractor's systems of governance, administration, data collection and submission, clinical, and financial management in order to assure systems are adequate to provide the contracted services.

2. Reviews shall include client record reviews to measure compliance with this Exhibit.
3. The Contractor shall make corrective actions as advised by the review team if contracted services are not found to be provided in accordance with this Exhibit.
4. On-Site reviews may be waived or abbreviated at the discretion of the MCHS, upon submission of satisfactory reports of reviews such as Primary Care Effectiveness Reviews (PCER), or reviews from nationally accreditation organizations such as the Joint Commission for the Accreditation of Health Care Organizations (JCAHO), Medicare, or the Community Health Accreditation Program (CHAP). Abbreviated reviews will focus on any deficiencies found in previous reviews, issues of compliance with this Exhibit, and actions to strengthen performance as outlined in the agency Performance Workplan.

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NH Department of Health and Human Services

Exhibit B

**Purchase of Services
Contract Price**

Home Visiting New Hampshire – Healthy Families America

CONTRACT PERIOD: July 1, 2012 or date of G&C approval, whichever is later, through June 30, 2014

CONTRACTOR NAME: VNA at HCS, Inc.

**ADDRESS: PO Box 564, 312 Marlboro Street
Keene, New Hampshire 03431**

Executive Director: Barbara Duckett

TELEPHONE: 603-352-2253

Vendor #177274-B002

Job #90083100

Appropriation #05-95-90-902010-0831-102-500731

1. The total amount of all payments made to the Contractor for cost and expenses incurred in the performance of the services during the period of the contract shall not exceed:

\$159,211 for Home Visiting New Hampshire – Healthy Families America, funded from 100% federal funds from the U.S Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau, Division of Child, Adolescent and Family Health (CFDA #93.505).

TOTAL: \$159,211

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

Contractor Initials: 

Date: 6/7/12

7. The Contractor shall have written authorization from the State prior to using contract funds to purchase any equipment with a cost in excess of three hundred dollars (\$300) and with a useful life beyond one year.

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Contractor Initials: B/A

Date: 6/7/12